



**Written Testimony of Danielle Pimentel, J.D.
Policy Counsel, Americans United for Life
In Support of L.D. 1614
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 testify in support of LD 1614 (“LD 1614” or “bill”). LD 1614 requires health care professionals to provide pregnant women with information about the alternatives to abortion and perform an ultrasound prior to an abortion.³ Further, the health care professional or qualified ultrasound provider must explain the ultrasound images to the pregnant woman and display the images so she can see them if she so desires.⁴ Lastly, LD 1614 prohibits a health care professional from performing an abortion until 48 hours have passed since the pregnant woman has given her informed written consent and received an ultrasound.⁵

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).

³ LD 1614, §§ 1599-A (2), 1599-B (1), 2023 Leg., 131st Sess. (Me. 2023).

⁴ *Id.* at §1599-B.

⁵ *Id.* at §1598 (5).

I have thoroughly reviewed LD 1614, and it is in my opinion that it establishes necessary safeguards to ensure a woman has voluntarily given her informed consent to an abortion. For this reason, I urge this Committee to vote in favor of LD 1614.

I. Maine has Robust Powers to Safeguard the Informed Consent of Women and Uphold the Integrity of the Medical Profession from Abortion Violence

In *Dobbs v. Jackson Women’s Health Organization*, the United States Supreme Court overruled *Roe v. Wade* and *Planned Parenthood of Southeastern Pennsylvania v. Casey* and returned the abortion issue to the democratic process.⁶ This means that “States may regulate abortion for legitimate reasons, and when such regulations are challenged under the Constitution, courts cannot ‘substitute their social and economic beliefs for the judgment of legislative bodies.’”⁷ The Court acknowledged that “[t]hese legitimate interests include respect for and preservation of prenatal life at all stages of development . . . the protection of maternal health and safety . . . [and] the preservation of the integrity of the medical profession.”⁸

Even with Maine’s statutory protections for abortion,⁹ the standard principles of the practice of medicine must be followed. Informed consent, a foundational principle of modern medicine, “is a process by which the treating health care provider discloses appropriate information to a competent patient so that the patient may make a voluntary choice to accept or refuse treatment.”¹⁰ A woman cannot agree to medical treatment unless she is “competent, adequately informed and not coerced” in giving informed consent.¹¹ If abortion is “medicine,” then healthcare professionals must receive a woman’s voluntary, informed consent before performing an abortion. *Dobbs* emphasized that the states have a legitimate interest in “the protection of maternal health and safety.”¹² Bills like LD 1614 that give women the choice to see her unborn child are important components to ensuring that the mother’s consent for an abortion is as fully informed as possible. As such, at least 27 states have enacted some type of ultrasound requirement to ensure women have the opportunity to make a more informed choice.¹³

II. Ultrasound and Waiting Period Provisions Ensure that Women Have the Information and Time Needed to Make Informed, Voluntary Decisions

Ultrasound provisions both promote women’s physical and psychological health and advance the states’ important and legitimate interests in protecting life. Ultrasound

⁶ *Dobbs v. Jackson Women’s Health Org.*, 142 S. Ct. 2228, 2242–2243 (2022).

⁷ *Id.* at 2283–2284 (citations omitted).

⁸ *Id.* at 2284.

⁹ Me. Stat. tit. 22 § 1598.

¹⁰ Christine S. Cocanour, *Informed Consent—It’s More Than a Signature on a Piece of Paper*, 214 AM. J. SURGERY 993, 993 (2017).

¹¹ *Id.*

¹² *Dobbs*, 142 S. Ct. at 2284.

¹³ These states include Alabama, Arizona, Arkansas, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Dakota, Ohio, South Carolina, South Dakota, Tennessee, Texas, Utah, West Virginia, Wisconsin, and Wyoming.

requirements serve an essential and irreplaceable medical purpose because they are the only method of diagnosing ectopic pregnancies. If an ectopic pregnancy is left undiagnosed, it can result in infertility or even fatal blood loss.¹⁴ Furthermore, an ultrasound enables the healthcare provider to more accurately date the gestational age of a child. This is an important measure because accurate dating of pregnancy both protects the woman by ensuring that the appropriate abortion procedure is performed and provides relevant information necessary to make an informed decision, since the risks of abortion increase as gestational age increases.¹⁵

LD 1614 acknowledges that the choice to have an abortion is a life-altering decision. Allowing a woman the opportunity to view her ultrasound ensures that she makes an informed choice because it gives her the option of seeing her unborn child as he or she really is, including his or her face and form on a screen. Medical evidence indicates that women feel bonded to their children after seeing them on the ultrasound screen.¹⁶ Once that bond is established, researchers argue, a woman no longer feels ambivalent toward her pregnancy and in fact begins to feel invested in her preborn child.¹⁷ Thus, by giving every woman the choice to view her child’s ultrasound image, the state also furthers its interest in protecting life, as some women may ultimately decide to carry their child to term. In fact, a 2015 study found that 78% of women who see an ultrasound image of their infant in utero choose life for their baby.¹⁸

Additionally, the 48-hour reflection period in LD 1614¹⁹—like the reflection periods ranging from 18-hours to 72-hours in 29 other states²⁰—helps ensure a woman has the time she needs to take all the given information into account without the pressure of making an immediate decision since the “medical, emotional, and psychological consequences of an abortion are serious and can be lasting.”²¹ In fact, the Supreme Court determined waiting periods were not an “undue burden” and “[t]he idea that important decisions will be more informed and deliberate if they follow some period of reflection” was not “unreasonable.”²²

Ultimately, by requiring an ultrasound and waiting period before an abortion, this bill establishes necessary safeguards that protect women’s health as well as provide women

¹⁴ See, e.g., Mayo Clinic, *Ectopic Pregnancy*, <http://www.mayoclinic.org/diseases-conditions/ectopic-pregnancy/basics/complications/con-20024262> (last visited May 4, 2023).

