



May 14, 2025

Senator Bailey, Representative Mathieson, and Honorable Members of the Joint Standing Committee on Health Coverage Insurance and Financial Services,

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 1883 "An Act to Enact the All Maine Health Act", and LD 1269 "Resolve, to Study the Costs and Funding of a Universal Health Care Plan for Maine," and thank Representative Mastraccio for sponsoring these important bills.

The United States is the only developed country without universal health care, and lack of access to affordable, high quality health care is a major barrier to the health and wellbeing of women, girls and other marginalized genders in Maine. The burden of this poor health infrastructure falls disproportionately on women of color, Black and Indigenous women, and low-income and rurally located women.

While the impacts of poor healthcare infrastructure are manifold, I want to highlight the growing maternal and perinatal health care crisis in Maine as an example that illuminates the interlocking failures of our current systems.

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 Mainers¹ and residents in rural areas are 9% more likely to face severe maternal morbidity and mortality².

While these numbers are horrifying, perhaps the worst part is that, as laid out in The Racial Disparities in Prenatal Access in Maine report created under LD 1113 in 2021, this situation is *preventable*: "*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.*"³

¹ LD 1113: Racial Disparities in Prenatal Access in Maine, <https://legislature.maine.gov/doc/7888>

² 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>

³ LD 1113: Racial Disparities in Prenatal Access in Maine, <https://legislature.maine.gov/doc/7888>

Indeed, findings show that “one factor that helps to improve maternal health outcomes for every population is access to uninterrupted, high-quality prenatal care⁴” but 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

That travel time finding reflects 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.

The maternal and perinatal health care crisis I’ve described illuminates the dire need for the intersecting benefits of the The All Maine Health Program outlined in LD 1883: **LD 1883 would not only ensure more affordable, consistent access to critical health care for patients, but it would also help to stabilize an increasingly unstable healthcare infrastructure, related to hospital administration, provider compensation, and more.**

Creating The All Maine Health Program would be life changing, and in many cases lifesaving, for so many Mainers, and would pave the way for the desperately needed changes to Maine's healthcare infrastructure.

We hope you will vote Ought to Pass.

Lily Bohen James
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⁴LD 1113: Racial Disparities in Prenatal Access in Maine, <https://legislature.maine.gov/doc/7888>

⁵MCH Data Dashboard | CDC Maternal and Child Health, Maine DHHS
<https://www.maine.gov/dhhs/mecdc/population-health/mch/mch-data-dashboard.shtml>

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

⁷2023 Maine Perinatal health disparities needs assessment -
<https://www.maine.gov/dhhs/mecdc/population-health/mch/documents/ME%20Perinatal%20Needs%20Assessment%20-%20All%20Components.pdf>