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Testimony of Senator Nicole Grohoski in support of

LD 1578, An Act to Require the Department of Health and Human Services to Review Disruption of Services to or Removal of Health Services

Before the Committee on Health Coverage, Insurance and Financial Services

May 7, 2025

Senator Bailey, Representative Mathieson, and distinguished members of the Health Coverage, Insurance and Financial Services Committee, my name is Nicole Grohoski, and I am honored to represent the 22 communities of Senate District 7. As the lead co-sponsor, I want to thank you for the opportunity to testify in support of **LD 1578, “An Act to Require the Department of Health and Human Services to Review Disruption of Services to or Removal of Health Services,”** which aims to prevent hospital closures and preserve access to health care in rural areas.

In the wake of Mount Desert Island Hospital shutting the doors of its Labor and Delivery Unit, this bill is especially necessary and timely. It is another example of the growing crisis of rural hospital closures, including specific services at these hospitals. Of particular concern, these closures negatively affect maternal and reproductive health.

After MDI Hospital announced the closure, I heard from many constituents. Anna wrote, “Closing the maternity ward at the hospital does not make women safer. It puts the lives of women and babies into greater danger.” Referencing the disturbing trend of closures, she urged the hospital to “stand with your community on the right side of history.” Anna is right: Decisions like this cannot be evaluated without taking into account the broader struggle for women to access the health care they need – and deserve.

Then there’s Laura. In 2022, she was a home birth transfer patient. When it became clear that a C-Section was necessary, Laura was “exquisitely cared for by the OB Department [at Mount Desert Island Hospital]; so much so, that when it came time for discharge, I cried. I didn’t want to return home, knowing I would no longer have all of these amazing women supporting me around the clock.” With the closure, all pregnant patients have lost access to this incredible care. I heard time and again that patients were thrilled with the quality of care the hospital staff provided during this exciting, yet vulnerable, time in their lives. It makes the closure even harder to bear.

Finally, Kim. She is a former teacher in the community. She had two children at the hospital. Kim wrote, “The thought of no labor and delivery services on MDI is not only upsetting, but also backward thinking for a community [and state] that need to build back its birth rate and help to welcome and keep young families.”

She continued, “Driving to Ellsworth six months out of the year can take an hour or more due to tourist and lab traffic, not to mention the possibility of accidents or construction. Adding that kind of stress to someone in labor or in the midst of a medical emergency would be extremely difficult and unnecessary.” These challenges are not specific to Mount Desert Island; any Mainer living in a rural area knows the challenge of traveling long distances for health care all too well. Indeed, there is no doubt that time is a critical factor in medical events big and small. Delays in medical interventions or treatment compound the suffering — as well as the already-exorbitant cost of health care.

More than half of Maine’s 36 hospitals lack labor and delivery services.¹ Maine will have five Critical Access Hospitals that still operate Obstetrics (OB) Units, once the scheduled unit closures occur – in Damariscotta, Dover-Foxcroft, Machias, Norway, and Skowhegan. **Just five.** Critical Access Hospitals are at the highest risk of ending some or all of their services, and LD 1578 seeks to keep the doors to these hospitals open.

At the very least, decisions to close hospitals or discontinue specific services at these hospitals should have state oversight and engage the community. After all, hospitals — similar to schools — provide services to the broader community. The decisions they make have a ripple effect. They determine who can stay in a community, as well as who must leave. They determine the future.

Fortunately, this bill proposal is not an entirely new concept. As we all know, DHHS has policies in place. For this situation, the current DHHS policy regarding the temporary or permanent termination of maternity and/or newborn care requires at least a 30-day notice of temporary closure and at least a 120-day notice of permanent closure.² It is not clear to me that Mount Desert Island Hospital followed this policy. Whether or not they did, **we need to review and improve the policy so that hospitals continue to provide services.**

It is not lost on me, and I hope it is not lost on the Committee, that the stories I shared with you were written by women in Maine. They are just a few of the many stories I have heard from families who are impacted by the recent OB Unit closure announcement. We are living through a moment — a discouraging, painful one — in which the policy decisions we make either expand or restrict access to health care for women.

I do not have to tell you that birth is widely regarded as a miracle. We celebrate the mother and the newborn child. We shower them with love and attention. Yet, here we are, allowing hospitals to

¹ <https://themainemonitor.org/maternity-care-investigation-takeaways/>

² See the DHHS policy online at: <https://www.maine.gov/dhhs/mecdc/population-health/mch/documents/Change%20of%20Maternity%20Care%20Services%20Policy%20February%202022.pdf>

close their doors to pregnant patients. This jeopardizes the women of today and the women of tomorrow, and it disregards the courageous women of the past who advocated for these rights. We must do better.

I would like to close with some words from another constituent, Kate Stitham of Bass Harbor. Earlier this month, she penned a powerful LTE in *The Portland Press Herald*: “This closure, like others in rural areas, is part of a larger health care crisis. But I also believe that as these services disappear, so does our community. We have to come together to creatively solve problems. MDI Hospital still has a choice: Choose dialogue. Choose care. Choose community.”³

Thank you for your time and consideration of LD 1578. **I urge you all to choose dialogue, choose care, and choose community.**

I’d be happy to answer any questions the Committee may have.

³ Read the full LTE online at: <https://www.pressherald.com/2025/05/04/birthing-unit-closures-a-big-blow-to-maine-health-care-letter/>