

STATE OF MAINE HOUSE OF REPRESENTATIVES HOUSE REPUBLICAN OFFICE AUGUSTA, MAINE 04333-0002

KATRINA J. SMITH Assistant House Republican Leader

Thank you Chair Ingwersen, Chair Meyer and distinguished members of the Health and Human Services committee. I am Representative Katrina Smith and I represent District 62. I am here today to testify **Ought not to Pass** on LD 143 and detail why this is the wrong action for Maine.

We stand at a critical moment in Maine's history—a moment where the places where life begins, our birthing centers, are vanishing across the state. This is not just a statistic or a headline; it's a reality that's reshaping our communities, especially in our rural areas, and it demands our attention. Today, I want to talk about where this is happening, why it's happening, and why we must shift our focus to investing in the children we already have rather than pouring resources into new family planning services as this bill requests.

Let's start with the facts. Over the past decade, nine hospitals in Maine have either closed their birthing units or announced plans to do so. These closures span the state, hitting rural communities the hardest. In 2022, St. Mary's Regional Medical Center in Lewiston shut its birthing unit. In 2021, it was Bridgton Hospital. Before that, in 2018, Calais Regional Hospital ceased offering labor and delivery services, and in 2015, Penobscot Valley Hospital in Lincoln followed suit. More recently, in 2023, we saw closures announced in York, Rumford, and Fort Kent. And just this year, in 2025, Northern Light Inland Hospital in Waterville suspended its birthing services as of March 1st, while Waldo Hospital in Belfast is set to end theirs in April. These aren't just buildings closing their doors—these are lifelines being cut for families across Maine.

Why is this happening? The reasons are consistent and troubling. Hospital administrators point to three main challenges: difficulty hiring staff, a declining number of births, and reimbursement rates that don't cover the high, fixed costs of keeping a birthing unit open. Northern Light Health cited ongoing recruiting challenges for labor and delivery providers as the reason for closing Inland Hospital's unit in Waterville. In rural areas like Fort Kent and Rumford, some hospitals were handling fewer than 100 births a year, far below the national standard of 200 deliveries needed to sustain expertise and safety. Add to that shortages of pediatric providers, anesthesia coverage, and nurses, and you see a system stretched beyond its breaking point.

The impact is stark. Rural Mainers now face an average 45-minute drive—one way—to the nearest birthing hospital, the longest such travel time in New England. For high-risk pregnancies, that journey can stretch to Bangor, Portland, or even Boston. This isn't just inconvenient—it's a burden and a danger to families already navigating the challenges of welcoming a child.

Our children are Maine's future—the heartbeat of our towns, the next generation of farmers, teachers, and leaders. Yet every time a birthing unit closes, we're telling those families they're on their own. We're forcing mothers to travel miles in labor, risking their health and their babies' lives. Research from other states shows that when birthing services vanish, prenatal care drops, preterm births rise, and maternal mortality triples in so-called "maternal care deserts." We cannot let Maine become one of those deserts.

Instead of sinking money into new family planning initiatives, let's invest in the children we have. That means keeping our remaining birthing centers open by addressing staffing shortages—offering incentives to attract

doctors and nurses to rural Maine and supporting training programs to ensure staff can maintain their skills even with lower birth volumes. It means building a safety net for midwives and home births, so families have options closer to home. And it means putting our dollars into schools, childcare, and healthcare for kids—not into programs that assume fewer children are the answer. My remarks should not be used as facts to promote birth control or family planning centers, but should be seen as a cry for help from those already experiencing hardship in our state. LD143 should not be in line for funding when a critical need to help families already exists.

Maine's strength has always been its people—resilient, hardworking, and rooted in community. Our children deserve a state that fights for them from the moment they take their first breath. Closing birthing centers doesn't just limit where babies are born; it limits our vision for what Maine can be. Let's stop encouraging a culture that stops life before it begins and start investing in abundance—in the health, safety, and future of every child born here. Together, we can ensure that no family is left driving 45 minutes—or more—for the care they need. Let's make that commitment today, for the sake of our kids and the soul of our state and vote **OUGHT NOT TO PASS on LD 143** and instead look at allocating funds to keep babies safe and families healthy here in Maine

Thank you.