



**Written Testimony of Danielle Pimentel, J.D.
Policy Counsel, Americans United for Life
In Support of L.D. 1197
Submitted to the Joint Judiciary Committee
May 5, 2023**

Dear Chair Carney, Chair Moonen, and Members of the Committee:

My Name is Danielle Pimentel, and I serve as Policy Counsel at Americans United for Life (“AUL”). Established in 1971, AUL is a national law and policy nonprofit organization with a specialization in abortion, end-of-life issues, and bioethics law. AUL publishes pro-life model legislation and policy guides,¹ tracks state bioethics legislation,² and regularly testifies on pro-life legislation in Congress and the States. Our vision at AUL is to strive for a world where everyone is welcomed in life and protected in law. As Policy Counsel, I specialize in life-related legislation, constitutional law, and abortion jurisprudence.

Thank you for the opportunity to provide written testimony in support of LD 1197, (“LD 1197” or “bill”). I have thoroughly examined LD 1197 and I urge the Committee to support this bill because it ensures that women receive the information necessary to make informed, voluntary decisions regarding their pregnancies, and furthers Maine’s legitimate interest to protect the maternal health and safety of its citizens.

I. The Bill Ensures that the Women of Maine are Protected Against Coerced Abortions

LD 1197 ensures that women are adequately informed of the legal protections against coercive abuse and that they may access abuse victim resources prior to obtaining an abortion. Specifically, the bill requires health care professionals and counselors to inform adult women and minors who are seeking an abortion of the following information: 1) a

¹ *Pro-Life Model Legislation and Guides*, AMS. UNITED FOR LIFE, <https://aul.org/law-and-policy/> (last visited May 4, 2023). AUL is the original drafter of many of the hundreds of pro-life bills enacted in the States in recent years. See Olga Khazan, *Planning the End of Abortion*, ATLANTIC (July 16, 2020), www.theatlantic.com/politics/archive/2015/07/what-pro-life-activists-really-want/398297/ (“State legislatures have enacted a slew of abortion restrictions in recent years. Americans United for Life wrote most of them.”); see also Anne Ryman & Matt Wynn, *For Anti-Abortion Activists, Success of ‘Heartbeat’ Bills was 10 Years in the Making*, CTR. FOR PUB. INTEGRITY (Jun. 20, 2019), <https://publicintegrity.org/politics/state-politics/copy-paste-legislate/for-anti-abortion-activists-success-of-heartbeat-bills-was-10-years-in-the-making/> (“The USA TODAY/Arizona Republic analysis found Americans United for Life was behind the bulk of the more than 400 copycat [anti-]abortion bills introduced in 41 states.”).

² *Defending Life: State Legislation Tracker*, AMS. UNITED FOR LIFE, <https://aul.org/law-and-policy/state-legislation-tracker/> (last visited May 4, 2023).

woman may withhold or withdraw her consent to have an abortion and receive a refund for any payments made towards the abortion; 2) the woman’s decision to not have an abortion will not affect her right to receive public assistance or public health services; 3) Maine law prohibits the criminal threatening of any woman who refuses to have an abortion; 4) the contact information for providers of resources for victims of domestic abuse, including the number of at least one domestic violence hotline and one sexual assault hotline; and 5) that the Maine Human Rights Act protects against discrimination on the basis of a woman’s pregnancy. The abortion provider must also offer to provide referrals to law enforcement agencies and domestic violence and sexual assault support organizations and offer to call a law enforcement agency if the woman or minor feels that they would be unsafe if they refuse to have an abortion.

It’s pertinent that abortion providers inform women of these resources and legal protections prior to an abortion because many women are forced to have an abortion due to intimate partner violence (“IPV”) or reproductive control from an intimate partner, family member, employer, or sex-trafficker.³ In fact, in a 2017 study on women’s abortion experiences, 73.8% of women said that they “disagreed that their decision to abort was entirely free from even subtle pressure from others to abort,” and 28.4% of women said that they “aborted out of fear of losing their partner if they did not abort.”⁴ Additionally, in a 2023 national study published in *Cureus* medical journal, researchers found that over 60% of women who had abortions reported experiencing high levels of pressure to abort from one

