



**Maine Medical
Association**



**TESTIMONY OF THE MAINE MEDICAL ASSOCIATION
AND
THE MAINE OSTEOPATHIC ASSOCIATION**

Neither For Nor Against

[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

Joint Standing Committee on Health Coverage, Insurance and Financial Services
Room 220, Cross Building, Augusta, Maine
Wednesday, February 18, 2026

Good Afternoon, Senator Bailey, Representative Mathieson, and Members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services. My name is Andrew MacLean, and I am the CEO of the Maine Medical Association. I am submitting this testimony neither for nor against [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 on behalf of the Maine Medical Association and the Maine Osteopathic Association.

The Maine Medical Association (MMA) is a professional organization representing more than 4,300 allopathic and osteopathic physicians, residents, and medical students in Maine. MMA's mission is to support Maine physicians, advance the quality of medicine in Maine, and promote the health of all Maine people. The Maine Osteopathic Association (MOA) is a professional organization representing more than 1,200 osteopathic physicians, residents, and medical students in Maine whose mission is to serve the Osteopathic profession of the State of Maine through a coordinated effort of professional education, advocacy, and member services in order to ensure the availability of quality osteopathic health care to the people of this State. The MMA and MOA's legislative committees have joined to advocate with one voice.

As an initial matter, I want to thank all of the members of the [Commission to Evaluate Regulatory Review and Oversight of Health Care Transactions](#). They had to cover a lot of ground in a short amount of time, and we appreciated watching the collegiality of the discussions. We delivered and submitted comments to that Commission on October 8, 2025.¹ In those comments, we raised three points for the members to consider as they deliberated potential legislation.

¹ [PDF 10.8 Comments Commission to Evaluate the Scope of Regulatory Review and Oversight over Health Ca...](#)

- Recognizes that Maine healthcare organizations **act rationally and in good faith** when making decisions in response to the various struggles they face, including but not limited to the financing, administrative burdens, and need for investment.
- Understands the importance of **inventorying the regulatory tools** already available to avoid layering new regulations without purpose.
- Values **preserving physician autonomy and choice** is in society's interest, too, because it is the critical basis for ensuring career satisfaction, avoiding burnout, and delivering high-quality care to patients.

We have kept these considerations at the top of mind as we review whether and how to weigh in on the eight bills reported out of the Commission. We also have an obligation to honor the diversity of our membership, from hospital-based physicians to solo practitioners. The decisions made by this Legislature can, from time to time, affect them differently based on where they work.

Our Associations appreciate the intent of LD 2189 and share the Legislature's deep concern about maintaining access to maternity and newborn services, particularly in rural communities. Our membership is not divided on the seriousness of Maine's maternal health challenges. Physicians across the state firmly agree that preserving access to safe obstetric care is a critical priority.

Where perspectives differ is on the most effective path forward. Some members are concerned that a rigid prior-notification requirement could unintentionally place patients at risk if hospitals are required to continue services despite sudden staffing shortages or safety concerns. It appears that a solution could be to include "exit ramps" in the bill language that would allow closure before the notice period is up if certain conditions are met.

At the same time, other members question whether the proposal goes far enough to address the underlying causes of maternity unit closures, including workforce shortages, low patient volumes, financial instability, and the growing complexity and risk associated with obstetric care. Notification requirements alone do not resolve the structural challenges facing hospitals and clinicians, and there is concern that additional regulatory steps could add administrative burden without meaningfully improving access or sustainability.

We believe the focus should remain on solutions that strengthen the maternal health workforce, stabilize rural hospital services, and support innovative care models that improve access while maintaining safety. We are grateful for Maine's Transforming Maternal Health (TMaH) initiatives and for the opportunities created by the grant. We look forward to partnering with the State, hospitals, and community stakeholders to advance this work and to develop sustainable strategies that ensure Maine families have access to safe, high-quality maternity care.

Thank you for considering our thoughts. Please let me know if you have any questions.

Thank you,

Andrew MacLean, JD