



February 18th, 2026

Senator Bailey, Representative Mathieson, and Honorable Members of the Health Coverage, Insurance, and Financial 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 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*," and thank Representative Mathieson for sponsoring this important bill, and the Commission for their efforts on this topic.

Access to consistent, high-quality perinatal care is a key factor in positive perinatal health outcomes. However, Maine is experiencing a perinatal and maternal health care crisis: Over the last decade, Maine has seen the closure of eleven birthing units¹-- four in the last year alone-- the majority of which are in rural areas. Access to perinatal healthcare providers is also inconsistent: more than half of Maine counties have five or fewer OB/GYNs, and two-third of counties have five or fewer midwives. For rural Mainers, this has resulted in an average travel time of 45 minutes one-way to reach the closest birthing hospital.²

When hospitals close or reduce maternity services with little notice, families are put at real risk. While DHHS policy requests that hospitals offer 120 days' notice before making major service changes including a closure of their delivery unit, this notification is currently voluntary. Just a few examples in the last year show us that the MDI L&D unit was closed with less the 100 days notice³ and the Houlton L&D unit was closed with less than 30 days notice⁴.

For many rural Mainers - especially those with high-risk pregnancies - an L&D unit closure can be a cataclysmic event, resulting in rapid pressure to connect with new care providers, navigate

¹ News Center Maine (2025). Retrieved from <https://www.newscentermaine.com/article/news/regional/the-maine-monitor/where-maine-delivery-wards-nursing-homes-closed-last-decade>

² The Maine Monitor (2025). Retrieved from <https://themainemonitor.org/birthing-unit-closures/>

³ News Center Maine (2025) Retrieved from <https://www.newscentermaine.com/article/news/health/mdi-hospital-labor-delivery-unit-closure-maternity-care-maine/97-07f52e31-65d9-4bd5-b390-5746a98fd49b>

⁴News Center Maine (2025) Retrieved from <https://www.newscentermaine.com/article/news/health/houlton-regional-hospital-closure-labor-and-delivery-unit/97-43ee77f2-231d-4e1c-8e6a-3004b56c9cab>

waitlists, transfer care, and find alternative delivery centers, with likely significantly extended travel time. This lack of continuity can significantly increase stress and put both maternal and infant health at significant risk.

This notice requirement also creates more stability for hospital staff – both those employed at closing L&D units and those at the L&D units that may absorb the transferring patients. These crucial staff must have all the tools and as much information as possible to best serve their patients. Importantly, there are already protocols built into the systems to put units on “diversion” if they do not have, for example, the necessary staff available to safely serve a pregnant patient’s delivery. A proactive 120 day notice requirement is not the mechanism to *prevent* L&D units from closing or from going on diversion, it is simply a most systematic, stabilizing requirement to ensure more proactive, transparent communication, giving families and hospitals the time they need to plan, coordinate care, and deliver safely.

We hope you will vote ‘ought to pass’ on LD 2189. Thank you for your time, and I’m happy to answer any questions you may have.

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Maine Women’s Lobby