



LD 94 An Act to Eliminate Miscarriage Reporting Requirements

Testimony in Support March 25, 2025

Senator Ingwersen, Representative Meyer and members of the Health and Human Services Committee, my name is Lisa Harvey-McPherson RN. I am speaking today in support of this bill on behalf of Northern Light Health and our member organizations. Northern Light Health member organizations include 10 hospitals located in southern, central, eastern and northern Maine, nursing facilities, air and ground ambulance, behavioral health, addiction treatment, pharmacy, primary and specialty care practices and a state-wide home care and hospice program. Ninety three percent of Maine's population lives in the Northern Light Health service area. Northern Light Health is also proud to be one of Maine's largest employers with more than 10,000 employees statewide.

Over a year ago risk management professionals with Northern Light Health reached out to me regarding the miscarriage reporting mandate and the risk our providers face when they cannot report the information per the regulation. The current statute requires significant identifying information ("all of the applicable information required on the certificate of fetal death") for the mother and father of the baby. Miscarriages are spontaneous loss of pregnancy for a fetus less than 20 weeks old and there are very valid reasons why a health care provider generally does not have access to the information required for reporting.

- Miscarriages are rarely attended by a healthcare professional; they occur wherever the woman is outside of a health care setting
- Miscarriages can occur over the course of several days or weeks
- Miscarriages can't always be confirmed (mother may not have had confirmation of pregnancy prior to miscarriage)
- Miscarriages often aren't reported to a health care provider until long after they have occurred if they are reported at all
- Many women are not under the care of a healthcare provider at the time a miscarriage occurs

This bill does not impact registration of fetal deaths, health care providers will continue to meet the standard that a certificate of each death of a fetus of 20 or more weeks of gestation that occurs in this State must be filed with the State Registrar of Vital Statistics or the clerk of the municipality where the delivery occurred within 14 days after the delivery and prior to removal of the fetus from the State.

Northern Light Health
Government Relations
43 Whiting Hill Road
Brewer, Maine 04412

Office 207.861.3282
Fax 207.861.3044

Northern Light Health
Acadia Hospital
A.R. Gould Hospital
Blue Hill Hospital
C.A. Dean Hospital
Eastern Maine Medical Center
Home Care & Hospice
Inland Hospital
Maine Coast Hospital
Mayo Hospital
Mercy Hospital
Northern Light Health Foundation
Northern Light Pharmacy
Sebasticook Valley Hospital

This bill eliminates the requirement that health care professionals must report to the Department of Health and Human Services each occurrence of a miscarriage of a fetus of less than 20 weeks gestation.

We ask for that you support this important legislation, thank you.

Department of Health and Human Services
Report of Miscarriage

THIS MISCARRIAGE	Name of Fetus (Optional, parent's discretion)			
	1. Facility Name (If not institution, give street and number)		2. Facility ID (NPI)	
	3. Date of Miscarriage (mm/dd/yyyy)		4. Sex (M/F/Unk) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
	5. City, Town, or Location of Miscarriage	6. County of Miscarriage	7. Zip Code of Miscarriage	
	8. Place Where Miscarriage Occurred (Check one) <input type="checkbox"/> Home delivery <input type="checkbox"/> Hospital <input type="checkbox"/> Freestanding birthing center <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Other (Specify) _____			
MOTHER/ CO-PARENT	9. Mother/Co-parent's Current Legal Name (First, middle, last, suffix)		10. Mother/Co-parent's Maiden Surname (First, middle, last, suffix)	
	11. Date of Birth (mm/dd/yyyy) (Spell month)	12. Birthplace (State, territory, or foreign country)	13. Years Living in Present Town	
	14. Residence of Mother/Co-parent - State	15. Residence County	16. Residence City, Town, or Location	
	17. Residence Street and Number	18. Mother/Co-parent's Mailing Address (If same as residence, enter zip code only)		
FATHER/ CO-PARENT	19. Father/Co-parent's Current Legal Name (First, middle, last, suffix)		20. Birthplace (State, territory, or foreign country)	
	21. Date of Birth (mm/dd/yyyy)	22. Residence of Father/Co-parent - State	23. Residence County	24. Residence City, Town, or Location
ATTENDING HEALTH CARE PROFESSIONAL	25. Attendant's Signature ▶		26. Date Signed (mm/dd/yyyy) (Spell month)	
	27. Attendant's Name, Title, and NPI (If other than certifier) (Please type or print) <input type="checkbox"/> M.D. <input type="checkbox"/> D.O. <input type="checkbox"/> PA <input type="checkbox"/> C.N.M./CM <input type="checkbox"/> CNP		28. NPI Number	
	29. Method of Disposition (Name of cemetery, crematory, or other place) <input type="checkbox"/> Hospital Disposition <input type="checkbox"/> Other (Specify) _____			
REGISTRAR	30. Registrar's Signature ▶		31. Date Filed (mm/dd/yyyy)	