Testimony in Support of LD 1578

Anne Marie van Hengel, MD, FACOG
Portland , Maine

May 9 2025

Introduction

My name is Anne Marie van Hengel. I have over 30 years of experience providing obstetrical care to families across Maine, and I am now actively involved in statewide efforts to improve perinatal outcomes.

Through this work, I have seen firsthand the serious and growing challenges that Maine—and the rest of the nation—is facing when it comes to access to maternity care, particularly in rural areas.

The reasons behind the closure of rural birthing units are multifactorial and complex. There are legitimate concerns—workforce shortages, financial pressures, and regulatory hurdles—that contribute to the strain on hospitals and providers. But complexity is no excuse for silence, secrecy, or inaction. We must ensure that transparent communication, strategic planning, and community input are at the center of any decisions that affect how and where people can give birth.

Full Testimony

I am writing today in strong support of LD 1578.

While I listened carefully to the heartfelt testimony about the impact of birthing unit closures—stories that are both moving and deeply troubling—for me, the most compelling rationale to support this bill lies in the lack of process, transparency, and accountability that has accompanied many of these closures.

As you have heard, we have seen an alarming acceleration in birthing unit closures in Maine: four already this year, and several more last year. Although a few were thoughtfully planned with viable alternatives considered, most have occurred with little or no notice. The Department of Health and Human Services has recommended a 120-day notice period, yet this has been repeatedly ignored. Some hospitals have closed their birthing units with as little as 30 days' notice.

It is inconceivable to me that hospital leadership was unaware of the financial pressures that made continued operation unfeasible. Hospital budgets are developed well in advance. These challenges would have been recognized months—if not years—before the decision to close was made.

Decisions of this magnitude should not be made without input from the providers and staff who deliver care, and without engaging the communities that will be affected. When decisions are made behind closed doors, it undermines public trust and places patients and

providers in increasingly difficult positions.

This bill will not, in and of itself, prevent hospitals from closing birthing units. The underlying issues—workforce shortages, declining reimbursement, and the financial fragility of rural health care—still need to be addressed. But what this bill does do is ensure that if closures must happen, they occur in a way that allows for thoughtful planning, community involvement, and mitigation of harm.

With Maine having received a TMAH (Transforming Maternal Health Access) grant, there are significant efforts underway to develop and implement a comprehensive strategy to address the rural maternity health care access crisis. This work is crucial, but it is not an acute solution. These systems-level changes will take time to build and enact. Meanwhile, several more hospitals are currently struggling with the same issues—financial instability, workforce challenges, and difficult decisions about whether they can continue offering obstetric services. We cannot afford to wait for longer-term solutions to come to fruition while communities continue to lose access to essential maternity care.

LD 1578 seeks to establish a clear and reasonable process. When a hospital recognizes that its birthing unit is in jeopardy, it should be required to communicate early with DHHS, explore potential solutions to avoid closure, and, if closure is truly unavoidable, provide adequate time—not just for administrative transitions, but for:

- Patients to arrange alternative care,
- Communities to prepare and adjust, and
- Emergency departments to receive appropriate training to handle OB-related emergencies safely.

This is not simply about logistics. It is about respect for patients, providers, and rural communities, and about protecting the health and safety of pregnant individuals and their newborns.

LD 1578 offers a step toward ensuring that future birthing unit closures are managed with greater transparency, foresight, and responsibility. I urge you to vote in favor of this bill.

Sincerely,

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I am writing today in strong support of LD 1578. While I listened carefully to the heartfelt testimony about the impact of birthing unit closures—stories that are both moving and deeply troubling—for me, the most compelling rationale to support this bill lies in the lack of process, transparency, and accountability that has accompanied many of these closures. As you have heard, we have seen an alarming acceleration in birthing unit closures in Maine: four already this year, and several more last year. Although a few were thoughtfully planned with viable alternatives considered, most have occurred with little or no notice. The Department of Health and Human Services has recommended a 120-day notice period, yet this has been repeatedly ignored. Some hospitals have closed their birthing units with as little as 30 days' notice. It is inconceivable to me that hospital leadership was unaware of the financial pressures that made continued operation unfeasible. Hospital budgets are developed well in advance. These challenges would have been recognized months—if not years—before the decision to close was made. Decisions of this magnitude should not be made without input from the providers and staff who deliver care, and without engaging the communities that will be affected. When decisions are made behind closed doors, it undermines public trust and places patients and providers in increasingly difficult positions. This bill will not, in and of itself, prevent hospitals from closing birthing units. The underlying issues—workforce shortages, declining reimbursement, and the financial fragility of rural health care—still need to be addressed. But what this bill does do is ensure that if closures must happen, they occur in a way that allows for thoughtful planning, community involvement, and mitigation of harm. With Maine having received a TMAH (Transforming Maternal Health Access) grant, there are significant efforts underway to develop and implement a comprehensive strategy to address the rural maternity health care access crisis. This work is crucial, but it is not an acute solution. These systems-level changes will take time to build and enact. Meanwhile, several more hospitals are currently struggling with the same issues—financial instability, workforce challenges, and difficult decisions about whether they can continue offering obstetric services. We cannot afford to wait for longer-term solutions to come to fruition while communities continue to lose access to essential maternity care. LD 1578 seeks to establish a clear and reasonable process. When a hospital recognizes that its birthing unit is in jeopardy, it should be required to communicate early with DHHS, explore potential solutions to avoid closure, and, if closure is truly unavoidable, provide adequate time—not just for administrative transitions, but for:
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