



Maine Women's Lobby

March 27, 2025

Senator Ingwersen, Representative Meyer, and Honorable Members of the Health and Human Services Committee,

I join you today on behalf of the Maine Women's Lobby. For over forty years, the Maine Women's Lobby has worked to build gender justice in Maine through legislative advocacy and systems change.

We are here today in support of LD 1028, "Resolve, to Establish the Task Force to Study Equitable Access to Maternal Health Care and Birthing Facilities" and we thank Senator Talbot Ross for sponsoring this important bill.

Access to consistent, high-quality perinatal care is a key factor in positive perinatal health outcomes. However, Maine is experiencing a perinatal and maternal health care crisis: Since 2015, Maine has seen the closure of seven obstetrics units¹, with an eighth closing in 2025² and a ninth suspending birthing services³ starting March 1 2025, the majority of which are in rural areas. Access to perinatal healthcare providers is also inconsistent: more than half of Maine counties have five or fewer OB/GYNs, and two-third of counties have five or fewer midwives. Further, workforce projections for 2030 show an acute shortage of providers, including a -33.17% decline in OB/GYNs.

Maine's perinatal and maternal health crisis disproportionately affects Black, Indigenous, People of Color (BIPOC)⁴ pregnant Mainers and those living in rural areas⁵.

The Legislature has addressed issues of maternal health in several critically important ways in recent years, including extending both public and private insurance coverage for the period after birth in 2021 (both bills with thanks to Senator Carney and many in this room); and passing LD 1113, which directed the Commission on Race, Indigenous, and Tribal Populations to create a report on racial disparities in perinatal care, which was presented in 2022. A number of the recommendations in that report, including an upcoming bill to expand access to doula care, are underway or being considered. These initiatives are important building blocks that address parts

¹ Perinatal Health in Maine (2025)

<https://www.maine.gov/dhhs/mecdc/population-health/mch/perinatal/documents/2024%20Maine%20Perinatal%20Mental%20Health%20Report.pdf>

² Portland Press Herald. (2025). Retrieved from

<https://www.pressherald.com/2024/11/07/mainehealth-to-close-birthing-center-in-belfast/>

³ Maine Public (2025) Retrieved from

<https://www.mainepublic.org/health/2025-01-23/northern-light-inland-hospital-in-waterville-suspends-birthing-services>

⁴ Permanent Commission on Racial, Indigenous, and Tribal Populations. (2023). LD 1113: Racial Disparities in Prenatal Health Access. Retrieved from <https://legislature.maine.gov/doc/7888>

⁵ Perinatal Health in Maine (2025)

<https://www.maine.gov/dhhs/mecdc/population-health/mch/perinatal/documents/2024%20Maine%20Perinatal%20Mental%20Health%20Report.pdf>



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of access - the ability to afford care through insurance coverage, most notably - but do not address the access related to the simple availability of services.

Outside the Legislature, other important efforts are taking place. The state's Perinatal Quality Collaborative (PQC4ME) has convened since 2018 to identify and implement evidence-based, equity-focused solutions - their recent report on perinatal health was published in January⁶, and they have published a roadmap for improving the state's system of care⁷. Other reports have considered the issues of access, including the Maine Doula Coalition's Workforce Assessment (2024)⁸, the Perinatal Health Disparities Needs Assessment⁹ (2023), and the Needs Assessment of the Obstetric Workforce in Maine's Rural Hospitals¹⁰, among others. You may have heard that Maine is the recent recipient of a ten-year federal grant to implement the Transforming Maternal Health (TMaH) model.

LD1028 is not intended to replace or override any of these critical efforts. Rather, it is intended to create a bridge between the state systems and the Legislature, to identify what elements of these plans will benefit from a legislative framework, and to prioritize those in a way that helps the Legislature create a planful approach to this work. There is excellent work being done within public-private systems; there is important work being done in the Legislature. LD 1028 will bring together the experts from public and private systems and Legislative leaders to help identify a coherent policy agenda, to guide Maine's legislative work on maternal health access with coherence and commitment.

We hope you will vote 'ought to pass' on LD 1028. Thank you for your time, and I'm happy to answer any questions you may have.

Destie Hohman Sprague
Maine Women's Lobby

⁶ Ibid.

⁷ Building Maine's System of Perinatal Health: A Roadmap for the Future (nd):

<https://pqc4me.org/our-projects/perinatal-systems-of-care-roadmap/>

⁸ Maine Doula Coalition (2024). Workforce Assessment. Retrieved from

https://www.mainedoulacoalition.org/_files/ugd/f1ce2f_43e1051193f443e9af6777d7cd742376.pdf

⁹ Maine CDC. (2023). Maine Perinatal Health Disparities Needs Assessment. Retrieved from:

<https://www.maine.gov/dhhs/mecdc/population-health/mch/documents/ME%20Perinatal%20Needs%20Assessment%20-%20All%20Components.pdf>

¹⁰ Roux Institute. (2024). Needs Assessment of the Obstetric Workforce of Maine's Rural Hospitals.

Retrieved from:

<https://roux.northeastern.edu/story/needs-assessment-of-the-obstetric-workforce-in-maines-rural-hospital/>