INDIVIDUAL HOSPITAL EDITION / AUGUST 2026

MaineHealth Lincoln Hospital Investigation

Damariscotta, ME · Nonprofit critical access hospital

A profitable hospital can still close a low-volume service. The central public question is whether every workable staffing alternative was tested before moving births farther away.

Lincoln Hospital/Miles Campus

OWNER → MONEY → WORKFORCE → CONTRACTS → PUBLIC IMPACT

A visual guide to this investigation, with a full research edition and original records one click away.

Open this hospital's online record and downloads

MaineHealth Lincoln Hospital

Damariscotta, Maine | Nonprofit critical access hospital

Evidence through August 10, 2026

A profitable hospital can still close a low-volume service. The central public question is whether every workable staffing alternative was tested before moving births farther away.

25
critical-access beds
Miles Campus

$8.734M
FY2024 operating income
Lincoln hospital

$68.778M
unrestricted fund balance
Lincoln hospital

$191.58M
FY2025 total excess
MaineHealth system

131
2025 deliveries
official assessment

$4.8-$6.0M
one-year model
not a disclosed budget

WHO CONTROLS WHAT

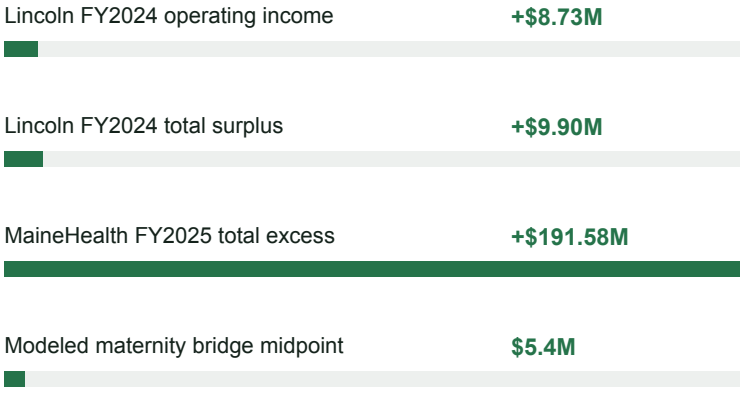
Parent
MaineHealth - nonprofit

Hospital
MaineHealth Lincoln Hospital / Miles Campus

Service decision
Inpatient maternity care and the proposed Mid Coast transfer

Follow the money

Labels identify entity and year; $M unless shown.



Sources: LIN-01, LIN-02, LIN-03. Amounts are separate measures, not an addition.

What matters - and why

DOCUMENTED / MONEY

The local hospital was profitable

Lincoln reported $157.106M operating revenue, $8.734M operating income, and a $9.903M total surplus in FY2024. Those are hospital results, not the maternity service-line P&L.

Sources: LIN-01

MODELED / ACCESS

The travel burden is measurable

For eight high-birth communities, the model increased birth-weighted town-center travel time by about 29.8 minutes when shifting from Lincoln to Mid Coast. Addresses, traffic, winter weather, islands, and EMS protocols can change the result.

Sources: LIN-06

DOCUMENTED / STAFFING

The staffing mechanism exists on paper

MaineHealth advertised two OB/GYN float roles covering community delivery hospitals including Lincoln, with a $385,000 base salary. That proves a system mechanism, not that the positions were filled or sufficient.

Sources: LIN-04

MIXED / DECISION

The official staffing explanation is credible but not complete

MaineHealth cited no permanent OB/GYN hire since 2020, low volume, and unstable contracted coverage. The public record still lacks the service-line P&L, declined offers, locum invoices, and board alternatives model.

Sources: LIN-03

PARTIAL / 340B

Follow the 340B savings to patient benefit

MaineHealth reports $3.172M in FY2024 340B savings for Lincoln. Acquisition cost, reimbursement, contract fees, actual fills, retained margin, and direct patient pass-through were not public.

