

David Souers
Friendship
LD 253

LD 253 An Act to Prevent the MaineCare Program from Covering Abortion Services

LD 682 An Act to Amend Certain Laws Regarding Abortions

LD 886 An Act to Regulate Medication Abortions (not sure)

LD 887 An Act to Make Manufacturers Responsible for Proper Disposal of Abortion Drugs and Require a Health Care Provider to Be Physically Present During a Chemical Abortion

LD 975 An Act to Repeal Laws Allowing Abortion and to Criminalize Abortion

LD 1007 An Act to Update the State's Informed Consent Laws Regarding Drug-induced Abortion

LD 1154 An Act to Require That Informed Consent for Abortion Include Information on Perinatal Hospice

Senator Carney, Representative Kuhn, Members of the committee, I am David Souers. I live in Friendship, Maine.

I am a retired healthcare facility architect with a thirty year career working with healthcare providers of every healthcare facility type from hospitals to clinics, designing in accordance with state health codes every modality of healthcare, including clinics for Planned Parenthood. I have three daughters. One daughter is a Doctor of Veterinary Medicine in Maine. Another daughter is a Medical Doctor in New Mexico, with experience at several Maine healthcare facilities. My wife, during the first five years of our marriage, relied on the healthcare services of Planned Parenthood as her only affordable OBGYN healthcare services. My daughters also relied on Planned Parenthood during their years between leaving home for college and having full time jobs with healthcare benefits.

I am testifying in opposition to LD 253, LD 682, 886, 887, 975, 1007 and 1154.

I object to all of these bills for the following reasons, with some specific reasons for particular bills as noted:

1. Health and welfare has always been a public purpose in federal and state government. Maine has and continues to establish laws, policies, programs, funding, professional standards, licensing and Health Department oversight to promote the health and welfare of all Mainers, without discrimination nor interference with best medical and healthcare practices. This bill intends to interfere in this long held public purpose. This bill discriminates against women, women of child bearing age, and Mainers without the ability to afford healthcare. It discriminates against patients with particular healthcare needs. Needs that this bill cannot predetermine. Neither the bill nor the state are qualified to practice medicine and make medical decisions.

2. Each person in the state of Maine is unique, requiring particular healthcare services. Each Mainer becomes a patient when they seek healthcare services. Some of these services are common and some are unique and specific to the patient. It has always been established that the physician and healthcare provider makes their best practice, professional determination with the patient as to what services are needed and appropriate for the patient's care. This bill intends to interfere and interject the state into the practice of medicine and this high standard of care.

3. MaineCare pays for healthcare services for a significant number of Mainers, who would not have healthcare for a range of services and medical conditions if this bill were to become law.

4. This bill interferes with healthcare services well beyond the simple term "abortion services". It affects the available professionals, facilities, expertise and medical options and decisions for women beyond those who might specifically seek abortion services. There are many examples across the nation of how communities have lost doctors, OBGYN and birthing medical services, drugs, medication, hospitals and clinics when funds and services are restricted or diminished. And, where legal, court

and liability overcome the ability to provide the healthcare services that laws like this start to interfere with.

5.LD 682:

a.In addition to the above interferences, LD 682 adds reporting requirements that requires additional time, expense and processing without funding the healthcare providers. Some or much of this information will be provided in the standard medical records based on good medical practice to maintain patient history. However, there is no indication in this bill that this additional paperwork has any purpose in advancing medical science and care via our national and state health science agencies like CDC.

b.LD 682 also adds other additional requirements that unless demonstrated to be helpful to our healthcare providers and State Department of Health merely inserts more lay person interference.

6.LD 887: In addition to the above interferences, LD 887 gets well into the specific details of a particular medical procedure that should be the province not of the state nor a fixed proscription, but rather in the hands of the medical profession where the medical community is constantly developing tools, methods and procedures to best suit and respond to developing medical knowledge.

7.LD 975: In addition to the above interferences, LD 975 appears to intend to criminalize anyone, doctors, nurses, healthcare providers, practices and clinics, etc. involved in any activity or healthcare service that results in a termination of pregnancy. Criminalizing any part or portion of healthcare that is commonly recognized by the medical profession as part and parcel to the healthcare of a patient is the criminalization of healthcare itself, in this case, primarily women's healthcare.

8.LD 1154: Private organizations offering certified perinatal hospice services may provide public information about their services. Health insurance and MaineCare should provide patient information about what they cover for perinatal hospice services. These responsibilities should not be added to physician and healthcare provider responsibilities.

9.There are costs associated with all of these proposed Bills for patients, healthcare providers, the State of Maine, employers, families, etc. These consequential costs should be identified and funded prior to further consideration of these or any other healthcare related Bills due to the already existing stresses on our state, institutions, businesses and residents. Here are a few to consider:

a.Where new or added responsibilities affect any member or portion of our healthcare system, these additions should be identified and funded to cover the costs.

b.Where the withdrawal, restrictions, or termination of services are proposed, how will this impact other healthcare services? Will they lose professional expertise, staff, force patients to travel farther or do without? Will employers and employees lose work time, require more paid or unpaid time off, be incapacitated, require or result in women requiring extended time off or leaving the workforce? Are there home healthcare, daycare, transportation required and funded?

c.Where pregnant women have no option but to carry to full term or naturally terminate their pregnancy without preferred or recommended healthcare, how will these costs and possible health consequences be addressed and funded?

d.Where births are accomplished that were not intended for any reason, including the woman's age, health, ability to provide for, resulting condition of the pregnancy or fetus, will the state take responsibility to cover the added costs, care, food, housing, education, etc. to insure that the born and aging child and mother where appropriate through life, will be cared for or positioned to adequately care for themselves?

e.My sense is that those proposing or supporting these Bills have not considered nor planned for all the consequential needs, challenges and costs of these Bills, nor for the ability of our healthcare systems, patients and their families, and state to address and pay for them.

I therefore urge that LD 253, LD 682, LD 886 LD 887, LD 975, LD 1007 and 1154,

all ought not to pass.