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March 24, 2025

Senator Ingwersen, Chair  
Representative Meyer, Chair  
Members, Joint Standing Committee on Health and Human Services  
100 State House Station  
Augusta, ME 04333-0100

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

Senator Ingwersen, Representative Meyer and members of the Joint Standing Committee on Health and Human Services, thank you for the opportunity to provide information neither for nor against LD 1028, *Resolve, to Establish the Task Force to Study Equitable Access to Maternal Health Care and Birthing Facilities*.

This resolve establishes the Task Force to Study Equitable Access to Maternal Health Care and Birthing Facilities, and requires that appointed membership compile and analyze information from existing published reports as it relates to essential services closures of maternal health care units and patient quality of care and safety; demographic profile of patients affected by maternal health care closures; availability of and access to maternal health care services, including closure processes; and methods to increase financial investment and patient access in maternal health care statewide.

Maine CDC, in partnership with Maine's Office of MaineCare Services, offers the following information on this issue for the committee's consideration. Since 2014 nine labor and delivery units have closed leaving Maine with 19 to provide those critical services. Of those 19 hospitals, only two of them offer Level 3/4 services (NICU level services) and the rest are a mix of Level 1 and Level 2 with varying services available. Maine CDC has contracts with perinatal outreach coordinators to help network the birthing unit nurse managers and home birth providers together to ensure safe deliveries 'at the right time and at the right place. These coordinators also provide crucial training opportunities to providers, including those in hospitals without labor and delivery services. Other work to improve the health of pregnant and postpartum people and their newborns includes the creation of a maternal health task force and a strategic plan to drive the task force's work, the purchase of neonatal transport devices for every EMS provider in the state to be able to safely transport mom and baby together whether it be from home, the side of the road or from another hospital.

The Maine Department of Health and Human Services (DHHS) agrees that the closures of Maine birthing units is a serious issue. In addition to the work of the Maine CDC Maternal and Child Health Program (MCH) described above, at the beginning of 2025, the Office of MaineCare Services (OMS) was selected as one of 15 state Medicaid programs to participate in the Transforming Maternal Health (TMaH) Model, a federal initiative designed to improve maternal

and newborn health outcomes for people enrolled in Medicaid and the Children's Health Insurance program (CHIP). The TMaH Model is scheduled to be administered state-wide over the next 10 years, with nearly \$17 million in funding available for the initiative. The first three years of TMaH are focused on planning. Cross-department collaboration and planning across Maine DHHS and external partners is already underway to focus on the most effective ways to utilize Maine's TMaH funding to address maternal health concerns around the State. In addition to supporting Maine's birth-friendly hospital designations statewide, the TMaH Model will focus on increasing access. Additionally, participation in the TMaH Model will allow MaineCare (in partnership with the Centers for Medicare & Medicaid Services (CMS)) to develop and implement a value-based maternity services payment model by 2028.

Much of the planned work of the TMaH Model is very similar to the proposed work of The Task Force to Study Equitable Access to Maternal Health Care and Birthing Facilities. This work enhances and expands upon the existing strategic plan of the Maternal Health Task Force. DHHS also plans to utilize information from recent perinatal/maternal health needs assessments to inform TMaH work around expanding access to vital maternal health care statewide.

In conclusion, Maine CDC is neither for against this bill and welcome a discussion related to preventing further labor and delivery unit closures.

Please feel free to contact me if you have any questions during your deliberation of this bill.

Sincerely,



Puthiery Va  
Director  
Maine Center for Disease Control  
Maine Department of Health and Human Services