



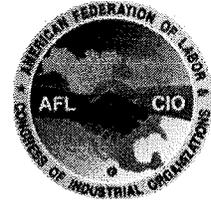
# MAINE AFL-CIO

*A Union of Unions Standing for Maine Workers*

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**Testimony of Maine AFL-CIO Legislative & Political Director, Adam Goode, in support of LD 2189, "An Act to Require Prior Notification of Closures of Labor and Delivery Units and Changes in Maternity or Newborn Care Services by Hospitals as Recommended by the Commission to Evaluate the Scope of Regulatory Review and Oversight over Health Care Transactions That Impact the Delivery of Health Care Services in the State"**

Senator Bailey, Representative Mathieson and members of the Health Coverage, Insurance and Financial Services Committee, my name is Adam Goode. I am the Legislative and Political Director of the Maine AFL-CIO. We represent 40,000 working people in the state of Maine. We work to improve the lives and working conditions of our members and all working people.

Nurses and working class people in rural Maine have been hit hard by unit closures. Last March we were fiercely critical of the announcement by Mount Desert Island Hospital CEO Chrissi Maguire that she would close the hospital's obstetrics department on July 1, 2025. That closure followed a rash of OB closures in Maine, including at Houlton Regional, York Hospital, Northern Maine Medical Hospital, Calais Community Hospital, Downeast Community Hospital, Waldo Hospital, and the entirety of Inland Hospital.

We represent nurses and many other working class people who live in small, rural communities across the state. The decision to eliminate critical healthcare services from rural working families in rural communities is devastating. We are particularly concerned that these decisions may be made without any input from or dialogue with nurses, caregivers and other workers in the community.

Things go sideways when healthcare becomes business all about the bottom line. We need opportunities for communities to think about how they can act collectively to address closures - especially when it always seems like women's and children's services go out the door first. We cannot wrap our heads around how the news of the MDI obstetrics closure was directly on the heels of the hospital announcing that they were building a \$37 million expansion.

We know this committee is deep in the weeds on the issue of hospital closures and there are a number of bills before you that come out of work done by the commission. LD 2189 stands out as a policy we want to support. There needs to be a long term solution where health care is treated as a human right. In the meantime, more and more union members believe something should be done to require acute care hospitals to maintain obstetrics, birthing, pediatrics, and surgical services.

This bill requires a hospital to notify the public and the department at least 120 days before the termination of, or change in the level of, maternity or newborn care services. It requires the

hospital to give a reason for termination and a plan for maternity emergencies and it requires notifications to surrounding hospitals, local EMS, and affected patients.

Nurses and community members are deeply concerned about the permanent, damaging effects these decisions will have on rural families. On average, patients in rural towns must drive 45 minutes one way to the nearest birthing hospital. Some are 90 minutes or more away. Labor doesn't always go according to plan. A healthy pregnancy can turn into a medical emergency in minutes. When this happens, patients need a hospital, trained staff, a surgical team, and a neonatal intensive care unit ready 24/7.

When maternity units close, patients in rural Maine are left hours away from the nearest maternity unit, or reliant on air transport if it's available and the weather allows it. Nurses in emergency rooms are left to care for terrified obstetrics patients in crisis without the proper training or equipment.

This bill is important because not all hospitals are following the voluntary guidance. When Houlton closed, nurses, the public, and DHHS got one month's notice. Even then, hospital executives declined to stick around to answer nurses' questions about what would happen to their patients in emergencies.

We close by thanking the committee for this start at addressing a critical problem. We have a long way to go to address the closure of obstetrics units. This bill will give workers and nurses time to ask questions about the cause of closures and think about ways to prevent it. It lets people who are pregnant or considering pregnancy make a plan for their health care. It requires that a plan be shown for obstetric emergency care and it allows time for everyone to fight for increased resources to address the closures. We ask that you support it.