

**Testimony from Portia Judson, RN, Maine State Nurses Association/National Nurses United in support 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”**

Good morning. My name is Portia Judson and I have been a registered nurse for 10 years. I currently work at Mount Desert Island Hospital as an ER nurse and I’m a member of the Maine State Nurses Association. I am testifying in support of LD 2189.

Mount Desert Island Hospital closed its obstetrics department earlier this year. Our hospital cannot serve the needs of our patients without an OB. After the closure, I saw a patient come into the hospital 23 weeks pregnant with a history of complications in prior pregnancies. She was having horrible abdominal pain and was terrified. When we did not hook her up to a fetal heart monitor, because we had no one to use it, she asked about our OB coverage. We told her we no longer had the department. She asked for her husband and immediately insisted they leave and go to a hospital with an OB department.

This woman’s terror was stark and real. I couldn’t honestly tell her that if she, or her baby, needed it, transport would be available, much less whether it would arrive in time to save them. It was exactly the type of thing nurses all worry about. Especially on an island. Thankfully it turned out alright, this time. I don’t know about next time.

Patients like these are why specialist OB care in hospitals is so important to the entire community. And the community needs to be involved in decisions about unit closures.

When Mount Desert Island Hospital closed its obstetrics unit, the community got about three months advance notice. When Houlton closed its unit, the nurses and community only got about one month’s notice. Nurses like me in the ER, nurses at the hospitals where our patients go, and our pregnant patients all end up scrambling to deal with the fallout of closures.

MSNA thanks the committee for addressing this critical problem. While we still have a long way to go to address the closure of obstetrics units, this bill is a beginning.

The 120-day notice requirement will give health care workers, patients, communities, and Maine policymakers time to ask questions about the cause of the closure, look for ways to prevent it, and make plans to address the harms of the closure. Our patients need time to make alternate plans for prenatal care and birth, which is not easy in rural areas where options are few.

Hospitals that are closing units will have to show that they have plans for maternity emergencies, including training for emergency department staff on emergency obstetrics care. A healthy pregnancy can turn into a medical emergency in minutes. As a nurse in the emergency department, I want to know what we can do for patients when they inevitably come in with emergency maternity care needs.

Other hospitals also need time to prepare. Nurse colleagues at hospitals that still have OB units have had periods of being overwhelmed by increases in patients coming in from areas where OB units have closed, or where hospitals are on diversion, with no extra resources to care for them. In some cases, neighboring hospitals will be able to staff up their OB unit and provide the increased resources necessary to account for new patients. In other areas, there are no hospitals with OB units nearby. The 120-day notice gives health care workers and state agencies time to press for resources to care for new patients.

Finally, the information collected from closure notifications under this bill will help Maine plan to prevent further closures. MSNA is ready to continue working with legislators and policymakers to create a long-term solution to rural maternity closures. Today, we ask for your support on LD 2189.