Sources: LIN-05

MODELED / MODEL

A one-year trial appears financially plausible

The modeled $4.8M-$6.0M package combines permanent recruitment, internal rotations, locum blocks, and readiness-team retention. The midpoint is 2.8% of MaineHealth's FY2025 total excess, but clinical feasibility remains unproven.

Sources: LIN-06

THE INSTITUTIONAL EXPLANATION

MaineHealth cites low birth volume, recruitment difficulty and unstable contracted coverage.

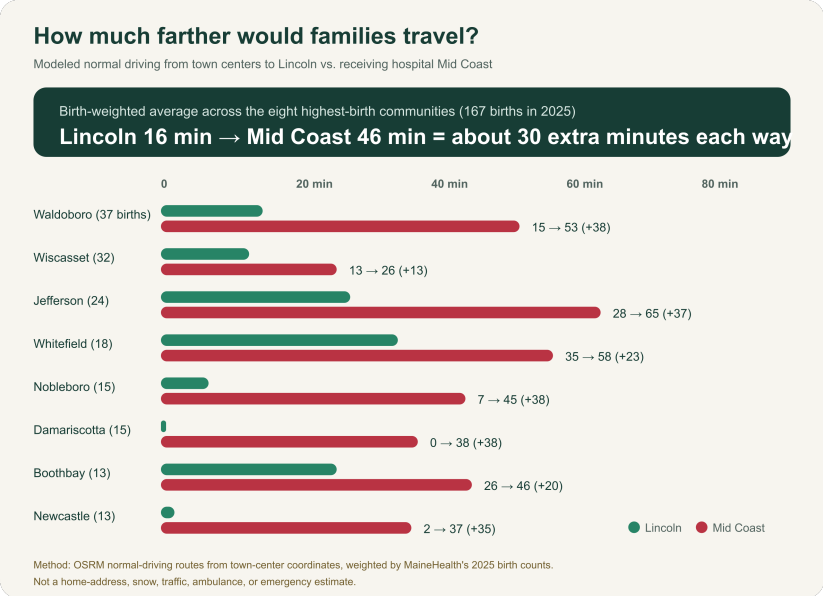
THE PUBLIC-INTEREST QUESTION

Publish the alternatives model, actual recruitment offers and service-line costs behind the closure decision.

Full investigation, supporting records and historical context: open the research edition.

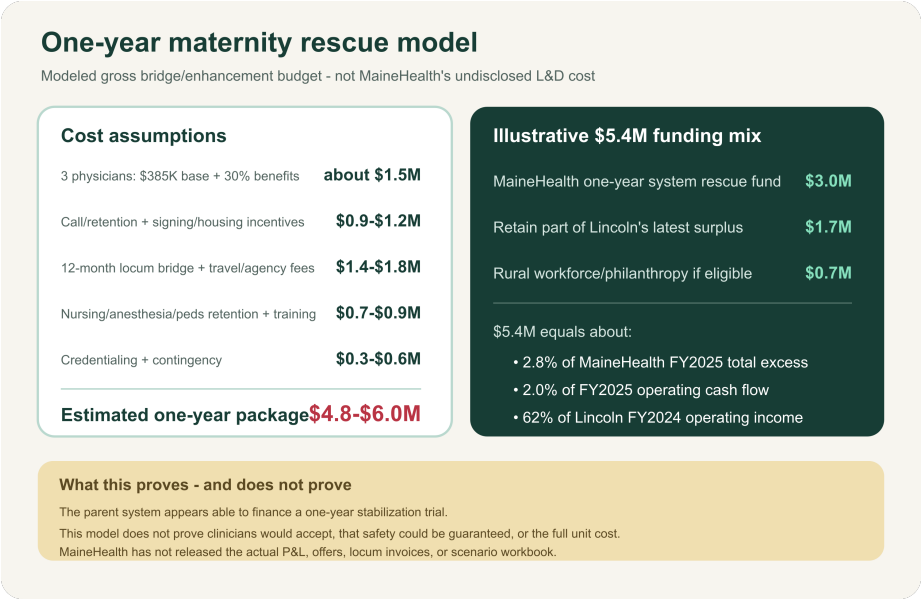
See the pattern

How the travel burden changes



The model adds about 29.8 birth-weighted minutes across eight communities. It uses town centers, not individual emergency journeys.

