Testimony AGAINST The Following Proposed Maine Bills:

- LD 253/HP 162
- LD 682/SP 297
- LD 886/HP572
- LD 887/HP 573
- LD 975/HP 635
- LD 1007/HP 654
- LD 1154/HP 759

Thank you, chairperson and committee members. My name is Lauren Nadkarni, and I am from Portland. I am a family physician and speak on behalf of myself. Along with everyone in this room, I know someone who has had an abortion.

I agree with many of the sentiments shared by others this afternoon. I oppose all these bills, which target restricting abortion access and healthcare rights, for several reasons, some of which I will outline below.

First, being forced to change my medical practice to accommodate these bills contradicts the oath I swore to protect and support my patients. Criminalizing a biological process is inaccurate, unscientific, and simply wrong information that harms people and can lead to unnecessary and preventable death. All people have a right to healthcare and bodily autonomy, and that includes abortion rights.

Second is the simple fact that the risks of harm are higher for women carrying a pregnant to full term/birth than an abortion. Forcing someone to continue a pregnancy can cause physical, emotional, and financial harm, including the risk of death.

- Research from The Commonwealth Fund[i] indicates that maternal death rates were 62% higher in states with abortion restrictions compared to states with abortion access in 2020.
- A study[ii] by Tulane University found that restrictions on state Medicaid funding for abortion were associated with a 29% higher total maternal mortality.
- NBC News[iii] reported that pregnancy deaths in Texas rose by 56% after the 2021 abortion ban, based on CDC Data[iv].
- ProPublica[v] reported that the rate of maternal deaths in Texas rose 33% between 2019 and 2023 even as the national rate fell by 7.5%.

In terms of infant mortality or deaths,

- Studies[vi] from Johns Hopkins Bloomberg School of Public health estimate that abortion bans in 14 states resulted in 478 additional infant deaths above what would have been expected.
- A study published in JAMA Pediatrics[vii] (the Pediatric subsection of the Journal of the American Medical Association) reported that after Texas passed its abortion ban in 2021, infant and neonatal mortality increased.
    - Specifically, the number of children aged 1 year or younger who died in Texas in the months after the state's abortion ban went into effect in September 2021 rose an

estimated 13% above expected, while the rest of the country experienced only about a 2% increase.

Third, the COVID pandemic was awful but showed us that we can provide high quality healthcare via telehealth and the postal service to patients who would not traditionally have access to healthcare. This actually allows for increased productivity of the patient in society. Furthermore, evidence shows that abortion restriction disproportionately negatively affects minorities and people with fewer resources, further creating health disparities in our country.

In terms of unequal access to medical services:

- The Guardian [viii]reported that more than one-third of US counties are now maternity care deserts,[ix] with no obstetricians or places to give birth.
    - Furthermore, Maine is a rural state, and there is a rural maternity care crisis[x] as more than half (58%) of the rural hospitals in the US do not offer labor and delivery services.
    - This number is worsening, as more rural hospitals have closed their maternal care facilities.
- The Texas Tribune[xi] reports that in response to the Texas abortion ban, 111 doctors wrote a letter[xii] to the Legislature saying the abortion ban kept them from providing lifesaving care

Johns Hopkins Bloomberg School of Public Health published a study[xiii] last month which found that, among the 14 states with abortion bans, Black infants died at a rate 11% higher than would have been expected in the absence of bans. There were larger increases in infant mortality in Southern states—both overall and among Black infants.

Lastly, if you trust the medical profession to use high quality evidence to treat your heart attack, stroke, or broken arm, then you should trust the medical field which has repeatedly determined that abortion is safe and should remain legal.

I agree with constituents who have stated that we should better support and provide resources for all of our neighbors. This is not in conflict for maintaining the right to an abortion.

As we all know, most Maine constituents are NOT interested in criminalizing abortions or regulating a person's constitutional right to autonomy, which may include abortion care. In the spirit of true government efficiency, I would respectfully ask the lawmakers who are proposing these bills to stop wasting the valuable time of our government officials and rather spend time debating and collaborating on meaningful, evidence-based, and inclusive initiatives for Mainers.

In closing, I urge you to think about how you would feel if you or your partner became pregnant at an unexpected time, when you did not have adequate resources to support a child or children, and when carrying this pregnancy to term would cause irreparable harm, for any reason. I urge you to vote against all of these bills if you want to retain the right to make these decisions for yourself, rather than the government making them for you.

Thank you for your time.

Uses/indications for misoprostol[xiv]:[xv]
Peptic (stomach) ulcer disease treatment and prevention
Cervical ripening in labor induction
Intra-uterine fetal demise/early pregnancy loss (orphan designation)
Pregnancy termination
Expectant (non-surgical) management of missed and incomplete miscarriage
Post-partum hemorrhage (bleeding) management

Uses/indications for mifepristone[xvi]:[xvii]
Early pregnancy loss
Non-pituitary Cushing Syndrome (hypercortisolism)
Pregnancy termination
Uterine leiomyomas [xviii](fibroids, which are benign smooth muscle tumors of the uterus)

There is evidence of decreased physician recruitment in the form of decreased residency applicants[xix] in states with abortion bans (which would be detrimental for Maine which already has a physician shortage, according to the Robert Graham Center[xx]).

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[i] https://www.commonwealthfund.org/publications/issue-briefs/2022/dec/us-maternal-health-divide-limited-services-worse-outcomes
[ii] https://sph.tulane.edu/study-finds-higher-maternal-mortality-rates-states-more-abortion-restrictions
[iii] https://www.nbcnews.com/health/womens-health/texas-abortion-ban-deaths-pregnant-women-sb8-analysis-rcna171631
[iv] https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2021/maternal-mortality-rates-2021.htm
[v] https://www.propublica.org/article/texas-abortion-ban-sepsis-maternal-mortality-analysis
[vi] https://publichealth.jhu.edu/2025/two-new-studies-provide-broadest-evidence-to-date-of-unequal-impacts-of-abortion-bans
[vii] https://jamanetwork.com/journals/jamapediatrics/article-abstract/2819785
[viii] https://www.theguardian.com/world/2024/sep/25/abortion-bans-healthcare-maternal-mortality
[ix] https://www.marchofdimes.org/maternity-care-deserts-report
[x] https://ruralhospitals.chqpr.org/downloads/Rural_Maternity_Care_Crisis.pdf
[xi] https://www.texastribune.org/2025/02/20/texas-abortion-ban-impact-death-hospitalization/
[xii] https://www.documentcloud.org/documents/25345654-letter-from-111-texas-obgyns/
[xiii] https://publichealth.jhu.edu/2025/two-new-studies-provide-broadest-evidence-to-date-of-unequal-impacts-of-abortion-bans
[xiv] https://www.ncbi.nlm.nih.gov/books/NBK539873/
[xv] https://fpnotebook.com/GI/Pharm/Msprstl.htm
[xvi] https://www.ncbi.nlm.nih.gov/books/NBK557612/
[xvii] https://fpnotebook.com/Gyn/Pharm/Mfprstn.htm
[xviii] https://www.ncbi.nlm.nih.gov/books/NBK538273/
[xix] https://www.aamcresearchinstitute.org/our-work/data-snapshot/post-dobbs-2024
[xx] https://www.graham-center.org/content/dam/rgc/documents/maps-data-tools/state-collections/workforce-projections/Maine.pdf