

MaineHealth

Testimony of Katie Fullam Harris

MaineHealth

In Support of LD 1619, “An Act to Improve Maine’s Reproductive Privacy Law”

May 1, 2023

Senator Carney, Representative Moonen and distinguished members of the Joint Standing Committee on the Judiciary, I am Katie Fullam Harris, and I submit this testimony in support of LD 1619, An Act to Improve Maine’s Reproductive Privacy Law.”

MaineHealth is an integrated health care system providing access to a continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. MaineHealth strives to meet its vision of “Working Together so Our Communities are the Healthiest in America” through the delivery of exceptional care to our patients; training Maine’s health care workforce of the future through our academic and workforce training programs; and supporting innovation and research through the MaineHealth Research Institute.

As part of our mission and vision, MaineHealth offers a continuum of reproductive health care services throughout the footprint we serve. MaineHealth strongly believe that our patients should have a voice in their care, including the right to choose whether to terminate a pregnancy.

We support LD 1619 for two main reasons:

1. It updates the antiquated reporting requirements that are currently required in statute to include only those data elements that are relevant to the procedure;
2. It removes ambiguous criteria to allow for post-viability abortions and replaces it with an opportunity for physicians to use their professional judgement when such rare circumstances arise.

Health care decisions, including those involving reproductive health, are appropriately and best made between a health care provider and their patient. This bill seeks to enforce that

fundamental principle by codifying the sacred relationship that exists between a physician and their patient. While Maine's current law is strong, there have been circumstances in which the ambiguous language regarding "preservation of life or health of the mother" that this bill seeks to replace has created confusion and forced patients to seek care in other states. That is neither patient-friendly, nor equitable for those who may not have the financial means for such an option.

In addition, the current abortion reporting requirements include such questions as providing the marital status of the woman. That is irrelevant to the provision of care, and we strongly support updating the data elements as provided in this bill.

For this primary reason, we support LD 1619.

Thank you and I would be happy to participate in the work session if there are questions.