

State of Maine
130th Legislature

Joint Standing Committee on Health and Human Services
Testimony of Darcy Shargo, on behalf of Maine Primary Care Association

April 6, 2021

Supporting:

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”

Sponsored by Senator Carney

Senator Claxton, Representative Meyer, and distinguished members of the Joint Standing Committee on Health and Human Services, my name is Darcy Shargo, and I am the CEO of the Maine Primary Care Association (MPCA). MPCA is a membership organization that includes all of Maine's 20 Community Health Centers (CHCs). I am sorry that I cannot deliver this support in person but I am grateful for the chance to share with you why I think LD 1113 should receive serious Committee consideration.

The arrival of COVID-19 on Maine’s doorstep just a year ago brought with it a series of novel and yet momentous challenges to our state, not the least of which is how to respond effectively to a disease that has an outsized impact on communities of color in Maine (and nationally). In fact, the COVID crisis has revealed what we knew all along but struggled to confront: our systems, including—and perhaps especially—health care, are built on a foundation that perpetuates inequity. In many cases, this inequity begins well before birth.

In order to start dismantling some of these long-standing inequities, we must better understand what leads to lack of, or late initiation into, prenatal care for Maine’s black, Indigenous, and people of color (BIPOC) communities. Early access to prenatal care is a key area of focus and interest for all of Maine’s 20 community health centers, which are spread as far north as Fort Kent and as far south as Springvale. As part of a mandatory reporting requirement, these health centers track whether patients initiate prenatal care in their first trimester of pregnancy. Much research underscores that when women receive good prenatal care during their first trimester, it is a good indication of overall future health for mothers, their children, and their families alike.

We support this study as a means to better identify the barriers to initiation of prenatal care in the first trimester for women in BIPOC communities, and hope that this study would also identify and support actionable steps that policymakers, and health care providers—including health centers—can take to promote early initiation into prenatal care. As high quality and integrated providers of care from birth to death, Maine’s health centers currently average around 90% of mothers under their care receiving access to prenatal care within their first trimester (according to 2019 UDS data). These same health centers stand ready to work through solutions to support that level of access for more of Maine’s BIPOC communities as well.

Thanks for your consideration of my testimony, and please reach out to me at dshargo@mepca.org if you have any questions.