³ See Sam Rowlands & Susan Walker, *Reproductive Control by Others: Means, Perpetrators and Effects*, 45 BMJ SEXUAL & REPROD. HEALTH 65 (2019) (stating that individuals who assert reproductive control over pregnant women include intimate partners, family members, and sex traffickers); see, e.g., *Testimony Directory*, SILENT NO MORE AWARENESS, <http://www.silentnomoreawareness.org/testimonies/> (last visited May 4, 2023) (testimonies from women who were coerced into having an abortion about the devastating effects it had on them); Adrienne P. Samuels, *Police Say Maine Couple Kidnapped Daughter, Intent on Forcing Abortion*, BOSTON.COM (Sept. 18, 2006), http://archive.boston.com/news/local/articles/2006/09/18/police_say_maine_couple_kidnapped_daughter_intent_on_forcing_abortion/; Welch Suggs, *Former Coach at Berkeley is Accused of Pressuring Assistant to Have an Abortion*, CHRONICLE HIGHER EDUC. (Sept. 17, 2002), <https://www.chronicle.com/article/coach-is-accused-of-urging-assistant-to-have-an-abortion/>; Jessica Hopp et al., *Mystics Coach was Cited in Pregnancy Suit*, WASH. POST (September 16, 2002), <https://www.washingtonpost.com/archive/politics/2002/09/16/mystics-coach-was-cited-in-pregnancy-suit/75f3fd03-184c-4292-9264-3ba074460c4c/>; Damon Sims, *Cleveland Man Accused of beating 16-year-old Pregnant Daughter*, CLEVELAND.COM: COVERING NORTHEAST OHIO (July 8, 2008), http://blog.cleveland.com/metro/2008/07/cleveland_man_accused_of_beati.html; Associated Press, *Girl, 16, Forced to Drink Turpentine to Induce Abortion*, N.Y. SUN (Sept. 27, 2006), <https://www.nysun.com/article/national-girl-16-forced-to-drink-turpentine-to-induce>; *Forced Abortion in America*, THE ELLIOT INST., 3 (Oct. 2007), <http://www.theunchoice.com/pdf/FactSheets/ForcedAbortions.pdf>.

⁴ Kaitlyn Boswell et al., *Women Who Suffered Emotionally from Abortion: A Qualitative Synthesis of Their Experience*, 22 J. AM. PHYSICIANS & SURGEONS 113, 115 (2017); see also Moria Gaul, *Protecting Women from Coerced Abortions: The Important Role of Pregnancy Help Centers*, CHARLOTTE LOZIER INST., Mar. 2022, at 2, https://lozierinstitute.org/wp-content/uploads/2022/03/On-Point-78_Protecting-Women-from-Coerced-Abortion_2022.pdf (finding that “[o]ne provider of post-abortive counseling reported . . . that, in any given year, 75-85% of women who received post-abortive counseling reported that ‘they felt they were misled by the abortion clinics and that their decisions were uninformed and, in many ways, coerced.’”).

or more sources.⁵ These women also reported having higher levels of mental health issues after having an abortion.⁶

The findings of these studies are not surprising given that women who experience IPV may be subject to physical violence, sexual violence, stalking, and psychological aggression by a current or former intimate partner.⁷ There are “[h]igh rates of physical, sexual, and emotional IPV” among women seeking an abortion.⁸ For example, the prevalence of IPV for women seeking an abortion is nearly *three times greater than a woman continuing a pregnancy*.⁹ IPV victims who do obtain abortions also have “significant association” with “psychosocial problems including depression, suicidal ideation, stress, and disturbing thoughts.”¹⁰

Similarly, “[a]s many as one-quarter of women of reproductive age attending for sexual and reproductive health services give a history of ever having suffered [reproductive control].”¹¹ Reproductive control occurs over “decisions around whether or not to start, continue or terminate a pregnancy, including deployment of contraception, and may be exercised at various times in relation to intercourse, conception gestation, and delivery.”¹²

Victims of sex-trafficking are among the number of women who experience reproductive control. A 2014 study on the health consequences for sex-trafficking victims found that 66 sex-trafficking victims had a total of 114 abortions, “[w]ithout accounting for possible underreporting.”¹³ “The [sex-trafficking] survivors in this study [] reported that they often did not freely choose the abortions they had while being trafficked.”¹⁴ A majority of the 66 sex-trafficking victims “indicated that one or more of their abortions was at least partly forced upon them.”¹⁵ Given the prevalence of coerced abortions among sex-trafficking victims, the authors of the 2014 study noted that “[h]ealthcare providers can play a crucial role in the trafficking rescue process by identifying possible victims and following up on those suspicions with careful, strategic questions, and actions that catalyze rescue or help create exit strategies.”¹⁶

This bill would ensure that abortion providers in Maine take the necessary steps to protect the health and safety of women and young girls that enter their abortion clinics. By

⁵ David C. Readon & Tessa Longbons, *Effects of Pressure to Abort on Women’s Emotional Responses and Mental Health*, CUREUS (Jan. 31, 2023).

