



Rachel Talbot Ross
Senator, District 28

THE MAINE SENATE
132nd Legislature

3 State House Station
Augusta, Maine 04333

Testimony of Senator Rachel Talbot Ross introducing
**LD 1028, “Resolve, to Establish the Task Force to Study Equitable Access to
Maternal Health Care and Birthing Facilities”**

*Before the Joint Standing Committee on Health and Human Services
March 27, 2025*

Senator Ingwersen, Representative Meyer, and esteemed members of the Health and Human Services Committee, I am Senator Rachel Talbot Ross. I represent Senate District 28, which includes part of Portland and Peaks Island.

Thank you for the opportunity to present LD 1028, “Resolve, to Establish the Task Force to Study Equitable Access to Maternal Health Care and Birthing Facilities.”

Today, roughly half of Maine’s 36 hospitals no longer offer birthing services. Since 2015, at least seven obstetric units have closed, with additional closures scheduled for 2025 — another suspension of services already underway. This trend includes both small rural hospitals and higher-volume facilities, such as those in York, Rumford, Fort Kent, Waterville, Belfast, and Lewiston. The closures span the state, but their impact lands heaviest on our most rural communities.

As a result, many pregnant Mainers are now traveling an average of 45 minutes each way to reach a birthing hospital — the longest average drive time in New England.¹ For those with high-risk pregnancies, the distance can stretch much farther, sometimes requiring trips to Bangor, Portland, or even out of state for specialized care. This is neither a sustainable system, nor an equitable one.

The drivers behind these closures are multifaceted but consistent: challenges recruiting and retaining clinical staff, declining birth rates, and reimbursement models that don’t reflect the fixed costs of maintaining around-the-clock labor and delivery coverage. Nationally, over 500 hospitals closed their maternity units between 2010 and 2022, and more than half of rural hospitals no longer offer labor and delivery care. Maine, one of the most rural states in the nation with one of the country’s lowest birth rates, is deeply entangled in this national crisis.

Inadequate access to care is a critical factor in these outcomes. Studies from other states have shown that when maternal care services disappear, prenatal care visits decline and preterm births rise. One study

¹ <https://themainemonitor.org/birthing-unit-closures/>



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even found that people living in “maternal care deserts” were three times more likely to die during pregnancy or the year following it.²

In 2022, recognizing the urgency of this issue, the Legislature passed LD 1113³, directing the Permanent Commission on the Status of Racial, Indigenous, and Tribal Populations to study disparities in perinatal care. Their final report identified several systemic drivers: provider shortages, geographic isolation, limited transportation, and regional gaps in service, particularly for Tribal communities.⁴ One of their key recommendations was to better align community-led efforts with statewide systems.

That is precisely the aim of LD 1028. This resolve would convene a task force of legislators, providers, public health leaders, and rural care experts to review existing research, identify gaps, and bring coherence to the wide range of work already underway. Maine has strong institutions and passionate advocates working to improve maternal health, but we lack a unified strategy that connects these efforts with policymaking in a meaningful way. This task force is not meant to reinvent the wheel; it is meant to link the wheels together.

We are at an inflection point in Maine. Maternal health outcomes are not static; they are shaped by the systems we invest in or neglect. LD 1028 is about ensuring that our collective response to this crisis is not piecemeal but coordinated, equitable, and grounded in the lived experiences of the people we serve.

I respectfully urge the committee to support LD 1028. Thank you for your thoughtful attention to this issue, and I would be happy to answer any questions.

Sincerely,

A handwritten signature in black ink that reads "Rachel Talbot Ross".

Rachel Talbot Ross
State Senator, District 28
Representing part of Portland and Peaks Island

² Wallace, M., Dyer, L., Felker-Kantor, E., Benno, J., Vilda, D., Harville, E., & Theall, K. (2021). Maternity Care Deserts and Pregnancy-Associated Mortality in Louisiana. Women's health issues : official publication of the Jacobs Institute of Women's Health, 31(2), 122–129. <https://doi.org/10.1016/j.whi.2020.09.004>

³ <https://legislature.maine.gov/billtracker/#Paper/SP0376?legislature=130>

⁴ Permanent Commission on Racial, Indigenous, and Maine Tribal Populations. (2022). *LD 1113: Racial Disparities in Prenatal Access in Maine*.