

My name is Meredith Brubaker, and I am testifying in opposition to the proposed legislation concerning abortion access and regulation.

I want to address not only the content of the bills under consideration, but the process by which this kind of legislation moves and builds over time.

There has been a response among many progressive policymakers and organizations that these kinds of bills are “dead on arrival” so to speak, that they are symbolic, or procedurally unviable. The messaging concerning this legislation in grassroots efforts, on social media, and in the news is that given the current composition of the state house, these bills will not pass. While that may be true in the very immediate sense, I would like to urge the committee and the public not to treat that likelihood as a reason for disengagement.

These bills, regardless of their chances today, serve a function within the broader policy making process. They enter the record, they are workshopped in committee, and they reappear. Often when they reappear, it is not as standalone legislation like we are seeing today, but as components of budget packages, amendments to agency rules, or conditions placed on public funding.

This is not just my speculation. We saw this happen in both the federal and state level budget negotiations where policies that likely could not have passed on the floor appeared as bargaining chips or embedded provisions. This has happened in other states where restrictive abortion policies advanced not through sweeping bans, but through cumulative or administrative restrictions, waiting periods, reporting rules, licensing requirements, and more bureaucratic barriers that over time render abortion and reproductive healthcare functionally inaccessible.

This is the reality of how policy is made.

I would also like to draw the committee’s attention to a specific contradiction embedded in LD 975. While the bill seeks to establish legal personhood from the moment of conception, it simultaneously repeals Maine’s enhanced criminal penalties for elevated aggravated assault against a pregnant person.

To be clear: the law as it stands recognizes that assault against a pregnant person can carry heightened consequences because it endangers both the pregnant individual and the pregnancy itself. LD 975 would remove those protections. In doing so, it undercuts its own central claim: that the fetus is a person worthy of legal recognition and protection.

This is not an oversight, but reflects a broader incoherence in the bill's structure, one that elevates criminalization of abortion while de-prioritizing the safety of those who carry pregnancies. If fetal personhood is the rationale for state intervention, why would the law eliminate penalties for violent acts that threaten a pregnancy?

It is difficult to see that move as anything other than a political calculation and it reinforces a point I want to be very clear about: these bills are not about protecting life. They are about controlling the conditions under which life is carried and in doing so, they place pregnant people at greater legal and physical risk.

I am asking this committee to take these bills seriously, not because I believe they will pass today, but because they are part of a long-term strategy to incrementally shift the standard of reproductive care in this state.

When the state compels physicians to provide medically unsupported information, as LD 1007 proposes, that becomes a precedent. When it mandates redundant counseling that delays care, as in LD 1154, that becomes a procedural template. When it redefines legal personhood or imposes criminal penalties for unlicensed abortion provision, as LD 975 does, that becomes statutory language that may reemerge. It is a mistake to treat these bills as failures-in-waiting. Even when they fail on the floor, they may succeed later in committee markup, in negotiations, or by regulation.

So I ask this committee to treat them not only as present policy proposals, but as part of a legislative strategy: one that relies on inattention, procedural shortcuts, and the comfort of assuming that protections are permanent.

They are not. Maine's reproductive health policy deserves more vigilance than that.