

May 13, 2025

*Testimony on **LD 1578**, An Act to Require the Department of Health and Human Services to Review Disruption to or Removal of Health Services*

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

We write as public health researchers with expertise in the topics of maternal and reproductive health. We have produced reports on topics related to maternal health, and specifically the needs of rural hospitals<sup>i</sup> in Maine.<sup>ii</sup> We are not testifying in support or opposition to the bill but rather providing context and data to this committee on the important topic of ensuring quality obstetric care for all those who need it Maine.

This is an incredibly complex topic and not unique to Maine; obstetric units throughout the country have been closing, with more closures in rural areas.<sup>iii</sup> This requires creative solutions to ensure pregnant people have both financial and geographic access to quality maternity care.

A critical message we want to convey is that there are documented risks when patients lose access to local obstetric care, including prenatal and postpartum care, due to hospital closures. There are also important considerations regarding birth volume and outcomes. However, there is no specific threshold that determines safety. To quote the leading expert on rural maternity hospital closures, Dr. Katy Kozhimannil, Distinguished Professor at the University of Minnesota, and her team: *“There is currently no clinical or policy consensus on the number of births and associated financial, staff and training resources needed to safely provide obstetric services, nor is there clarity on volume thresholds for safety under different clinical circumstances.”*<sup>iv</sup>

To say this another way, it is important to provide safe, quality prenatal, birthing, and postpartum care to all patients near their homes, and there is no exact threshold regarding the number of births at which that care suddenly becomes more or less safe.<sup>v</sup> For more information on this important topic, please see the University of Minnesota [brief](#) led by Dr. Kozhimannil.

When hospitals do close their obstetrics units, especially those in rural areas not close to urban centers, we see negative health consequences. In these areas, after a unit closed, there has been a documented small but sustained increase in out-of-hospital births, as well as modest increases in preterm births, and large increases in births in emergency departments.<sup>vi</sup>

If closures are deemed necessary, careful planning is essential. Hospital systems and the state must ensure proper training for emergency department staff, as well as provide training and support for primary care providers who may see pregnant patients. Creating a comprehensive system to help pregnant patients access care throughout pregnancy, birth, and postpartum is also paramount to ensuring positive outcomes.<sup>vii</sup>

At the same time, it is crucial that the state government work on solutions to support hospitals in rural areas so that they can keep their obstetric units open. Important areas for support include reimbursement structures and workforce retention and recruitment.<sup>viii</sup> We appreciate the legislature’s attention to this important issue and encourage discussions regarding creative

solutions to ensure everyone in Maine can receive quality obstetric care within a reasonable distance.

Thank you for the opportunity to provide this testimony.

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Louisa Smith, PhD, MS

## **REFERENCES TO THE ABOVE-MENTIONED DATA:**

<sup>i</sup> Keefe-Oates B, Simmonds K, Smith L, Stolow J. *Needs Assessment of the Obstetric Workforce in Maine's Rural Hospitals*. Northeastern University; MaineHealth; 2024. Accessed August 2, 2024. <https://roux.northeastern.edu/news-articles/needs-assessment-of-the-obstetric-workforce-in-maines-rural-hospitals/>

<sup>ii</sup> Keefe-Oates, Brianna, Simmonds K, Smith L, Stolow J. *Rural to Referral: Assessing the Obstetric Workforce Landscape in the State of Maine*. Northeastern University; MaineHealth; 2025. Accessed May 13, 2025. [https://issuu.com/rouxinstitute/docs/rural\\_to\\_referral\\_assessing\\_the\\_obstetric\\_workfor](https://issuu.com/rouxinstitute/docs/rural_to_referral_assessing_the_obstetric_workfor)

<sup>iii</sup> Kozhimannil KB, Interrante JD, Carroll C, et al. Obstetric Care Access at Rural and Urban Hospitals in the United States. *JAMA*. 2025;333(2):166. doi:[10.1001/jama.2024.23010](https://doi.org/10.1001/jama.2024.23010)

<sup>iv</sup> Kozhimannil KB, Interrante JD, Fritz AH, Sheffield EC, Carroll C, Handley SC. *Information for Rural Stakeholders About Access to Maternity and Obstetric Care - A Community-Relevant Synthesis of Research*. University of Minnesota Rural Health Research Center; 2024. Accessed May 13, 2025. [https://drive.google.com/file/d/1xazHHK7vE3F1w0qf-sCo8rZHUSJJ9KET/view?usp=drive\\_link&usp=embed\\_facebook](https://drive.google.com/file/d/1xazHHK7vE3F1w0qf-sCo8rZHUSJJ9KET/view?usp=drive_link&usp=embed_facebook)

<sup>v</sup> Minion SC, Krans EE, Brooks MM, Mendez DD, Haggerty CL. Association of Driving Distance to Maternity Hospitals and Maternal and Perinatal Outcomes. *Obstet Gynecol*. 2022;140(5):812-819. doi:[10.1097/AOG.0000000000004960](https://doi.org/10.1097/AOG.0000000000004960); Handley SC, Passarella M, Interrante JD, Kozhimannil KB, Lorch SA. Perinatal outcomes for rural obstetric patients and neonates in rural-located and metropolitan-located hospitals. *J Perinatol*. 2022;42(12):1600-1606. doi:[10.1038/s41372-022-01490-7](https://doi.org/10.1038/s41372-022-01490-7); Kozhimannil KB, Leonard SA, Handley SC, et al. Obstetric Volume and Severe Maternal Morbidity Among Low-Risk and Higher-Risk Patients Giving Birth at Rural and Urban US Hospitals. *JAMA Health Forum*. 2023;4(6):e232110. doi:[10.1001/jamahealthforum.2023.2110](https://doi.org/10.1001/jamahealthforum.2023.2110)

<sup>vi</sup> Kozhimannil KB, Hung P, Henning-Smith C, Casey MM, Prasad S. Association Between Loss of Hospital-Based Obstetric Services and Birth Outcomes in Rural Counties in the United States. *JAMA*. 2018;319(12):1239-1247. doi:[10.1001/jama.2018.1830](https://doi.org/10.1001/jama.2018.1830)

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<sup>vii</sup>Kozhimannil KB, Interrante JD, McGregor AJ. Access to maternity care: challenges and solutions for improving equity across US communities. *Current Opinion in Obstetrics and Gynecology*. 2025;37(2):43. doi:[10.1097/GCO.0000000000001003](https://doi.org/10.1097/GCO.0000000000001003); Keefe-Oates, Brianna, Simmonds K, Smith L, Stollow J. *Rural to Referral: Assessing the Obstetric Workforce Landscape in the State of Maine*. Northeastern University; MaineHealth; 2025. Accessed May 13, 2025.

<sup>viii</sup> Keefe-Oates, Brianna, Simmonds K, Smith L, Stollow J. *Rural to Referral: Assessing the Obstetric Workforce Landscape in the State of Maine*. Northeastern University; MaineHealth; 2025. Accessed May 13, 2025.  
[https://issuu.com/rouxinstitute/docs/rural\\_to\\_referral\\_assessing\\_the\\_obstetric\\_workfor](https://issuu.com/rouxinstitute/docs/rural_to_referral_assessing_the_obstetric_workfor)