⁶ *Id.*

⁷ Megan Hall et al., *Associations Between Intimate Partner Violence and Termination of Pregnancy: A Systematic Review and Meta-Analysis*, 11 PLOS MED. 1, 15 (Jan. 2014).

⁸ *Id.*

⁹ COMM. ON HEALTH CARE FOR UNDERSERVED WOMEN, *Reproductive and Sexual Coercion*, Comm. Op. No. 554, at 2 (reaffirmed 2022) (internal citation omitted).

¹⁰ Hall, *supra* note 7.

¹¹ Rowlands, *supra* note 3, at 62.

¹² *Id.*

¹³ Laura J. Lederer & Christopher A. Wetzel, *The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities*, 23 ANNALS HEALTH L. 61, 73 (2014).

¹⁴ *Id.*

¹⁵ *Id.*

¹⁶ *Id.* at 84.

providing women with information on the essential resources and assistance available to them, abortion providers will be able to identify victims of sex-trafficking and domestic abuse and can help “catalyze rescue or help create exit strategies” for these women.¹⁷ Additionally, the bill ensures that women know that they have the right to withdraw their consent to have an abortion any time before the abortion is performed, which is especially important given the prevalence of coerced abortions. In effect, this bill will not only protect against coerced abortions, but it will also help increase the number of women and young girls rescued from abusive situations.

II. Maine Has Broad Powers to Enact Protections that Ensure the Health and Safety of Pregnant Women

This Committee can further Maine’s legitimate interest in protecting the maternal health and safety of its citizens by voting in support of LD 1197. In *Dobbs v. Jackson Women’s Health Organization*, the United States Supreme Court found that “States may regulate abortion for legitimate reasons” if the law is rationally related to those reasons.¹⁸ The Supreme Court also held that a State has a legitimate interest in “the protection of maternal health and safety.”¹⁹ Accordingly, Maine has broad powers to pass protections like LD 1197 that ensure the health and safety of pregnant woman.

Notably, at least 24 other states currently have some form of coercive abuse prevention law: Alabama, Arizona, Arkansas, Connecticut, Delaware, Idaho, Indiana, Kansas, Louisiana, Michigan, Missouri, Montana, Nebraska, North Carolina, North Dakota, Ohio, Pennsylvania, Oklahoma, South Dakota, Tennessee, Texas, Utah, West Virginia, and Wisconsin.²⁰ By enacting LD 1197, Maine will be joining numerous states that have recognized the need to implement safeguards to protect women and young girls from being coerced by partners, family members, employers, or sex traffickers.

III. Conclusion

For these reasons, I strongly encourage the members of this Committee to support LD 1197 and continue to uphold Maine’s duty to protect the health and safety of pregnant women.

¹⁷ *See id.*

¹⁸ *Dobbs v. Jackson Women’s Health Org.*, 142 S. Ct. 2228, 2283 (2022).

¹⁹ *Id.* at 2283-84.

²⁰ ALA. CODE § 26-23A-4(b)(7) (2014); ARIZ. REV. STAT. § 36-2153(A)(2)(d) (2021); ARK. CODE § 20-16-1705 (2015); CONN. GEN. STAT. § 19a-601(a)(1) (1990); DEL. CODE tit. 24 § 1786 (1995); IDAHO STAT. § 18-615 (2008); IND. CODE § 16-34-6-6 (2022); KAN. STAT. § 65-6709(k) (2017); LA STAT. tit. 40 § 1061.17(C)(1)(j) (2022); MICH. COMP. LAWS § 333.17015 (2013); MO. REV. STAT. § 188.027(4) (2019); MONT. CODE § 50-20-106(7) (2009); NEB. REV. STAT. §§ 28-327(1)(d), (4)(a) (2022); N.C. GEN. STAT. § 90-21.91 (2011); N.D. CENT. CODE § 14-02.1-02.1(1)(a) (2022); OHIO REV. CODE ANN. §§ 2317.56(B)(4)(b) (2021), 3701.791(C) (2009); OKLA. STAT. tit. 63 § 1-757.7 (2021); 18 PA. CONS. STAT. § 3206(g) (1992); S.D. CODIFIED LAWS §§ 22-17-14 (2021), 34-23A-56 (2015); TENN. CODE ANN. § 39-15-202(i)(1)(A) (2018); TEX. HEALTH & SAFETY CODE ANN. § 171.012 (2021); UTAH CODE ANN. § 76-7-312 (1974); W. VA. CODE § 16-2I-2 (2021); WIS. STAT. § 253.10(3)(b) (2016).

Respectfully Submitted,



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AMERICANS UNITED FOR LIFE