

Ellen DaCorte
Somesville, Maine

May 7, 2025

Dear Honorable Members of the Committee on Health Coverage, Insurance and Financial Services,

My name is Ellen DaCorte, and I am a registered nurse who has had the honor of serving at our community hospital in Bar Harbor for the past 30 years. For the last 27 of those years, I have worked in our obstetrical department, where I currently serve as the clinical lead RN. I am writing today with urgency and in support of LD1578—a critical piece of legislation that could help preserve access to health services, particularly in rural communities in the State of Maine.

While I may not fully understand every aspect of the legislation in its entirety, I appreciate what its passage could mean for the future of obstetrical care in Maine. This bill represents a chance to bring structure, oversight, and collaboration to decisions that have lasting consequences for birthing individuals, babies, and entire communities.

Yes, rural obstetrics presents real challenges. I know them well and appreciate each challenge. I truly do. Our obstetrical team has had the privilege of collaborating with many dedicated perinatal leaders across the state who are actively advancing initiatives to address challenges and implement solutions—all with the goal of supporting this vital service and ensuring the safest possible outcomes for birthing people and their newborns. Despite our involvement, our community is now facing the closure of our obstetrical unit on July 1st—reflecting the very same pattern we are seeing in other communities across our state and the nation. It's as if the need for obstetrical care has somehow disappeared. But birth is not going away. It is not optional. Every community, no matter how rural, deserves safe and accessible maternity care.

As one example of a proactive solution, our team has recently participated in a program called MOMSim2.0—a simulation-based training initiative led by perinatal experts in our state who remotely collaborate with our rural obstetrical unit. These sessions take place in our actual care environment and focus on conducting realistic drills, identifying latent safety threats, and improving clinical outcomes. LD1578 embraces a similar approach: proactively identifying and addressing systemic vulnerabilities before they lead to the closure of vital health services. The goal should be to strengthen and sustain these services—not allow them to quietly become obsolete.

Noteably, perinatal leaders across Maine are currently revising the 2022 *Perinatal and Neonatal Levels of Care Guidelines*. [Perinatal and Neonatal Levels of Care Guideline 2022](#)

One section of that document, *Notice of Maternity and/or Newborn Care Changes*, acknowledges that hospitals may sometimes need to suspend or close their labor and delivery services. However, the current language merely "requests" that DHHS be given the opportunity

to review capacity and resources with the hospital in these cases. That is not enough. It must be a *requirement*.

LD1578 presents a valuable opportunity to formalize the process by ensuring that external experts and key stakeholders are included in a collaborative task force when any health service is at risk. This proactive approach would bring the right voices to the table *before* decisions become final. I firmly believe that involving discipline-specific experts is essential to fully understand the implications of these closures and to explore viable solutions before a service is lost permanently.

Thank you for the opportunity to share my perspective with the Committee. I urge you to vote "Ought to Pass" on LD 1578. Thank you!

Sincerely,
Ellen DaCorte, RN