



132nd MAINE LEGISLATURE

FIRST REGULAR SESSION-2025

Legislative Document

No. 1028

S.P. 446

In Senate, March 13, 2025

Resolve, to Establish the Task Force to Study Equitable Access to Maternal Health Care and Birthing Facilities

Received by the Secretary of the Senate on March 12, 2025. Referred to the Committee on Health and Human Services pursuant to Joint Rule 308.2 and ordered printed.

h GT

DAREK M. GRANT Secretary of the Senate

Presented by Senator TALBOT ROSS of Cumberland. Cosponsored by Representative BOYER of Cape Elizabeth and Senators: BRENNER of Cumberland, CARNEY of Cumberland, INGWERSEN of York, MOORE of Washington, Representatives: ARATA of New Gloucester, DAIGLE of Fort Kent, JAVNER of Chester, ZAGER of Portland.

1 Sec. 1. Task force established. Resolved: That the Task Force to Study Equitable 2 Access to Maternal Health Care and Birthing Facilities, referred to in this resolve as "the task force," is established. 3 4 Sec. 2. Task force membership. Resolved: That, notwithstanding Joint Rule 5 353, the task force consists of 13 members as follows: 6 1. Two members of the Senate, appointed by the President of the Senate, including 7 one member from each of the 2 parties holding the largest number of seats in the 8 Legislature; 9 2. Two members of the House of Representatives, appointed by the Speaker of the House, including one member from each of the 2 parties holding the largest number of seats 10 in the Legislature; 11 12 3. Four members appointed by the President of the Senate as follows: A. One member with expertise in obstetrics and gynecology; 13 B. One member with expertise in certified nurse midwifery; 14 C. One member representing the State's perinatal quality of care system; and 15 D. One member representing the division governing maternal and child health services 16 within the Department of Health and Human Services, Maine Center for Disease 17 Control and Prevention; 18 19 4. Four members appointed by the Speaker of the House as follows: 20 A. One member with expertise in rural health care delivery; 21 B. One member with expertise in independent birthing centers; 22 C. One member representing an association of hospitals; and 23 D. One member representing a federally qualified health center in the State; and 24 5. The Commissioner of Health and Human Services or the commissioner's designee. 25 In making appointments under this section, the appointing authorities shall give consideration to the unique needs of rural populations. 26 27 The chairs under section 3 may appoint as nonvoting members of the task force persons with expertise in obstetrics and perinatal health. 28 29 Sec. 3. Chairs. Resolved: That the first-named Senate member is the Senate chair 30 and the first-named House of Representatives member is the House chair of the task force. 31 Appointments; convening of task force. Resolved: That all Sec. 4. 32 appointments must be made no later than 30 days following the effective date of this 33 resolve. The appointing authorities shall notify the Executive Director of the Legislative Council once all appointments have been completed. After appointment of all members, 34 35 the chairs shall call and convene the first meeting of the task force. If 30 days or more after 36 the effective date of this resolve a majority of but not all appointments have been made, the chairs may request authority and the Legislative Council may grant authority for the task 37 38 force to meet and conduct its business.

- 1 **Sec. 5. Duties. Resolved:** That the task force shall compile and analyze information 2 from existing published reports on:
- 1. Past essential services closures of maternal health care units, including inpatient maternity units, acute-care birthing units and preventive maternal health care centers, and centers providing family planning services, obstetrics and gynecology services and midwifery services;
- Patient quality of care and safety considerations of essential services closures of
 maternal health care units, including rules concerning quality, safety and staffing adopted
 by the Department of Health and Human Services that inform acute maternal health care
 essential services closures;
- Demographic information on populations of patients whose access to maternal health care services has been most affected by past closures or current availability limitations, including, but not limited to, geographical location; type of insurance coverage; age; race; ethnicity; income; status as a member of the lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual and other allied communities; and immigration status;
- 4. The current availability of and access to maternal health care services across regions
 of the State and among birthing center patient populations, including the essential services
 closure process and the capacity of the maternal health care workforce; and
- 5. Methods to increase the financial investment in and patient access to maternal health
 care services across the State and ensure equitable access for the most vulnerable birthing
 center patient populations.
- 22 Sec. 6. Staff assistance. Resolved: That, notwithstanding Joint Rule 353, the 23 Legislative Council shall provide necessary staffing services to the task force, except that 24 Legislative Council staff support is not authorized when the Legislature is in regular or 25 special session.
- Sec. 7. Report. Resolved: That, notwithstanding Joint Rule 353, no later than January 6, 2026, the task force shall submit a report that includes its findings and recommendations, including suggested legislation, for presentation to the Joint Standing Committee on Health and Human Services. The Joint Standing Committee on Health and Human Services is authorized to report out legislation related to the report to the Second Regular Session of the 132nd Legislature.

SUMMARY

32

33 This resolve establishes the Task Force to Study Equitable Access to Maternal Health 34 Care and Birthing Facilities, which is directed to study past closures of maternal health care 35 centers in the State, the current availability of access to maternal health care services in the State and methods to increase patient access to maternal health care services, including 36 equitable access for vulnerable populations. The task force is required to submit a report 37 38 and suggested legislation by January 6, 2026 to the Joint Standing Committee on Health 39 and Human Services, which is authorized to report out legislation based on the report to 40 the Second Regular Session of the 132nd Legislature.