What a one-year stabilization attempt could cost



The modeled $4.8M-$6.0M package combines recruitment, rotations, locum coverage and team retention. It needs a clinical feasibility test.

THE VISUAL EVIDENCE

Lincoln Hospital/Miles Campus

Official MaineHealth location image.

Open the full-size image · Read its source context

THE VISUAL EVIDENCE

Cynthia Wade

Lincoln Hospital president; compensation not separately determined.

Open the full-size image · Read its source context

THE VISUAL EVIDENCE

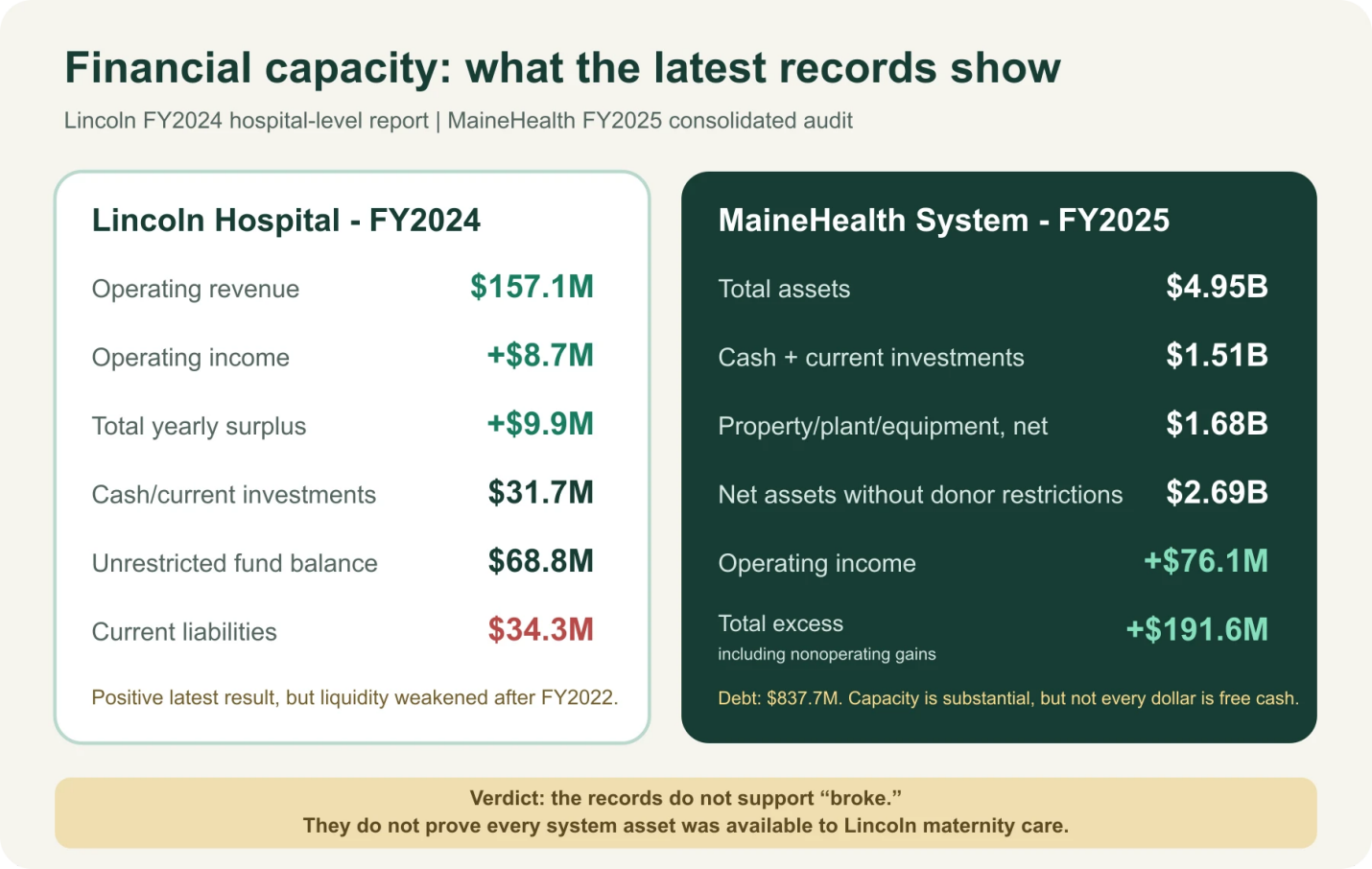
Andrew Mueller, MD

MaineHealth parent CEO; do not assign his pay to the Lincoln president.

