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April 6, 2021

### **Sponsor's Testimony in Support of LD 1113**

#### **Resolve, Directing the Permanent Commission on the Status of Racial, Indigenous and Maine Tribal Populations To Study and Propose Solutions To Disparities in Access To Prenatal Care in the State (Emergency)**

Good morning Senator Claxton, Representative Meyer and esteemed members of the Health and Human Services Committee. I am Anne Carney, representing Senate District 29, the community of South Portland, Cape Elizabeth and part of Scarborough.

I am pleased to introduce [LD 1113](#), a Resolve, Directing the Permanent Commission on the Status of Racial, Indigenous and Maine Tribal Populations To Study and Propose Solutions To Disparities in Access To Prenatal Care in the State. This is an emergency measure.

Our State has a significant racial disparity in access to prenatal care. Data from 2019 shows that in Maine, 90% of all women started prenatal care in the first trimester, although less than 75% of Black women had prenatal care in the first trimester. In Maine only 4% of all women had no prenatal care until the third trimester, while 12% of Black women in Maine had no prenatal care until the third trimester. This is worse than the national rate of 10%, and (with Texas) the worst rate in the country.

Maine has been working to improve both infant and maternal mortality. The Perinatal System of Care Workgroup published an excellent study, [Understanding and Addressing the Drivers of Infant Mortality in Maine](#), in January 2020, that looked at causes of infant mortality in Maine and proposed improvements in perinatal care to reduce infant mortality. The study noted that, for the period 2014 – 2017, the infant mortality rate among Black/African American in Maine was 1.4 times higher than the rate for white women in Maine. The study did not delve into the racial disparity in access to care or its impact on maternal morbidity and mortality and infant mortality.

This Resolve directs the Permanent Commission on the Status of Racial, Indigenous and Maine Tribal Populations to study the extent of disparities in access to prenatal care for racial, indigenous and tribal populations in Maine, by relying on data that includes interviews with those women who had no prenatal visit until the third trimester or had no prenatal care at all; to

identify the causes of the disparities in access to prenatal care; and to recommend solutions. The Resolve authorizes the commission to submit legislation that serves to create equity in access to prenatal care to the Second Regular Session of the 130th Legislature

I urge you to vote 'ought to pass' on LD 1113. Thank you for your thoughtful consideration. I am happy to answer your questions.