

Testimony of Melissa Hackett
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In Support of LD 518, Resolve, Increasing Access to Maternal and Child Health Care

Senator Ingwersen, Representative Meyer, and esteemed members of the Health and Human Services Committee. My name is Melissa Hackett. I am a policy associate with the Maine Children's Alliance, which serves as the backbone organization for the Maine Child Welfare Action Network, where I am the coordinator. I am testifying in both capacities today in support of this legislation.

Being a new parent is an amazing and challenging experience. It can be overwhelming. As many parents have shared with me, and as I experienced myself as a new parent, kids don't come with a handbook. Every parent deserves to have someone to help them navigate this new and complex journey.

A critical way we can ensure every parent has that kind of support is to leverage the capacity of programs like home visiting. This program provides support from caring, professional visitors in a home or community setting already comfortable for a family. This covers a range of topics that support the holistic needs of babies and their parents, including care during pregnancy, breastfeeding, child development, and making connections to other essential supports like food, child care, and employment and education opportunities. By supporting new families, we bolster their protective capacity, which can prevent child injuries, abuse and neglect, and exposure to domestic violence. Perhaps most importantly, home visiting makes a human connection for new parents – a person who cares about them and wants to help - during a time of big change and stress.

In Maine, the evidence-based home visiting model is Parents as Teachers, through Maine Families, supported by the Maine Children's Trust. Families gain access to the program through CradleME, a referral process that connects parents with home-based or virtual support for them and their baby. It is a partnership between many programs, including Maine Families, Public Health Nursing, Early Intervention for ME, Women Infants and Children, Maine MOM, Help ME Grow, and Plans of Safe Care. It also includes linkages to Access Maine and 211.

In 2022, there were 12,087 births in Maine. In federal fiscal year 2023, the Maine Families Home Visiting Program served 1,698 children. In short, this is only a fraction of the many families in Maine who could benefit from this important early support program. This has implications for parent and child health and well-being.

Of recently postpartum people who gave birth in Maine in 2022 (PRAMS 2024):

- 7% did not have a steady place to live or might lose their housing in the future
- 18% were unable to pay their mortgage, rent, or utility bills in the past year
- 20% did not have enough money to buy food
- 24% could not afford to eat balanced meals
- 10% did not have reliable transportation

According to the Maine Perinatal Health Disparities Needs Assessment (2024 KIDS COUNT Data Book): Many participants shared that they felt support was lacking during the postpartum period, when 1 in 3 birthing persons reported needing mental health services and almost 1 in 5 reported experiencing anxiety symptoms.

As has been noted, consideration of home visiting and the CradleME referral process was also a recommendation in the 2023-2024 Child Death and Serious Injury Review Panel: The Maine CDC should develop a workgroup including representation from the Division of Public Health Nursing and the Maternal Child Health (MCH) Program to examine barriers to universal referral of all birthing families to Maine's MCH home visiting program, Cradle ME.

Maine's Child Safety and Family Well-Being Plan also includes suggested action related to the promotion of existing home-based support for families through Home Visiting, Public Health Nursing, and Early Head Start.

In short, there is a need and an opportunity to develop a better shared understanding of how we are currently leveraging critical early support programs to families like home visiting, and how that is impacted by the referral process. It is essential that the various partners engaged in this work with families work together to identify the challenges and consider opportunities to maximize these programs for families.

While this bill articulates these focus areas, we would also strongly support consideration of how to increase not only referral, but receipt of services for families. We know that the stigma and fear associated with seeking and receiving support is often a significant barrier to parents getting the help they need when they need it. Universal programs are one way to reduce that stigma.

When every new parent in Maine can access parenting supports like home visiting, we can ensure all families will have the early, holistic support needed for children and their parents to experience health, safety, and well-being.