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PENOBSCOT  
LD 975

To the joint standing committee on judiciary  
Chairs: Senator Ann Carney and representative Amy Kuhn

RE: March 28th, 2025 Hearing on 7 anti-Reproductive Healthcare Rights Bills  
Please accept My testimony a very concerned citizen of Eastern Maine over these alarming and intrusive bills on women's Healthcare rights. Maine has appropriately and effectively provided and protected reproductive Healthcare rights for its citizens. The bills, individually and in total, sabotaged women's Healthcare rights in Maine and represent a misguided strategy by the sponsors to undermine women's rights to privacy, self-determination, life, and well-being. Without exception, each bill moves Maine a step closer to the unacceptable reality for women that we now see in Iowa, Missouri, Texas, Alabama, and other states causing physical and emotional harm, including death and loss of the ability to have more wanted children. Children. I have no interest in becoming the next state to embrace project 2025's Draconian beliefs about women's Healthcare rights and personal freedoms for which these seven bills open the door.

I am submitting this testimony requesting that the committee vote Ought Not to pass on LD'S. 253, 682, 886, 887, 975, 1007, and 1154 for the following reasons.

Ld253 treats low-income women as second-class citizens undeserving of support for basic Healthcare.

Ld682 implies that the state of Maine and its legislators are more knowledgeable about fetal viability than licensed neonatal and obstetric physicians, most decisions about terminating non-viable pregnancies into the murky decision-making territory called "reasonable certainty". This set dangerous and unproven assumptions about life expectancy, post birth of compromised babies and then puts the physician's responsibility for making a decision with reasonable certainty at risk for criminal penalties.

Ld. 886 eliminates the online purchase of a safe and approved drug, requires unrealistic in-person monitoring by Healthcare professionals for a procedure that is carried out in the privacy of a person's home, puts Healthcare professionals inappropriately in the role of providing spiritual guidance, and forces physicians to provide information about reversing a medical abortion after it's underway, which has no evidence to support the claim.

Ld 887 requires an insulting and invasive set of unnecessary procedures when a woman decides to use a medication to terminate her pregnancy and then criminalizes the healthcare provider for failing to adhere to a process that is not aligned with how and where medication abortions actually take place.

Ld 975 eliminates the distinction between a fetus and a human being and codifies the belief that legal personhood begins at conception based on certain legislators religious beliefs. By enacting this bill, any action that prevents a pregnancy from coming to term can be classified as murder, including any contraceptive method, partner spousal abuse that results in harm to a fetus, pre-viability miscarriages, and any necessary post-viability abortion to save the mother's life. The unintended consequences of this bill should not be underestimated. As a young woman, when I was first married, I would have died if there had not been the ability for physicians at a hospital to be able to provide me with medical care to intervene with a non-viable pregnancy that I had. This would have been a tragic result in my life and my husband's life. Our grief was already immense without adding the horrific legal complications that this sort of legislature would add to a situation like I had.

Ld. 1007 claims that a chemical abortion can be reversed, which is not substantiated by any reputable scientific medical studies or any established medical procedures.

For the above highlighted reasons I request that the committee vote ought not to pass on LDs 253, 682, 886, 887, 975, 1007, and 1154.