



March 27, 2025

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

To: Senator Carney, Representative Kuhn, and members of the Judiciary Committee

The Maine Chapter of the Freedom From Religion Foundation writes in opposition to LD 1154, An Act to Require That Informed Consent for Abortion Include Information on Perinatal Hospice. Requiring the inclusion of information about perinatal hospice as part of informed consent for abortion is no so much a way to presenting option as it is a form of coercion. Perinatal hospice programs are designed to provide palliative care and support for infants diagnosed with terminal conditions, and they may offer families the option to carry a pregnancy to term despite the prognosis. While perinatal hospice can be a valuable option for some families, mandating that healthcare providers present it as part of the informed consent process for abortion is problematic, misleading, and ultimately harmful to individuals seeking abortions.

The decision to terminate a pregnancy is intensely personal and often based on a complex set of factors. Requiring healthcare providers to present information about perinatal hospice as part of the informed consent process for abortion introduces an option that may not align with the individual's values, circumstances, or decision-making process.

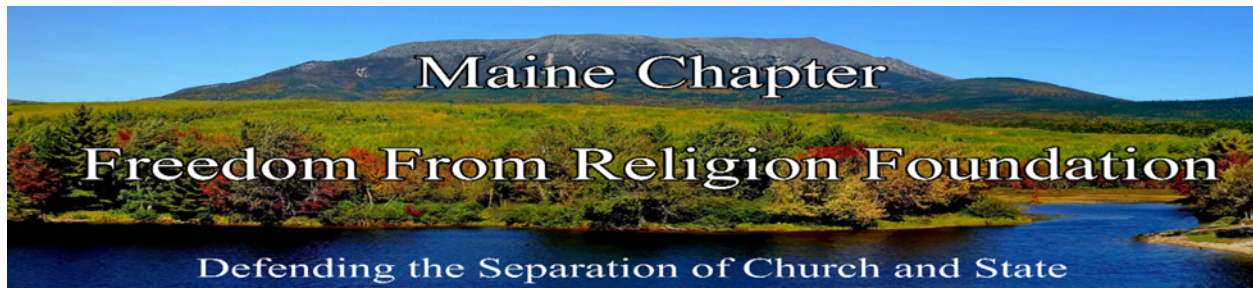
Forcing individuals to consider perinatal hospice in the context of abortion is not only intrusive but also suggests that continuing the pregnancy, even in the face of terminal fetal diagnoses, is a more "appropriate" or "moral" choice. This creates unnecessary pressure on patients, potentially leading them to question their decision or feel guilt or regret. The decision to have an abortion is deeply personal, and it should remain within the control of the individual without external pressures or guilt-laden options being forced upon them.

Mandating that patients receive information about perinatal hospice when seeking an abortion can exacerbate emotional distress during an already difficult time. The decision to terminate a pregnancy, particularly when the fetus is diagnosed with a serious or fatal condition, can be fraught with complex emotions, including grief, sadness, fear, and anxiety. For some individuals, the knowledge of perinatal hospice might feel like an unnecessary burden, forcing them to contemplate a choice that they may not feel is right for them.

While perinatal hospice can provide valuable support for families who choose to continue a pregnancy despite a terminal diagnosis, it is not universally appropriate for everyone. For many

Maine Chapter, Freedom From Religion Foundation
PO Box 161
Vassalboro, ME 04989-0161

President.RV@ffrfmaine.org
phone: 207-370-8813
www.ffrfmaine.org



individuals seeking an abortion due to fetal abnormalities, continuing the pregnancy with hospice care may not align with their personal beliefs, medical needs, or emotional capacity. Mandating that this option be presented as part of the informed consent process could unintentionally introduce feelings of guilt or self-doubt, as patients may feel they are not making the "right" decision if they choose abortion over continuing the pregnancy.