Open the full-size image · Read its source context

THE VISUAL EVIDENCE

Local and system financial capacity

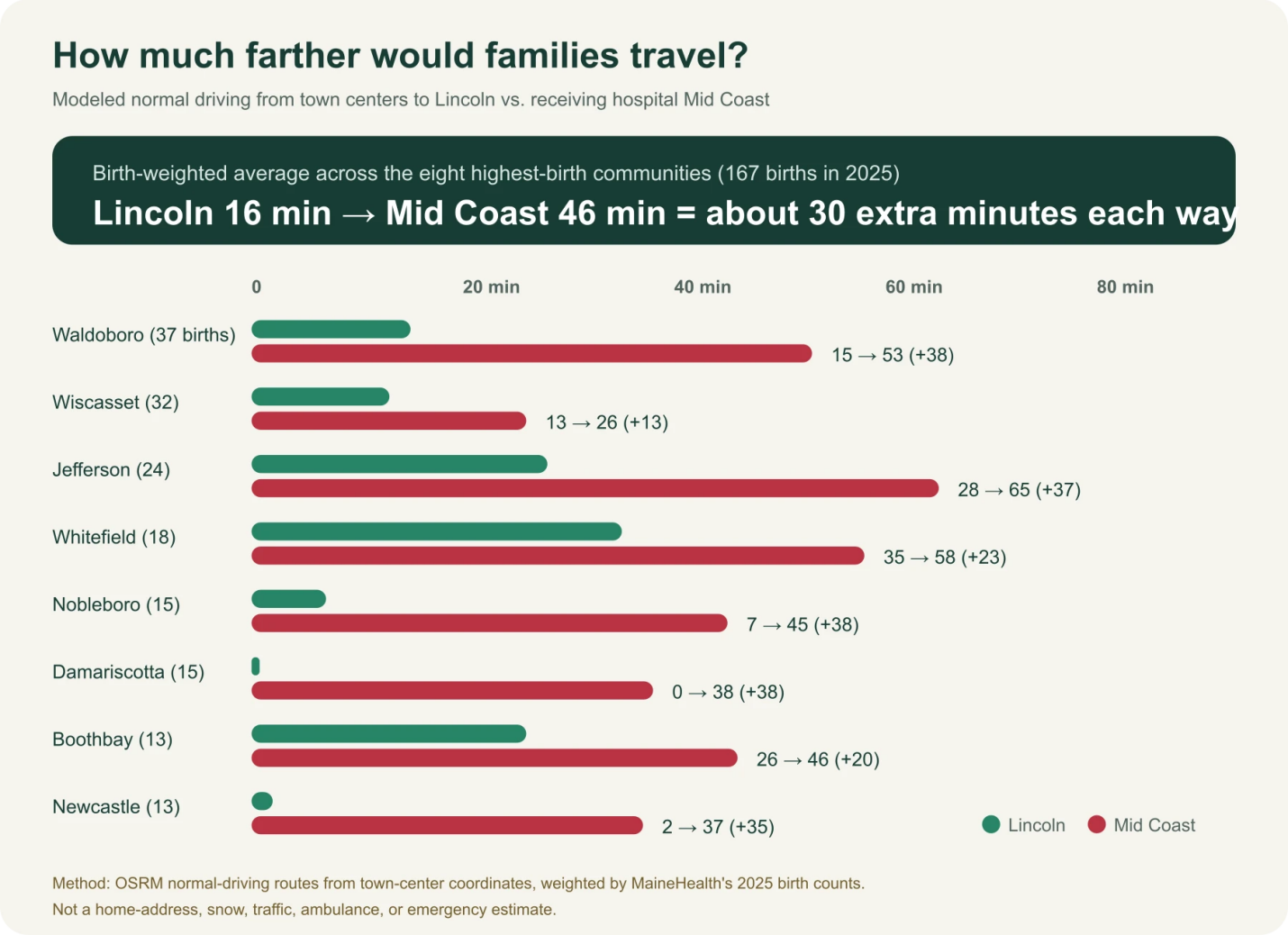


Hospital and parent figures shown in separate scopes.

