



March 27, 2025

Chairpersons Carney and Kuhn, Senators Haggan and Talbot Ross, and Representatives Babin, Caruso, Dana, Henderson, Lee, O'Halloran, Poirier, Pugh, Sato, and Sinclair:

My name is Christine Dyke and I am the Lead Minister of First Parish Congregational Church, UCC, in Gorham. I am speaking in opposition of LD 253, LD 682, LD 886, LD 887, LD 975, LD1007, and LD 1154. All these bills would limit the right to bodily autonomy and the ability to make health care decisions for one group of people and therefore discriminate against them. Our religious tradition insists that we are all created equal, and treating people differently on their gender and ability, that is their ability to become pregnant, is therefore in opposition to our religious beliefs. We also believe that people are fully capable of making decisions, including complex decisions. In the stories of the Christian faith Jesus repeatedly returns dignity and autonomy to those who have been excluded by religious and governmental rules because of gender, disability, ethnicity, and socioeconomic status.

LD 253 discriminates against those whose livelihoods or disability do not allow them to afford market-rate insurance. Until all can afford healthcare, no basic healthcare choices should be excluded from coverage, and reproductive healthcare is basic healthcare.

LD 682 is a stunning overreach by legislators who are not medical professionals. Rules and laws that assume a one-size-fits-all not only deny the complexity of human life and choices but also take away the autonomy of persons to work with experts regarding their health and safety. Criminalizing the work of health care professionals who are offering necessary reproductive healthcare will result in substandard healthcare for women and those who are able to become pregnant.

LD 886 contains so much misinformation and disinformation that it cannot become law. Medication abortions have been shown again and again to be a safe form of healthcare, and the COVID pandemic proved that in-person visits are not necessary to obtain a prescription. Forcing those seeking care to take time off from work and for many in rural communities, travel a great distance, once again targets a group of people with extraordinary requirements. While there are emotional and spiritual implications for every choice we make in our lives, singling out this particular medical intervention cheapens the emotional and spiritual work that we all do as people. This bill assumes that women and those who can get pregnant are less able to address the emotional and spiritual aspects of their lives. As people of faith, we believe that people are able to address those concerns in their lives, and faith communities can provide support if requested by the person. Using a law to force people to address those needs would set up people who are not trained in those areas to become the judges of people's

emotional and spiritual choices. It also would allow for the intervention of the government in people's spiritual lives, a clear issue of the separation of church and state.

The inclusion of "any chemical agent, drug or other means by which the medication abortion may be reserved" asks licensed health care professionals to spread unscientific information. This would create an ethical crisis among health care professionals.

LD 887 also spreads medical misinformation and disinformation. Singling out people who need a medical abortion as the generators of biohazard waste is targeting a particular group of people, while many other people participate in treatments (such as cancer treatment) that do not require such protocols. Once again, as people of faith, we have a long and deep tradition in our stories of being called to inclusion and love, rather than exclusion and abuse.

The sponsors of **LD 975** believe that they are the determiners of when personhood begins. As people of faith, we know that many have claimed that authority, and yet that is a question that we continue to wrestle with in our communities. The community in which I am a leader and member allows that many difficult life choices cannot be reduced to a simple statement or command. Eliminating the acknowledgement of a diversity of opinions is indeed the first limit on life. I am once again stunned that all of these bills target the pregnant person with no responsibility for the other person involved, do not include a definition of the fullness of life beyond conception, and the resources needed to raise a child in a healthy manner.

LD 1007, like LD 886, requires that health care professions engage in unethical behavior by providing information that is not supported by scientific evidence.

LD 1154 During my 30+ years as an ordained clergy person, I have been impressed by the resources that are offered by health care professional to parents who receive the difficult diagnosis of lethal fetal abnormality. Resources that are based in scientific fact and care for the emotional and spiritual needs of the parents are already available. Much like the "pregnancy centers" whose sole purpose is to prevent abortion with little concern for the pregnant person, I am concerned that groups calling themselves "perinatal hospice centers" will perpetuate dis-and misinformation. I am also concerned that the 24-hour waiting period will delay life-saving care.

Please stand with scientific information, against the legislating of religious beliefs, and against the codifying of discrimination.

Thank you,

Rev. Christine Dyke
Lead Minister