Honorable Senate Chair Carney, House Chair Kuhn and Members of the Judiciary Committee:

My name is D. Gordon Mott. I live in Lakeville, one of 8 Organized Towns in Unorganized Territory located in eastern Penobscot County.

I write in opposition to all seven of the bills you will hear today, March 28.

My opposition is as stated below for each bill.

LD 253: This bill unfairly removes any needed or wanted medical services for abortion from the low income people of the State who need to resort to Medicare for medical insurance. No single insurance system should be selected for discrimination.

LD 682: It is unacceptable to change the standard in Maine Law as is proposed in this bill to the limited requirement that an abortion may be only be performed after viability when it is medically necessary to preserve the life or health of the mother, rather than as currently in Maine statutes that abortion may be performed when a licensed physician determines it is necessary, or when the fetus is diagnosed with a fetal anomaly that will, with a reasonable certainty, result in the death of the child within 3 months after birth. The private decision between physician and woman must be respected.

LD 886: This bill unacceptably and unfairly prohibits privacy in the use of abortion medication. More seriously, it requires that patients be informed that abortions can be reversed – a fact that is not medically supported. See LD 1007 comments below.

LD 887: This bill appears to go so far as to unnecessarily require the presence of a physician in private situations such as use of "Morning After Pill", and to other private situations where the individual has the right to act, and to impose unnecessary restrictions on ordinary medical good practices concerning medical waste.

LD 975: I completely oppose this proposal to eliminate the right of individual persons to privately decide their own medical decisions together with their partners, families, and the physicians, counselors, and spiritual advisors of their choice.

In doing so I want to extend complete respect and regard to those who have spiritual beliefs that life begins at conception and that abortion should not be performed. I know those beliefs to be strong. And I personally know persons who are alive and good contributors to our communities who were saved from abortion. Just as I also know persons who are troubled today because their life circumstances at an earlier time forced them to refrain from raising or putting a child to adoption.

Life can be complex. In the end I conclude that it is best to preserve the rights of persons to be able to make their private decisions and to refrain from imposing the will of the government in private lives. But I respect the alternate view.

LD 1007: This proposal is apparently not adequately based in science. Planned Parenthood and the American College of Obstetricians and Gynecologists don't support these treatments. It is stated on Planned Parenthood Website that:

"There have been claims about treatments that can "reverse" or "stop" the effects of medication abortion. A handful of states even require doctors and nurses to tell their patients about these so-called "options" before providing abortion care. But these claims haven't been proven in reliable medical studies and haven't been tested for safety, effectiveness, or possible side effects." https://www.plannedparenthood.org/blog/can-the-abortion-pill-be-reversed-after-you-have-taken-it

LD 1154: I agree that it would be constructive and positive to propose as part of ensuring informed consent for an abortion of a pregnant woman whose fetus has received a diagnosis of a lethal fetal anomaly, that the woman be informed of perinatal hospice services, and to provide the woman with a list of available perinatal hospice services providers. That could certainly be a very good thing.

This bill is opposed because it is unacceptable to require that if the woman declines receiving perinatal hospice services and elects to proceed with the abortion, that the woman must certify that decision in writing.

The bill slants again toward requiring more governmental involvement in women's health decisions while at the same time seeking to find ways to criminalize abortion-related private behavior.

Thank you for your continuing difficult important work on behalf of Maine and for your attention to these opinions.

D. Gordon Mott

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