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Joint Standing Committee on Health Coverage, Insurance and Financial Services  
Chair Senator Donna Bailey  
Chair Representative Kristi Michele Mathieson  
c/o Legislative Information Office  
100 State House Station  
Augusta, ME 04333

Subject: Written Testimony on LD2189

Members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services and Chairs Senator Bailey and Representative Mathieson,

My name is Sarah Irving and I am a resident of Bangor, Maine. I submit testimony on LD 2189 as a **Family Physician who has practiced Obstetrics in Maine for 23 years including 9 years at a critical access hospital in rural Maine**. Following the closure of the labor and delivery unit at Penobscot Valley Hospital in 2015, I have practiced at a tertiary care hospital where I collaborate on a regular basis with rural practices and hospitals to facilitate the care of pregnant people in Maine. I lived in rural Maine during my child bearing years and as a physician practicing Obstetrics, I see the consequences of the lack of access to prenatal and obstetrical care in rural Maine every day. It is a regular occurrence that I care for pregnant people unable to access prenatal care through their entire pregnancy who arrive on labor and delivery with significant medical complications including substance use disorders, diabetes, pre-eclampsia, infections and pre-term labor. I have been called emergently to a critical access hospital with a closed labor and delivery unit to be emergency credentialed and deliver the baby of a Mom who could not get to Bangor in time. I am so passionate about this issue that I have resigned from my current position as Director of a Family Medicine Residency in Maine to pursue additional training at a surgical OB Fellowship in North Carolina starting in July 2026. My intent is to return home to Maine. I only hope that when I return in the summer of 2027 that there are places where I will be able to provide obstetrical care in rural Maine.

I appreciate the intent of LD 2189 *An Act to Require Prior Notification of Closures of Labor and Delivery Units and Changes in Maternity or Newborn Care Services by Hospitals as Recommended by the Commission to Evaluate the Scope of Regulatory Review and Oversight over Health Care Transactions That Impact the Delivery of Health Care Services in the State* is to protect pregnant patients and their babies in the setting of an epidemic of labor and delivery unit closures across rural Maine. **While communication, awareness and contingency planning are critically important, I do not believe that this bill will achieve the intended goal of protecting lives in Maine.** I oppose the bill as I believe it is reactive and has the potential to do the opposite of saving lives both short and long term.

Short term: Rural hospitals are struggling to maintain labor and delivery services for varied reasons from workforce competency to insurance reimbursement. At the point that a rural hospital is making the decision to close their labor and delivery unit, the lights are already flickering. Frequently the units are unable to competently staff services and the hospital goes on diversion unable to care for pregnant patients even prior to any official closure of a unit. This occurs without the ability to effectively notify those who matter most – the pregnant patients. During this unstable period with lack of awareness of diversion status, time is lost and that time has the potential to impact lives, stress Emergency Medical Services and both increase the cost of healthcare while negatively impacting quality.

Long term: I believe the bill proposes a permissive path for further labor and delivery closures that will only increase the size of growing maternity care deserts across rural Maine and overwhelm tertiary care hospitals with preventable complications of pregnancy and their inevitable poor outcomes. Studies demonstrate that the further one lives from a labor and delivery or birthing center, the more likely one is to have a poor outcome.

We need to focus energy, resources and funding on a proactive, collaborative and strategic approach allowing pregnant people access to high quality obstetrical care in rural Maine. Timely communication of an intent to close a unit and end access to care without the additional requirements of 1) a plan for coverage beyond emergency events and 2) contribution to a strategic regional plan is dangerous.

I welcome the opportunity to be a part of a deliberate, collaborative and integrated plan to care for pregnant people in rural Maine with evidence based geographical coverage and clinical teams competent to provide high quality care. I believe that the \$17 million grant recently awarded to Maine DHHS to support maternal healthcare provides the opportunity for a more holistic and definitive approach to addressing the current challenges with maternity care in Maine.

Respectfully,

Sarah Irving, MD DABFM FAAFP