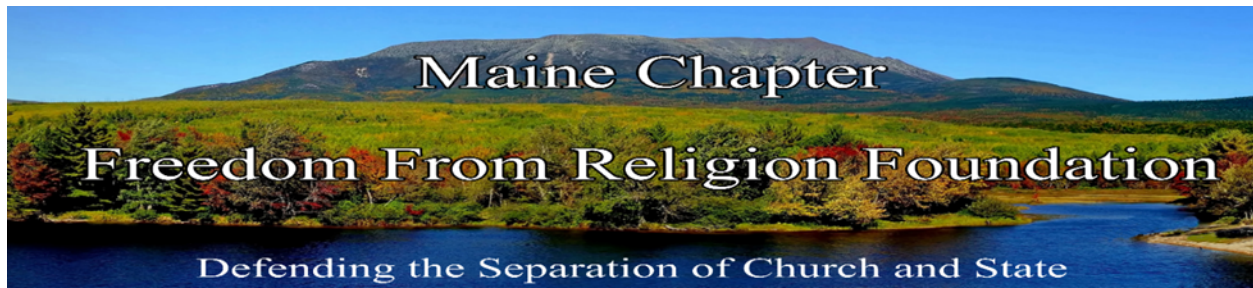
In addition, presenting perinatal hospice information as part of the informed consent process could emotionally burden patients by requiring them to consider a scenario they may not wish to face. The overwhelming grief associated with the knowledge of a terminal diagnosis, combined with the pressure to explore alternatives, could lead to further emotional turmoil, ultimately interfering with the patient's ability to make a decision based on their own values and needs.

Perinatal hospice programs are not a one-size-fits-all solution. They are intended for a specific set of circumstances, namely when a fetus is diagnosed with a condition that is expected to lead to death shortly after birth. For some families, the decision to carry the pregnancy to term and receive palliative care may feel like the best choice, offering them the opportunity to bond with the baby, say goodbye, and experience the pregnancy through a different lens.

However, for others, the decision to end the pregnancy may be a much-needed option in the face of overwhelming grief, physical or emotional strain, or financial hardship. Not all individuals seeking an abortion are in a position to embrace perinatal hospice care. Some may already be dealing with immense emotional, mental, and financial challenges, making the prospect of continuing a pregnancy under such circumstances even more difficult. Requiring healthcare providers to present perinatal hospice information as part of the informed consent process fails to recognize the complexity of individual circumstances and does not offer an appropriate solution for everyone.

Moreover, the decision to have an abortion in cases of terminal fetal diagnoses can also be rooted in a desire to avoid subjecting the family and the child to prolonged suffering. Some individuals may feel strongly that the compassionate choice is to prevent the child from being born into a situation where it would experience extreme pain or would die shortly after birth. Mandating the presentation of perinatal hospice as an option in these cases undermines the right of the patient to make this deeply personal decision without unnecessary outside influence or interference.

The requirement to present perinatal hospice as part of the informed consent process for abortion distracts from the more critical role of ensuring that patients are fully informed about the medical procedure itself and the options available for managing their care. The primary focus of informed



consent for abortion should be on providing the patient with accurate, evidence-based information about the procedure, potential risks, and available aftercare.

When unnecessary, non-medical options like perinatal hospice are mandated to be included in informed consent, it dilutes the focus on essential healthcare decisions that directly impact the patient's health and well-being. The informed consent process should be focused on empowering the patient with the knowledge they need to make an informed decision about their own body and health, free from external pressures and distractions.

Healthcare providers are entrusted with making clinical decisions that align with the best interests of their patients. When it comes to informed consent for abortion, the role of the provider is to offer the patient accurate and unbiased information, without pushing one particular course of action. The requirement to inform patients about perinatal hospice disregards the medical provider's professional autonomy and judgment, as they are forced to present an option that may not be relevant to every patient or supported by the available evidence.

Medical professionals should be able to offer care based on the individual needs and preferences of their patients. Mandating the inclusion of information about perinatal hospice infringes on the provider's ability to offer the care that is truly in the best interests of the patient, leading to a politically influenced approach that does not prioritize patient-centered care.

Instead of imposing politically motivated requirements, the focus should remain on providing individuals with the information they need to make informed, compassionate decisions based on their unique circumstances. Women seeking abortions deserve to be supported, not pressured, and their healthcare decisions should be respected, not influenced by external agendas. Comprehensive, compassionate care requires that patients are given all relevant information about their options, but it also requires that they are free from coercion, guilt, and emotional burdens.

MC-FFRF urges the committee to vote "Ought Not To Pass".

Thank you for your time and consideration.

-Ray Vensel, President