



Maine Hospital Association

MAINE'S LEADING
VOICE FOR HEALTHCARE



**Maine Medical
Association**



TESTIMONY OF THE MAINE HOSPITAL ASSOCIATION, MAINE MEDICAL ASSOCIATION, & MAINE OSTEOPATHIC ASSOCIATION

Neither For Nor Against

LD 1028 – *Resolve, to Establish the Task Force to Study Equitable Access to Maternal Health Care and Birthing Facilities*

March 24, 2025

Senator Ingwersen, Representative Meyer, and members of the Health and Human Services Committee, my name is Sally Weiss, and I am here on behalf of the Maine Hospital Association. I am also providing this testimony on behalf of the Maine Medical Association and the Maine Osteopathic Association.

I am here today to testify that we are neither for nor against LD 1028.

First, we want to acknowledge the importance of this issue. The challenges facing maternal health care, especially in our rural communities, are both real and significant. At the MHA, MMA and MOA, this is a top priority for our membership.

In June 2024, the MHA published a report highlighting the challenges in delivering maternal health services and offering potential solutions to improve access both now and in the future. This report served as a catalyst for initiating conversations with DHHS to explore opportunities for collaboration with other stakeholders in addressing these challenges. Furthermore, the MHA, MMA, and MOA, in partnership with numerous stakeholders, have been meeting regularly in various workgroups, including the Maternal Child Health Task Force (MHTF), the Rural Maternal & Obstetric Management Strategies (RMOMS), and the Perinatal Quality Collaborative for Maine (PQC4ME). These meetings focus on key issues related to maternal and child health care delivery in Maine, including access, quality, reimbursement, and workforce development.

In December 2024, Maine DHHS was awarded a \$17 million Transforming Maternal Health (TMaH) grant from CMS, which has further accelerated the work already underway in these workgroups and initiated new projects to improve maternal and child health access and quality in Maine.

The responsibilities outlined for the task force in LD 1028 are either already being addressed or will be part of the upcoming work of these existing groups. In fact, there are plans to convene stakeholders as early as April and May to take inventory of maternal child health services statewide and discuss regional delivery models, which will bring together a variety of stakeholders with a goal to better coordinate maternal health service delivery. Separately, we are exploring ways to support the maternal health workforce by expanding simulation training pilots and establishing new workgroups to assess the feasibility of creating training programs in Maine, such as midwifery and obstetric fellowships for family medicine physicians.

While we appreciate the intention to devote more resources to this issue, we are concerned that establishing a new task force, as proposed in LD 1028, could slow the progress of ongoing efforts and risk duplicating work, potentially rendering some of the outcomes redundant. As an alternative, we propose asking DHHS to submit a bi-annual or annual report detailing the work happening across the state for transparency and to ensure that any future legislation resulting from this work is well-supported.

For these reasons, we are neither for nor against LD 1028.

Thank you and I'm happy to answer any questions and make myself available during the work session, should that be helpful.