

Testimony in Opposition to LD 2196

Good afternoon Senator, Representative, and members of the committee.

My name is Ashley Boucher Caywood. I'm a parent from Portland.

I'm here because the decisions made in this room shape the healthcare system families like mine depend on.

In 2021, my water broke four months early, and my son was born extremely premature. He was 11 inches long and just over one pound when he was born.

When something like that happens, everything suddenly depends on whether the right medical system already exists where you are.

There is no time to wait, nevermind travel to another state.

You need the specialists, the equipment, and the teams ready in that moment.

My son survived because Maine had that system.

He went on to spend **382 days in the NICU**.

Hundreds of clinicians kept him alive during that time.

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Eventually he was able to come home - with medical equipment that helped keep him alive and with extraordinary specialists here in Maine who continue to care for him today.

I am deeply proud that our state was able to give my child that level of care close to home.

But our experience also showed us how fragile that access can be.

During our NICU stay, we had to be transferred to Boston for a specialty that didn't exist here.

For a month, our family was split apart.

My husband and our older child stayed in Maine so they could keep working and going to school, while I lived in Boston and went to the NICU every single day.

It cost our family thousands of dollars.

But the hardest part wasn't the cost.

It was the distance.

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Research backs this up, but NICU parents learn it firsthand: outcomes for fragile babies depend not just on machines and medications, but on whether parents can show up - day after day - participating in care, advocating for their child, bonding with them, and learning how to keep them safe when they finally come home.

We were fortunate enough to make that work.

Many families cannot.

And even for us, that month was incredibly hard.

That transfer only happened because my son was stable enough to survive it.

If we had needed Boston when I went into labor - or during one of his respiratory emergencies later in life - the outcome for our family could have been very different.

Because of his medical history, there have been moments where he went into respiratory distress and we needed an ambulance immediately.

The hospital is five minutes from our house.

Even those five minutes feel endless when your child cannot breathe.

We deliberately chose to live close to the hospital for a reason.

For families like mine, proximity to specialized care isn't a convenience.

It's part of how we keep our children alive.

Maine already struggles with access to specialized care.

That's why reading about the potential impacts of this bill was so alarming.

Because if the hospitals that provide the most complex care become destabilized, services like Maine's highest level NICU and **only** Level 1 trauma center could be put at risk.

And once those systems disappear, they do not come back quickly.

Teams disperse. Specialists leave. Programs close.

Rebuilding that level of care can take decades - if it happens at all.

If that happens, families will not just face inconvenience.

They will face longer transfers, delayed care, and increasingly difficult decisions about whether they can safely stay in this state at all.

Maine is already the oldest state in the country.

We are rural.

Many families already travel hours for care.

Weakening the hospitals that provide the most complex services will not solve those challenges.

It will make them worse.

Healthcare affordability matters deeply.

But solutions to address cost must protect access to the life-saving care that Mainers depend on when things go wrong.

Families like mine will live with the consequences of decisions made in rooms like this for the rest of our lives.

Because for families like mine, hospitals are not abstract institutions.

They are the reason our children are alive.

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Thank you.