



## TESTIMONY OF THE MAINE HOSPITAL ASSOCIATION

**In Support Of**

**LD 1523**

*An Act to Improve Perinatal Care Through Expanded Access to Doula Services*

**April 17, 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 (MHA), which represents Maine's 33 private acute care, psychiatric, and rehabilitation hospitals.

I am writing to express our support for **LD 1523**.

Since 2015, eleven labor and delivery units in Maine have either closed or announced plans to close—seven of these closures have occurred within the past few years. These closures are driven by a range of complex and often interconnected factors. Chief among them is the declining population in rural areas, which makes it increasingly difficult to recruit and retain a qualified workforce, maintain clinical competencies, and secure malpractice coverage for providers delivering maternity care.

To help sustain and expand access to maternal health services—particularly in rural communities—we must embrace a more diversified and innovative approach to the workforce. This includes increasing training and utilization of midwives, family medicine providers with obstetric fellowship training, and doulas. It also involves adopting new models of care, such as telehealth, mobile clinics, and partnerships between healthcare organizations.

Doulas, in particular, have gained national attention as an effective solution to the maternal health crisis, especially in underserved areas. Research shows that doula support improves outcomes for both mothers and babies, reduces the need for medical interventions, and lowers cesarean delivery rates. Beyond labor support, doulas assist with care navigation, patient education, and recognizing early warning signs that may require medical attention.

For example, a pregnant woman might not think twice about a headache, but a trained doula could recognize it as a possible sign of hypertension—a leading cause of maternal mortality—and encourage the woman to seek medical care. This kind of relationship-centered support can be lifesaving, particularly for women in rural areas who may face geographic isolation and difficulty accessing care.

Several states—including Virginia, Maryland, Rhode Island, and New Jersey—have already enacted legislation to establish state certification for doulas and integrate doula services into their Medicaid programs.

**LD 1523** would do the same for Maine by establishing a defined number of reimbursable doula visits through MaineCare. This would eliminate financial barriers for MaineCare beneficiaries seeking doula support. The need is clear: in 2022, Medicaid covered 37% of all births in Maine. In rural hospitals, that number was even higher—46%. This means nearly half of all rural births are paid for by Medicaid, a population that is particularly vulnerable to service reductions and gaps in maternal care.

By expanding access to doula services, LD 1523 offers a meaningful and cost-effective way to support maternal health across the state, especially in our rural communities. We urge you to support this important legislation.

Thank you for your consideration.