Open the full-size image · Read its source context

THE VISUAL EVIDENCE

Maternity travel-time model

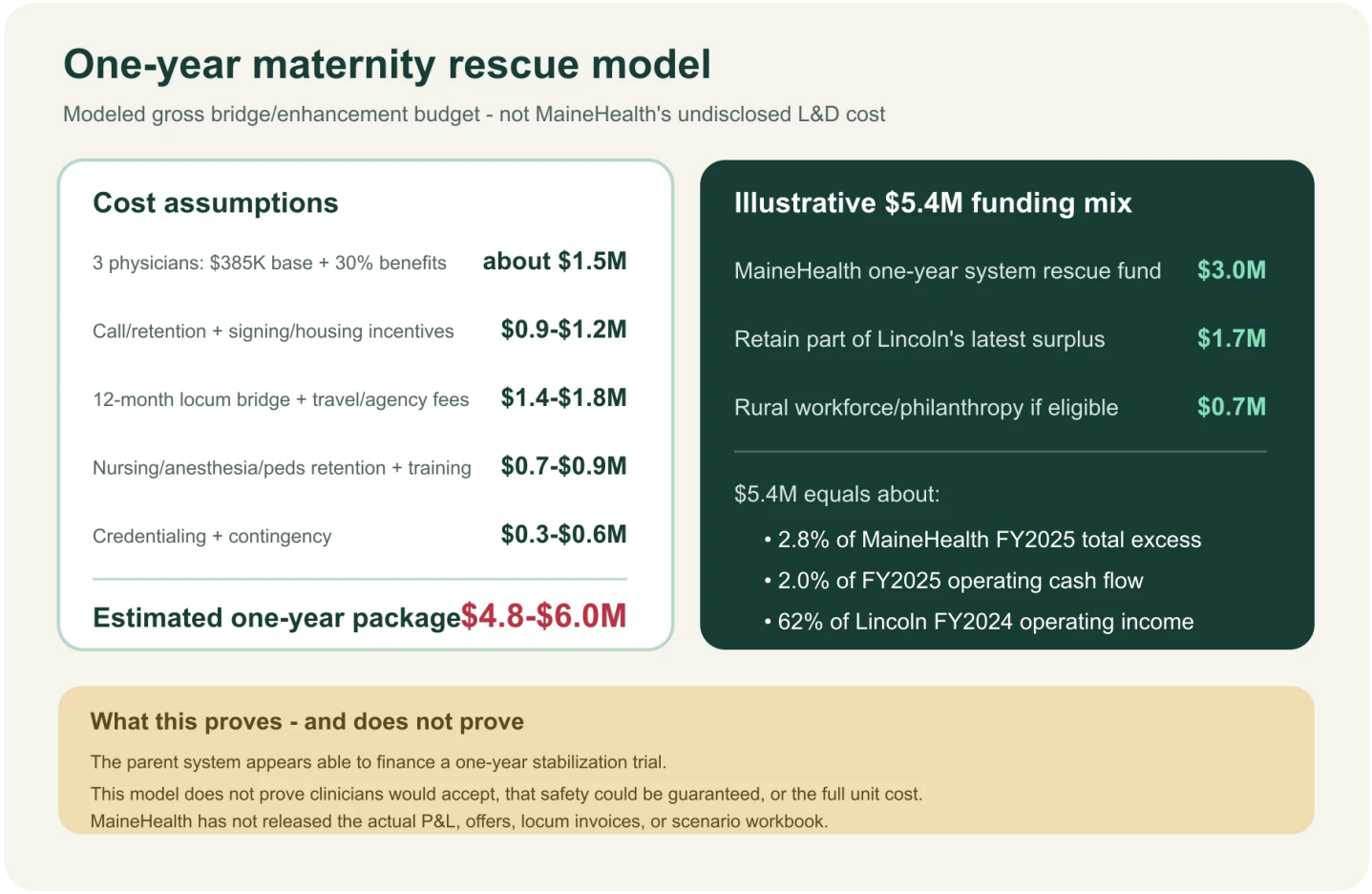


Town-center route model with assumptions.

Open the full-size image · Read its source context

THE VISUAL EVIDENCE

One-year stabilization budget



Modeled gross package, not a disclosed hospital budget.

Open the full-size image · Read its source context

GO DEEPER / THIS HOSPITAL ONLY

The research behind the reader

The visual PDF is the entry point. These links preserve the detailed investigation and its supporting records. They all belong to this hospital or the system identified in this case.

Read or download the full research edition

Open the source ledger

lincoln hospital financial patterns and questions

Travel model: sum(births in each town x travel minutes) / total births. Lincoln: 16.4 minutes; Mid Coast: 46.2 minutes; difference: 29.8 minutes across the 167-birth model population.

Budget midpoint: ($4.8M + $6.0M) / 2 = $5.4M. Compared with MaineHealth FY2025 total excess: $5.4M / $191.58M = 2.82%.

Evidence periods are stated beside the figures. Historical source documents keep their original dates. For an emergency, call 911 or use the nearest appropriate emergency department.

The timeline and the records

