



February 18, 2026

Senator Rotundo, Representative Gattine, and Honorable Members of the Joint Standing Committee on Appropriations and Financial Affairs; and Senator Ingwerson, Representative Meyer, and Honorable Members of the Joint Standing Committee on Health and Human Services;

I join you today on behalf of the Maine Women's Lobby. For over forty years, the Maine Women's Lobby has advocated for gender-responsive and gender-equitable public policies, with a focus on those most affected by misogyny, sexism, and other forms of oppression.

Gender-based disparities in Maine are structural and persistent. For example:

- Maine women are far more likely than men to cite childcare or other family or personal care obligations as the reason for stepping out of the workforce or working part-time – which has lifelong effects on retirement savings and economic security¹. Indeed, older women are twice as likely to live in poverty as older men ².
- In just one specific health-related example: in 2022, only 65.6% of pregnant Black Mainers and 87% of pregnant white Mainers received “adequate prenatal care”³ – while the U.S. has the **highest maternal mortality rate in the developed world**⁴. The structural nature of these realities are clear: Over the last decade, Maine has seen the closure of eleven birthing units; four in the last year alone⁵.

There is no single driver for these structural problems, but we know that there are a range of solutions which begin in the budget-making process and investments into our “gendered infrastructure”, the funding for which is most acutely under HHS:

- **A functioning child care infrastructure is the net that allows the rest of the economy of our state– and country– to function.** However, the current economics around the child care industry don't add up, and it's women who bear the brunt of this harm. Child care workers – the vast majority of whom are women– are continually among the lowest paid

¹ Cutler Institute of Health. (2022). The Economic Security of Older Women in Maine. Retrieved from <https://www.mainewomen.org/s/EconomicSecurityOlderWomeninMaineReport-FINAL2.pdf>

² Ibid.

³ Maine Center for Disease Control & Prevention. Maternal and Child Health Data Dashboard. <https://www.maine.gov/dhhs/mecdc/population-health/mch/mch-data-dashboard.shtml>

⁴ The Commonwealth Fund. (2020). Maternal Mortality in the United States: A Primer. Retrieved from <https://www.commonwealthfund.org/publications/issue-brief-report/2020/dec/maternal-mortality-united-states-primer>

⁵ News Center Maine (2025). Retrieved from <https://www.newscentermaine.com/article/news/regional/the-maine-monitor/where-maine-delivery-ward-s-nursing-homes-closed-last-decade>

workers⁶ while 40% of centers report being understaffed⁷, an unstable business model for these primarily-women owned businesses and agencies. This instability often results in temporary or permanent closures for centers and mothers opting out of the workforce to pick up pieces of child care– in an unpaid capacity.

Each session, we chip away at addressing the various, overlapping challenges our child care infrastructure faces, without actually taking the necessary steps to shore up this industry. **\$15 million in ongoing funding in the Supplemental Budget is a critical step in the right direction to ensure our delicate child care systems do not fall through.**

- **Our sexual and domestic violence victim/survivor support services are another key piece of gendered infrastructure.** Every year 19,000 Mainers experience sexual violence,, the majority of whom are women and girls. Maine’s sexual assault support centers and children’s advocacy centers are staffed 24/7 to support those victims/survivors through what may be the most difficult time of their lives. They answer the helpline, facilitate support groups, accompany victims/survivors to the ER and through court proceedings. And like the people experiencing sexual violence, upwards of 85% of this workforce identifies as female..

In the late hours of last session, you passed one-time funding (\$3 million/year) to fill the gap left by the Federal Victims of Crime Act (VOCA), along with an amendment (using Sen. Duson’s LD 117) to allow for any funds not needed to fill that hole to go to our local sexual assault support centers and domestic violence resource centers. With those funds, the sexual assault support centers were able to raise advocate salaries from Aroostook to York counties from lows in the \$30,000s a year to a floor of \$45,000. As a result, turnover in the field has decreased from a high of 60% to under 20%. **This progress will be for naught unless the Legislature amend this already funded initiative to include it in the baseline budget.**

- **Finally, our family planning services are another fundamental element of a robust gendered infrastructure,** with escalating attacks on reproductive freedom at the federal level making the need more urgent than ever. Our statewide network of Maine Family

⁶ Maine Permanent Commission on the Status of Women. Biennial Report 2024.

<https://www.maine.gov/sos/sites/maine.gov.sos/files/content/assets/MaineStatusOfWomenReport2024FINAL-1.pdf?emci=3e666974-36f5-f011-8d4c-0022482d279b&emdi=330da03b-38f5-f011-8d4c-0022482d279b&ceid=6024660>

⁷ Bishop, S., & Russell, K. (2022). Child Care Providers: The Workforce Behind the Workforce in Maine. In *StrongNation*. Council For A Strong America.

<https://strongnation.s3.amazonaws.com/documents/1484/7279c99c-ee80-41a4-b074-a778fc77361c.pdf?1645731841&inline:%20filename=%22Child%20Care%20Providers:%20The%20Workforce%20Behind%20the%20Workforce%20in%20Maine%20.pdf%22>

Planning and Planned Parenthood of Northern New England clinics are essential to maintaining meaningful access to health care, serving tens of thousands of Mainers each year. However, targeted provisions in the federal budget bill H.R. 1 bars reproductive health care providers who offer abortion care from receiving federal Medicaid reimbursement for *non-abortion* services, including birth control, cancer screenings, and other lifesaving care. The impacts of this abrupt funding slash have already been felt: Maine Family Planning has ended primary care services in Houlton, Ellsworth, and Presque Isle, communities where access to health care was already limited. And since the beginning of 2025, nearly 50 Planned Parenthood-affiliated health centers nationwide have closed.⁸

Each closure widens disparities in access to abortion and reproductive health care, particularly for rural communities and people without the means to travel long distances. **The \$2.25 million proposed in the Supplemental Budget is a crucial investment to offset the most immediate impact of the federal de-fund. Passing this provision is paramount to ensure statewide access to crucial life-long healthcare for Mainers, and is the stabilizing mechanism needed to further invest and strengthen the system in the future.**

We urge the committee to build and pass a budget that supports women and *all* Mainers - rural Mainers, low-income Mainers, Mainers of color, pregnant Mainers, Mainers who are caregivers, those who have experienced sexual and domestic violence, those who would like to join the workforce but need quality affordable childcare, and so many more.

The desperately needed investments into our gendered infrastructure, however, cannot ever meet the moment without reforming our outdated, inadequate tax system. Tax fairness is a gendered issue on both sides of the equation: Women earn less than men, but currently see a larger proportion of their income taxed, and programs that support women are continually underfunded by the state. **A fair budget must be coupled with a fair tax system.**

Thank you for your consideration.

Lily Bohem James

Maine Women's Lobby

⁸ Martinez, G. (2025, November 12). *New Report Shows Immediate Harms of "Defunding" Planned Parenthood*. Plannedparenthood.org; National - PPFA.
<https://www.plannedparenthood.org/about-us/newsroom/press-releases/new-report-shows-immediate-harms-of-defunding-planned-parenthood>