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I strongly oppose the proposed legislative changes in LD1007 for the following reasons:

LD1007 mandates that health care professionals inform patients that a drug-induced abortion may be reversible, a claim not supported by rigorous scientific evidence. Major medical organizations, including the American College of Obstetricians and Gynecologists (ACOG), have stated that so-called “abortion reversal” lacks credible scientific backing and may put patients at risk.

This requires informing patients about perinatal hospice services before allowing an abortion in cases of lethal fetal anomalies. While supportive care is valuable, compelling patients to receive this information and certify their decision adds an unnecessary burden at an already difficult time. Information should be available, but not required.

Informed consent should be based on accurate, unbiased medical facts rather than political mandates. These legislative changes undermine the patient-physician relationship by injecting ideological misinformation into medical consultations. This should not include unproven claims or coercive procedures in the informed consent process. This can mislead patients rather than providing them with factual, evidence-based medical information.

There is no FDA-approved treatment for reversing medication abortions, and any experimental protocol should be conducted under rigorous clinical trial conditions, not promoted as an established medical practice.

This bill creates additional legal obligations for providers, forcing them to present information that contradicts established medical standards.

Mandating the distribution of state-approved materials regarding “abortion reversal” and perinatal hospice services introduces unnecessary bureaucratic burdens that divert resources away from patient care.

These legislative changes interfere with an individual’s right to make personal reproductive health decisions based on factual medical advice.

For these reasons, I strongly urge lawmakers to reject LD1007. Legislating medical misinformation and imposing additional barriers on reproductive care sets a dangerous precedent, compromises patient well-being, and interferes with the professional responsibilities of health care providers. Public policy should be guided by science, not ideology, and these bills represent an unwarranted intrusion into the practice of medicine.