



April 17, 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 in support of **LD 1523 An Act to Improve Perinatal Care Through Expanded Access to Doula Services** and **LD 376 An Act to Improve Maternal and Infant Health Outcomes Through Doula Care** and thank Representative Dhalac and Senator Tepler for sponsoring this important bill.

We have already been before this committee several times this session on bills related to the maternal health care crisis that is only growing in Maine. The Racial Disparities in Prenatal Access in Maine Report created under LD 1113 in 2021 perfectly illuminates the crux of the maternal mortality and morbidity crisis we're experiencing: *"While causes for these deaths vary, more than half are preventable. Complications that result in significant consequences to a birthing pregnant person's health (called severe maternal morbidity) are nearly 100 times more common than death. Both mortality and morbidity have been increasing in recent years nationwide."*¹

Black and other historically marginalized birthing parents, as well as those living in rural areas, are experiencing disproportionately negative impacts. Between 2016-2019, the severe maternal morbidity (i.e. complications that result in significant consequences to a birthing pregnant person's health) rate for delivery hospitalizations was 176% higher for Black Mainers than for white Mainers² and residents in rural areas are 9% more likely to face severe maternal morbidity and mortality³.

The preventable nature of these complications is stark when findings show that "one factor that helps to improve maternal health outcomes for every population is access to uninterrupted, high-quality prenatal care⁴" and in 2022, only 65.6% of pregnant Black Mainers received adequate prenatal care compared to 87% of pregnant white Mainers⁵ and a 2023 report found that 22% of pregnant Mainers must travel more than 45 minutes to access a birthing hospital.⁶

¹ <https://legislature.maine.gov/doc/7888>

² *ibid.*

³ Lewis, C., Zephyrin, L., & Paxton, I. (2019, August 15). *The Rural Maternity Care Crisis*. Commonwealth Fund. Retrieved April 9, 2023, from <https://www.commonwealthfund.org/blog/2019/rural-maternity-care-crisis>

⁴ *ibid.*

⁵ <https://www.maine.gov/dhhs/mecdc/population-health/mch/mch-data-dashboard.shtml>

⁶ <https://www.marchofdimes.org/peristats/assets/s3/reports/mcd/Maternity-Care-Report-Maine.pdf>

That finding reflected the uptick of birthing unit closures over the last decade, during which 9 Maine hospitals have closed their birthing unit, most in rural areas. Further, two more rural birthing units are closing later this year, the latest announced on April 3rd.

Beyond unit closures, the 2024 Maine Perinatal Needs Assessment: Workforce Review⁷ conducted by the Maine CDC found that access to perinatal healthcare providers is inconsistent: more than half of Maine counties have five or fewer OB/GYNs, and two-thirds 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.

While LD 1523 does not address every part of this complex issue, it aims to address a core piece of the crisis: lack of access to high-quality prenatal care. Doulas are an evidence-based intervention that positively impacts birth experiences and outcomes⁸. Access to doula care is a desperately needed supplement to the increasingly scarce perinatal healthcare landscape, easing lack of provider availability and accessibility. Expanding MaineCare coverage for doula services is critical ensuring that the most indeed of these services are able to access it.

As has been mentioned, this bill builds on work that is ongoing in Maine to address this issue. One piece of this work, as this committee has been hearing about, is the ten-year federal grant to implement the Transforming Maternal Health (TMaH) model, which, among other strategies, requires that MaineCare cover doula services by year three of the grant. As has been mentioned, the TMaH grant funds OMS and DHHS to implement this model, but states are responsible for actually establishing the reimbursement funding.

This bill intends to support the implementation of the TMaH model and be the backbone driver of the necessary appropriations. While this bill was in the works before Maine was awarded the TMaH grant, advocates working on this bill first met with DHHS and OMS in January, shortly after the grant was awarded, to ensure that this legislation fits within the grant implementation efforts. We see real benefits of having state statutes simply codify the grant requirements (which is what this bill intends to do), especially in a moment in which federal funding is constantly in flux.

Expanding MaineCare coverage for doula services and shoring up this piece of the perinatal healthcare is a critical stabilizer on many fronts, while other comprehensive efforts that are underway are finalized.

Thank you for your time, and I'm happy to answer any questions you may have.

Lily Bohan James
Maine Women's Lobby

⁷<https://www.maine.gov/dhhs/mecdc/population-health/mch/documents/ME%20Perinatal%20Needs%20Assessment%20-%20All%20Components.pdf>

⁸<https://www.marchofdimes.org/sites/default/files/2023-04/Douglas-and-birth-outcomes-position-statement-final-January-30.pdf>