



April 6, 2021

Dear Senator Claxton, Representative Meyer, and 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 public policy which increases the health, wellness, safety, and economic security of Maine women and girls, with a focus on the most marginalized populations and communities.

We write today **in support of LD 1113, Resolve, To Direct 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.** We thank Senator Carney for sponsoring this bill.

Maternal health and mortality in Maine, and the United States, is among the worst in the developed world. **As the only developed country without either universal health care or paid family leave, we experience significantly higher rates of maternal and infant mortality and decreased maternal and post-partum health.** The CDC released the first report in a decade on maternal mortality last year and the result was worse than expected: 17.4 maternal deaths per 100,000 live births in 2018, placing the U.S. last among the world's wealthiest nations.¹

The burden of this ill health falls disproportionately on women of color, Black and Indigenous women, and low-income and rurally located women. For example, in Maine 62.6% of African Americans in Maine who are pregnant receive prenatal care compared to 82.5% of white pregnant people.² The rate of Neonatal Abstinence Syndrome is nearly 18 times higher among Maine's Medicaid recipients than among those with private insurance (64.0 vs 3.8) – and we know that due to systemic oppression, people of color in Maine are more likely to be low income.³ In 2018, the birth rate for Hispanic and Black teens in Maine ages 15-19 was almost double the rate among white teens.⁴ We know that some communities in Maine are significantly more likely to need access to quality care, and significantly less likely to get it.

The Permanent Commission on the Status of Racial, Indigenous and Maine Tribal Populations has been established to lead the kind of thoughtful analysis proposed in this bill. Their intention is to assess our data, policies, and structures to help Maine understand when systems disproportionately fail communities and help us identify ways to improve our work and outcomes for all Mainers. We don't need a special commission to tell us that we have a problem with asymmetric access to prenatal care and outcomes. We **do** need to provide the person

¹ Centers for Disease Control and Prevention. (2020, January 30). National Vital Statistics Report. <https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr69-02-508.pdf>

² Maine Data Research and Vital Statistics. <https://www.maine.gov/dhhs/mecdc/population-health/mch/documents/Womens-Health-Data-Sheets-All-012020.pdf>

³ Ibid.

⁴ Livingston G, Thomas D. Why is the teen birth rate falling? Pew Research Center. Aug. 2, 2019. <https://www.pewresearch.org/fact-tank/2019/08/02/why-is-the-teen-birth-rate-falling/>



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power and commitment of a Maine-based commission to provide the dedicated focus that will help us understand where our systems are working, and where they can be improved. We believe this bill will help to make that happen.

Finally, I would be remiss if I did not mention that the Maine Women's Lobby is a proud member of the Coalition on Racial Equity. One of our priority bills this year is to ensure ongoing staffing support for the Permanent Commission. At the Lobby, we strongly support proposals such as this one – LD 1113 – and also acknowledge that ongoing support for the Commission will ensure that they are able to do their best work with regard to this proposal and other efforts to undo structural racism in the future.

We hope you will vote 'ought to pass' on LD 1113.

Sincerely,

Destie Hohman Sprague, Executive Director
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