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LD 1154

I am a family medicine physician who both trained in Maine and has been working in Maine since I became board certified and independent. I did additional training in providing abortion care during my medical residency. In addition, I completed fellowship and board certification in Hospice and Palliative Medicine.

With this background, I would like to raise to the committee's attention the hypocrisy of LD 1154. While individual labor and delivery units attempt to provide comprehensive care when a person must deliver a pregnancy that is non-viable for a variety of reasons, because of the attacks against both abortion care and the severe understaffing of delivery services in the state of Maine, there is at best inconsistent access to perinatal hospice (generally provided by neonatal specialists in the hospital immediately after delivery). There are many reasons that a pregnancy that persists beyond 20 weeks estimated gestational age may need abortion care and asking people in this situation to provide in writing a declination of perinatal hospice care is insulting. In particular, tying together perinatal hospice services for any medical management of a terminated pregnancy (whether through natural or assisted means) after 20 weeks estimated gestational age is medically inappropriate. While I deeply desire that patients who wish to make use of perinatal hospice services are able to access them, patients delivering a non-viable pregnancy should not have their use or declination of these services forced upon them as this bill proposes.

I am urging the committee to determine that this bill ought not to pass.