
**Testimony of Regina Rooney on behalf of the Maine Coalition to End Domestic Violence
In support of LD 935: “An Act to Remove Barriers to Comprehensive Pregnancy Care in
Private Insurance”**

**Before the Joint Standing Committee on Health Coverage, Insurance and Financial Services
Monday, May 1, 2023**

Senator Bailey, Representative Perry, and members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services, I am writing on behalf of the Maine Coalition to End Domestic Violence (MCEDV)¹ in support of LD 935, “An Act to Remove Barriers to Comprehensive Pregnancy Care in Private Insurance.”

MCEDV recognizes the important role that reproductive health care generally, and abortion care specifically, plays for survivors of domestic abuse and violence. In most cases, having a child binds two people together for the long term, even if their relationship ends; sharing custody and co-parenting is a long-term project that is overseen and enforced by the courts. People who perpetrate abuse understand this and frequently use pregnancy as a way of inducing long-term connection, dependence, and compliance. They may coerce pregnancy by damaging contraceptives or refusing to use them, they may commit sexual assault without using protection, or they may simply wait to show their true abusive colors until after their partner has had a child, only then revealing overtly controlling and violent behavior. Pregnancy itself is dangerous for survivors; pregnant patients are more likely to die from homicide than any other pregnancy related conditions,² and the homicide rate among pregnant and postpartum women in 2020 increased 33% from 2019.³ Given this reality, contraceptive care and abortion must be understood as key tools of safety planning for survivors of domestic abuse and violence.

By prohibiting health plans from charging deductibles, copayments, and other cost sharing for abortion services, LD 935 removes financial barriers to abortion that primarily impact

¹ MCEDV serves a membership of eight regional domestic violence resource centers as well as the Immigrant Resource Center of Maine. Our member programs provided services to more than 12,000 victims of domestic violence in Maine last year, including court advocacy services in the civil and criminal courts.

² Badcom, Emma. “Pregnant women more likely to be murdered than die from other causes.” Oct. 24, 2022.

³ Wallace, Maeve. Trends in Pregnancy-Associated Homicide, United States, 2020. Am J Public Health. 2022 Sep;112(9):1333-1336. doi: 10.2105/AJPH.2022.306937. Epub 2022 Jul 7.

people with low income. It will also alleviate the delays caused by financial burdens, as patients seek to find the funds to pay for the procedure. Research shows that intimate partner violence and financial challenges are among the leading reasons that individuals end up not accessing abortion until later in pregnancy.⁴ Domestic violence advocates have helped many Maine survivors figure out how to cover the cost of an abortion; this bill will make it that much easier for survivors with health coverage to cover the cost and access the care they need.

Increasing access to abortion is good for survivors of abuse, and for all Mainers. We therefore encourage you to vote “ought to pass” on LD 935. Thank you for the opportunity to testify on this important bill.

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⁴ Foster, D.G. and Kimport, K. (2013), “Who Seeks Abortions at or After 20 Weeks?”. Perspectives on Sexual and Reproductive Health, 45: 210-218. <https://doi.org/10.1363/4521013>

Regina Rooney
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LD 935

Hello. My sincere apologies that my in-person testimony did not include the correct citations. Here is a copy with the citations included. Thank you!

Regina Rooney, MCEdV