2020	MaineHealth says Lincoln last recruited a permanent full-time OB/GYN.
FY2024	Lincoln recorded positive operating and total results.
2025	Lincoln reported about 131 deliveries.
Aug. 6, 2026	MaineHealth's board approved the regional model.
Dec. 18, 2026	Inpatient deliveries are scheduled to transition to Mid Coast; prenatal/postpartum care is planned to remain local.

THE NEXT RECORDS TO ASK FOR

1. Release the Labor and Delivery P&L, recruitment offers, declined offers, and locum invoices.
2. Publish Mid Coast incremental revenue, staffing, capacity, and winter/emergency-routing analysis.
3. Identify the purpose and recipients of Lincoln's affiliate transfers.
4. Track the float-role hiring outcome and a 12-month stabilization alternative in public.

VERIFY THIS CHAPTER

LIN-01 FY2024 Report B: hospital financials (FY2024; pp. 32-35, LincolnHealth)

LIN-02 FY2025 audited financial statements (FY2024-FY2025; Statements and liquidity note)

LIN-03 Lincoln Labor and Delivery assessment (Updated Aug. 2026; Assessment FAQ)

LIN-04 OB/GYN float job (2026 posting; Salary and locations)

LIN-05 Lincoln 340B records (FY2024 / Aug. 2026 roster; Savings page and OPAIS roster)

LIN-06 Lincoln Health Hospital Maine Evidence Notes (Cutoff 2026-08-10; Local file)