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Maine Coast Hospital  
Mayo Hospital  
Mercy Hospital  
Northern Light Health Foundation  
Northern Light Pharmacy  
Sebasticook Valley Hospital

**LD 1006 An Act to Allow Testing of Pregnant Persons for Drugs Directly  
Before and After Childbirth**

**Testimony in Opposition  
March 27, 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 opposition to 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.

Testing pregnant persons for drugs pre-delivery is already common practice and the decision to test individual patients should be evidence-based. Pregnant people who meet evidence-based criteria are typically tested via a urine sample obtained before delivery. Pre-delivery test results rule out the potentially confounding factors of medications administered during labor or delivery. If there is concern for substance use post-delivery, a post-delivery urine drug screen can be, and often is, obtained. Pre- or post-delivery urine testing results that reveal the unexpected presence of a substance typically trigger a referral to a hospital social worker for further evaluation and potential reporting to the Office of Child and Family Services (OCFS), in accordance with state law. Any testing offered to an adult patient, even when the patient meets evidence-based criteria, requires the consent of the adult patient. Any medications administered to any patient are recorded in the patient's medical record. Those records are or can be provided to OCFS if a report is ultimately deemed necessary, along with relevant drug test results.

Confusion may arise if medical or other circumstances preclude obtaining a urine sample pre-delivery. In such cases, a post-delivery urine screen could be obtained, though the results could potentially reveal not only substances that were present pre-delivery, but also substances administered during labor and delivery. The optimal way to address this is to have obtained a pre-delivery test. If obtained pre-delivery, there is generally no need for a post-delivery test. If not obtained pre-delivery, that opportunity has been lost and the protocol proposed in this bill is not achievable.

Considering the standard practice that already exists as I've described and the fact that reporting protocols are already defined by law, we see no need for the bill before you today.

Thank you.