

Committee on Judiciary  
Cross Building, Room 438  
100 State House Station  
Augusta, ME 04333  
c/o Susan Pinette, Committee Clerk

- Re: LD 494 - An Act to Conform State Funding to the Federal Hyde Amendment, Limiting Funding for Some Abortion Services  
LD 771 – An Act to Protect a Woman’s Right to Withdraw Consent for Abortion  
LD 1197 – An Act to Prevent Coerced Abortion  
LD 1249 - An Act to Protect the Quality of Care Provided via Telehealth by Prohibiting Physicians from Prescribing Abortion-Inducing Drugs or Other Devices Through Telehealth or Other Electronic Communication  
LD 1614 - An Act to Require and Ultrasound and Certain Counseling Before an Abortion

Dear Senator Carney, Representative Moonen and esteemed member of the Committee on Judiciary,

I represent the National Association of Social Workers, Maine Chapter in opposition to LD 494, LD 771, LD 1197, LD 1249, and LD 1614. We believe that limiting funding and restricting providers’ ability to provide the full range of reproductive care services is a health equity issue, a women’s rights issue, and contributes the cycle of poverty in families.

Disparities in reproductive healthcare access are deeply rooted in our society. Despite the rate of unwanted pregnancies decreasing overall, the rate among women experiencing poverty is still five times higher than the rate for women with higher incomes (Guttmacher Institute, 2011). Restricting access to abortions for women with low incomes will further exacerbate these inequities, which disproportionately impact women of color.

Insured access to abortion cannot become a matter of economic class when women forced to carry an unwanted pregnancy to term are more likely to experience poverty than other women (American Public Health Association). Currently, about 25% of women who qualify for Medicaid and who seek an abortion are forced to carry an unwanted pregnancy to term due to the cost in states where insured abortion access is limited (Guttmacher Institute).

Social workers, per our *Code of Ethics*, must promote clients’ self-determination by “seek[ing] to enhance [their] capacity and opportunity to change and to address their own needs” (NASW). The decision to become a parent is one of the most important and personal decisions that we as humans make, and when women have autonomy in making decisions about their own reproductive healthcare, they have greater control over their economic security. Maine’s women are both capable and deserving of the opportunity to make the decisions that are best for their health, lives, and futures,

regardless of economic status and free from stigma and judgment.

Over my 40+ years as a clinical social worker, I have seen the economic, physical, and emotional toll that restricted access to abortion services has had on multiple clients and their families. Mary was a beautiful, sassy, and bright 21-year-old woman who was first referred to me for anxiety and depression symptoms. She was pregnant, had two children, and was married to the father of her children. Her husband was emotionally and physically abusive to her. Her religious upbringing was a key factor in her not considering abortion nor divorcing her husband. I supported her right to choose, did my best to help her manage her mental health issues, and ensure that her children were safe. Yet no evidenced-based treatments were going to help Mary's mental health issues, while living under siege in a home filled with trauma. Twenty years later, she was referred back to me for counseling. Her sassiness and hope had been eroded; her beauty faded and her mental health issues had escalated to the point where she could only leave her home for health appointments. She had seven grown children and was still married to the same abusive man, who was on disability for a combination of physical and mental health issues. Not surprisingly, several of her seven children had chosen life partners who were abusive, as this was what they grew up with and considered normal. Their hope for better lives and breaking the generational poverty cycle was dimming.

NASW Maine urges you to provide hope for Mary and families such as hers and oppose LD 494, LD 771, LD 1197, LD 1249, and LD 1614.

Sincerely,

Julie M. Schirmer, LCSW, ACSW  
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