TESTIMONY OF GLBTQ LEGAL ADVOCATES & DEFENDERS
IN OPPOSITION TO
LDs 253, 682, 886, 887, 975, 1007, AND 1154
Committee on Judiciary
March 28, 2025

Dear Senator Carney, Representative Kuhn, and Distinguished Members of the Committee on Judiciary,

GLBTQ Legal Advocates & Defenders (GLAD Law) is a nonprofit legal organization that works in New England and nationally to create a just society free of discrimination based on gender identity and expression, HIV status, and sexual orientation. We appreciate the opportunity to submit this testimony in opposition to LDs 253, 682, 886, 887, 975, 1007, and 1154, which seek to restrict or burden access to abortion-related health care services and to penalize or constrain health care providers' legally protected health care activity.

Access to reproductive healthcare, including abortion care and miscarriage management, is an issue of critical importance to people across our state. This includes LGBTQ Mainers. LGBTQ people are at least as likely as other people who can become pregnant to experience unintended pregnancies and to require abortion care. A high percentage of bisexual women have experienced at least one pregnancy, as have more than a third of lesbians.[1] A substantial number of transgender and gender-expansive individuals also may need pregnancy and abortion care throughout their lifetimes.[2]

LGBQ women in particular are more likely to face sexual victimization, which contributes both to their facing unintended pregnancies at similar rates to non-LGBQ women.[3] Among abortion

[1] *See* Brittany M. Charlton, *Sexual Orientation Differences in Pregnancy and Abortion Across the Lifecourse*, 30 Women's Health Issues 65 (2020) (Table 2, NHS2 and NHS3 samples); Katia Hodson et al., *Lesbian and Bisexual Women's Likelihood of Becoming Pregnant: A Systematic Review and Meta-analysis,* 72 Obstetrical & Gynecological Survey 284-286 (2017); *see also* Bethany G. Everett et al., *Sexual Orientation Disparities in Pregnancy and Infant Outcomes*, 23 Matern. Child Health J. 72 (2019) (noting that "59% of self-identified bisexual women and 31% of self-identified lesbians report having given birth," which strongly suggests that rates of pregnancy are even higher).

[2] *See* Heidi Moseson et al., *Abortion Experiences of Transgender, Nonbinary, and Gender-Expansive People in the United States*, 224 AM. J. OBSTETRICS & GYNECOLOGY 376, 376 (2021).

[3] Caroline Sten Hartnett et al., *Congruence Across Sexual Orientation Dimensions and Risk for Unintended Pregnancy Among Adult U.S. Women*, 27 WOMEN'S HEALTH ISSUES 145, 145 (2017) (finding that unintended pregnancies are at least as common for sexual minority women as for heterosexual women); Bethany G. Everett et al., *Sexual Orientation Disparities in Mistimed and Unwanted Pregnancy Among Adult Women*, 49 PERSPECTIVES ON SEXUAL AND REPRODUCTIVE HEALTH 157, 161-62 (Sep. 2017) (finding that adult and adolescent sexual minority women are at greater risk of unintended pregnancy than are their heterosexual counterparts); and Rachel K. Jones et al., *Sexual Orientation and Exposure to Violence Among U.S. Patients Undergoing Abortion*, OBSTET. & GYNECOL. 605, 610 (Sept. 2018).

patients in particular, LGBTQ women are significantly more likely than non-LGBTQ women to experience sexual violence, sometimes by a factor of 15 or more.[4] Adolescents who are lesbian and bisexual also have especially high risk of unintended pregnancy due to social pressures to hide their sexual orientation.[5] Reproductive healthcare, including abortion-related healthcare, is essential for these members of the LGTBQ+ community.

Ensuring access to reproductive healthcare is increasingly imperative in the aftermath of the U.S. Supreme Court's 2022 decision in *Dobbs v. Jackson Women's Health Organization*,[6] which stripped away the long-standing right to abortion and bodily autonomy. Before and since *Dobbs*, Maine has been a leader in protecting reproductive rights and health care access. For example, Maine provides insurance coverage for abortion services through MaineCare.[7] Maine law also dictates that reproductive healthcare, including pregnancy loss management and termination of pregnancy provided in accordance with medically accepted standards, is legally protected healthcare activity.[8]

LDs 253, 682, 886, 887, 975, 1007, and 1154 seek to roll back this progress. These bills would burden or restrict access to miscarriage- and abortion-related health care, undermine effective family planning, and severely restrict bodily autonomy. Several bills also threaten to impose criminal penalties against medical professionals for providing abortion-related health care. Passing these bills would set a dangerous precedent, interfering with or even criminalizing medical care to further a political agenda regardless of patient safety and applicable standards of care.

These bills would also have significant negative effects on Mainers' health and wellbeing. Individuals who are unable to access abortion care face particular harms that extend long beyond their pregnancy. People who are denied abortion health care are more likely to face economic hardship and poverty.[9] And overall health outcomes are worse among people denied this important reproductive healthcare compared to those who were able to access care.[10]

In sum, LDs 253, 682, 886, 887, 975, 1007, and 1154 would be a step backward for Maine. GLAD Law respectfully urges this committee to protect access to vital reproductive healthcare services for all Mainers by voting "ought not to pass" on each of these bills.

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[4] Jones et al., *supra* note 3, at 609.
[5] *See* Susan M. Blake et al., *Teen Pregnancy Preventing Sexual Risk Behaviors Among Gay, Lesbian, and Bisexual Adolescents: The Benefits of Gay-Sensitive HIV Instruction in Schools*, 91 AM. J. PUBLIC HEALTH 940, 944 (June 2001).
[6] 597 U.S. 215 (2022).
[7] 22 M.R.S. § 3196.
[8] 14 M.R.S. § 9002(8)–(9).
[9] Diana Greene Foster et al., *Socioeconomic Outcomes of Women Who Receive and Women Who are Denied Wanted Abortions in the United States*, 108 AM. J. PUBLIC HEALTH 407, 407 (Mar. 2018).
[10] Lauren J. Ralph et al., *Self-reported Physical Health of Women Who Did and Did Not Terminate Pregnancy After Seeking Abortion Services: A Cohort Study*, 20 ANNALS OF INTERNAL MED. 238, 244-45.11 (Aug. 20, 2019).

Sincerely,

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