

March 4, 2026

To: Senator Ingwersen, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services

Re: Written Testimony in Opposition to LD 2196 — An Act to Lower Health Insurance Costs, Reduce Barriers to Health Care and Ensure Fair Prices for Health Care

Senator Ingwersen, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services:

My name is Julie Jabaut. I live in Durham, Maine, and I am writing in opposition to LD 2196.

My husband, Peter, and I turned to Boston IVF of South Portland after struggling to conceive. We are fortunate to hold careers — I am an attorney, he works in finance — that provide strong health benefits, including partial IVF coverage. After a successful first round, our pregnancy progressed without complication through 25 weeks. A routine advanced ultrasound at 20 weeks showed no concerns. We were relieved.

However, due to circumstances out of our control and not foreseeable by our medical teams, our daughter Gracie was born emergently in September 2022 at MaineHealth Barbara Bush Children's Hospital at 26 weeks and 5 days, weighing 1 pound 15 ounces.

I had been admitted three days earlier for reduced fetal movement. On the morning of her birth, during a routine ultrasound, her movement had stopped almost entirely. I said goodbye to my husband and was rushed to emergency delivery under general anesthesia. Gracie was born severely anemic with no cord blood. She received two blood transfusions and was treated for respiratory distress syndrome, which is common in severely premature infants. During delivery, I began hemorrhaging and stopped responding to medication, losing approximately 75% of my blood. My husband was told they had minutes to decide whether to perform a hysterectomy to attempt to save my life. I responded to other vascular interventions and woke up in the ICU, where I learned my daughter had survived and was in the NICU.

I met Gracie on the morning of her third day of life. Peter had been at her side from the start, and he made sure I would be the first to hold her. On that third day, I was wheeled down from the ICU to the NICU and held my daughter for the first time.

Gracie spent 105 days in the NICU at MaineHealth BBCH. Today, she has no lasting effects from her extreme prematurity. She is enrolled full-time in a preschool where she thrives. She loves going to her

weekly music class, loves any sport involving a ball, learned to ski this winter, and like any good little Mainer, has developed a true love for lobster rolls!

We do not take it lightly that she is thriving today — we know how differently these NICU stories can end. She is thriving because of the care she received at MaineHealth Barbara Bush Children's Hospital NICU.

I ask this Committee to consider what our story would have looked like without a world-class NICU in Maine.

Gracie was almost certainly too fragile at birth to survive transport to Boston. The NICU at Barbara Bush was not a convenience — it was a precondition of her survival. And had she been hospitalized out of state, I would have been confined to a Maine hospital for over a week before being medically cleared to travel. The skin-to-skin contact she received in those critical first days — contact with measurable medical benefits for premature infants — would have been lost entirely.

The practical consequences for our family would have been severe. Because the NICU was close, I returned to work part-time once I recovered — mornings in my home office, with the remainder of the day spent at Gracie's bedside. Peter worked days and spent evenings at her bedside. We kept our household and careers intact across a 105-day hospitalization. Distance would have made that impossible. The financial and professional fallout would have compounded an already devastating experience.

LD 2196 would devastatingly threaten the hospitals that make services like the MaineHealth BBCH NICU possible. I am not naïve to the financial challenges hospital systems across this country are facing; however, I urge this Committee to reject LD 2196 and pursue bipartisan solutions that address healthcare costs without dismantling the infrastructure that keeps Maine families alive. You were elected to serve the people of Maine, and the people of Maine deserve quality health care in their own state.

Gracie is proof of what is possible when world-class care exists close to home. The next Gracie deserves the same chance.

Respectfully submitted,



Julie D. Jabaut
Durham, Maine