

TESTIMONY OF MICHAEL KEBEDE, ESQ.

Ought To Pass – 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**

Submitted to the

JOINT STANDING COMMITTEE ON HEALTH AND HUMAN SERVICES

April 6, 2021

Senator Claxton, Representative Meyer, and Members of the Committee on Health and Human Services, greetings. My name is Michael Kebede and I am Policy Counsel for the ACLU of Maine, a statewide organization committed to advancing and preserving civil liberties in Maine. On behalf of our more than 6,000 members, I urge you to support LD 1113, a bill that would help Maine tackle a pernicious inequity in our healthcare system.

Since 1972, the ACLU's Women's Rights Program has been working to secure gender equality and ensure that all women and girls are able to lead lives of dignity, free from discrimination. The ACLU of Maine also recognizes that people must have access to affordable, quality, and safe health care in order to fully exercise their civil rights. This legislation fits squarely within the intersection of that work. Today, hundreds of pregnant, or recently-pregnant Mainers cannot afford health care or do not live close enough to health care providers to access it.¹²

In the United States, 700 people die from pregnancy-related causes each year, and more than 50,000 others experience dangerous complications that could have killed them. This makes the United States the most dangerous place in the developed world to give birth.³ For people of color, the dangers of giving birth are even more severe. Black people who are pregnant are more than three times as likely to die from pregnancy-related

¹ Harris DE et al., *Impact of Rurality on Maternal and Infant Health Indicators and Outcomes in Maine*, Rural Remote Health, (July-Sept 2015).

² *Maine Perinatal Health: Social Detriments of Health*, Maternal and Child Health Block Grant Data Brief (Feb. 21, 2021), <https://www.maine.gov/dhhs/mecdc/population-health/mch/documents/Maine-Perinatal-and-Infant-Health-Priority-Summaries-All-012020.pdf>.

³ March of Dimes, *Nowhere to Go: Maternity Care Deserts Across the U.S.* (Feb 22, 2021), https://www.marchofdimes.org/materials/Nowhere_to_Go_Final.pdf.

complications as their white peers. Native Americans are more than twice as likely to die from childbirth-related issues.⁴

In rural regions of Maine, people who give birth, and their children are at a particularly acute risk. One reason for higher infant mortality rates in rural areas is a lack of access to health care, particularly in remote and isolated regions. Pregnant people in rural areas often must travel an hour or more to receive reproductive care.⁵ Other pervasive issues for pregnant people, include post-partum depression, which affected 11% of pregnant people in Maine last year.⁶

If enacted, this resolve would add to our stock of information on inequities in Maine's prenatal care system. It would also help generate solutions. Both are appropriate and necessary. We urge you to vote *ought to pass*.

⁴ *Id.*

⁵ *See supra* note 2.

⁶ America's Health Rankings, *Postpartum Depression*, (Feb. 23, 2021) https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/postpartum_depression/state/ME.