¹⁵ See, e.g., John M. Thorp Jr., *Public Health Impact of Legal Termination of Pregnancy in the U.S.: 40 Years Later*, 2012 SCIENTIFICA (Oct. 15, 2012), <https://www.hindawi.com/journals/scientifica/2012/980812/>.

¹⁶ See J. C. Fletcher & M. I. Evans, *Maternal Bonding in Early Fetal Ultrasound Examinations*, 308 NEW ENG. J. MED. 392 (1983).

¹⁷ *Id.* at 392.

¹⁸ Thomas A. Glessner, *National Survey of Pro-life Pregnancy Centers Shows Major Influence of Ultrasound on a Mother’s Choice for Life*, CHRISTIAN NEWSWIRE (Mar. 3, 2015), <https://bit.ly/2tHbopX> (surveying 75,318 ultrasounds performed for pregnant patients identified as either abortion-minded or abortion-vulnerable and finding 58,634 chose to allow their children to live, or about 78%).

¹⁹ LD 1614, § 1598, 2023 Leg., 131st Sess. (Me. 2023).

²⁰ The states are Alabama, Arizona, Arkansas, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, West Virginia, and Wisconsin.

²¹ *H.L. v. Matheson*, 450 U.S. 398, 411 (1981).

²² *Casey*, 505 U.S. at 885.

with the reality of the life of their unborn child. It's important to note that LD 1614 does not force a woman to view the ultrasound but gives her the option to look at the images if she chooses. Implementing ultrasound and waiting period requirements help women understand the medical nature of abortion and the impact it has on women's lives.

III. LD 1614 Ensures Women Understand There Are Real Alternatives to Abortion

LD 1614 provides a woman with material information to guide her abortion decision. Under the bill, health care professional must inform women of the alternatives "to abortion such as childbirth and parenting and adoption and information concerning public and private agencies that will provide the woman with economic and other assistance to carry the fetus to term, including, if the woman so requests, a list of these agencies and the services available from each."²³ This is important and material information which lets a woman know she is not alone in her decision. Informing women of these alternatives to abortion lets a woman know that she has financial and social support if she needs it, which give her real options of giving birth and raising her child or giving her child up for adoption to a loving family.

This information is vital as a woman considers abortion because she may be under stressful circumstances. Women seek abortion for multiple reasons, including financial considerations, timing of the pregnancy, partner related reasons, and childcare concerns.²⁴ The pregnancy may be "unintended," which may be a reason to seek an abortion. Notably, half of all pregnancies are characterized as "unintended."²⁵

A woman seeking an abortion may be facing intimate partner violence (IPV). There are "[h]igh rates of physical, sexual, and emotional IPV . . . among women seeking a[n] abortion."²⁶ For women seeking abortion, the prevalence of IPV is nearly three times greater than women continuing a pregnancy.²⁷ Post-abortive IPV victims also have a "significant association" with "psychosocial problems including depression, suicidal ideation, stress, and disturbing thoughts."²⁸

Similarly, intimate partners, family members, and sex traffickers may be asserting reproductive control over the woman, which are "actions that interfere with a woman's reproductive intentions."²⁹ In the context of abortion, reproductive control not only

²³ LD 1614, § 1599-A (2)(D), 2023 Leg., 131st Sess. (Me. 2023).

²⁴ M. Antonia Biggs et al., *Understanding Why Women Seek Abortions in the US*, 13 BMC WOMEN'S HEALTH 1, 1 (2013).

²⁵ COMM. ON GYNECOLOGIC PRACTICE LONG-ACTING REVERSIBLE CONTRACEPTION WORKING GRP., *Increasing Access to Contraceptive Implants and Intrauterine Devices to Reduce Unintended Pregnancy*, Comm. Op. No. 645, at 1 (reaffirmed 2018).

²⁶ 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).

²⁷ COMM. ON HEALTH CARE FOR UNDERSERVED WOMEN, *Reproductive and Sexual Coercion*, Comm. Op. No. 554, at 2 (Feb. 2013).

²⁸ Hall, *supra* note 26, at 11.

²⁹ Sam Rowlands & Susan Walker, *Reproductive Control by Others: Means, Perpetrators and Effects*, 45 BMJ SEXUAL & REPROD. HEALTH 61, 62, 65 (2019).

produces coerced abortions or continued pregnancies, but it also affects whether the pregnancy was intended in the first place.³⁰ Reproductive control is a prevalent issue for women. “As 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].”³¹ Thus, it is critical that women have authentic choice, and understand there are real alternatives to abortion.

IV. Conclusion

Pregnant women deserve to be provided with the information necessary to make informed, voluntary decisions regarding their pregnancy. This bill guarantees that a woman knows and understands her options, that she is able to see her unborn child, and that she is given enough time to process the information provided to her before making a life-altering decision. For these reasons, I strongly encourage this Committee to support LD 1614, which ensures women are fully informed of the medical nature of abortion and the real alternatives to the procedure.

Respectfully Submitted,



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AMERICANS UNITED FOR LIFE

³⁰ *Id.* at 62–63.

³¹ *Id.* at 62.