February 25, 2026

Hon. Henry Ingwersen, Chair
Hon. Michele Meyer, Chair
Cross Building, Room 209
Augusta, Maine 04333

Re: Support for LD 335, An Act to Protect Funding for Family Planning Services

Senator Ingwersen, Representative Meyer, and Honorable Members of the Joint Standing Committee on Health and Human Services:

I appreciate the opportunity to provide written testimony in support of LD 335.

My name is Gianna DeJoy. I am a resident of Bangor and a doctoral candidate at the University of Maine where I research access to reproductive healthcare. Before that I worked at various reproductive health nonprofits in the South, where I witnessed the challenges of operating in a precarious funding and regulatory environment. I offer this testimony based on my research and professional experience, not on behalf of the University of Maine.

When Congress included targeted anti-reproductive health provisions in the federal budget intended to defund reproductive health clinics serving Medicaid recipients, it didn't just threaten access to abortion care. (The longstanding Hyde Amendment already prevents federal dollars from being used to reimburse abortion care). By staunching all Medicaid funds to these clinics, Congress also jeopardized the range of primary and preventive care services that they offer. Several reproductive health clinics across our state have already ended primary care services as a result. LD 335 would help to close the immediate funding gap and protect access to these critical services in the future.

My research is focused on access to reproductive healthcare, especially maternity care for rural communities in Maine. Like many others, I am concerned by the number of rural hospital maternity unit closures that have occurred here in recent decades, starting with one in my hometown of Blue Hill in 2009 and surging to double digits post-pandemic. When smaller hospitals stop delivering babies, sometimes they maintain other women's health services – maybe even continuing prenatal appointments, as Blue Hill Hospital did for many years. Sometimes much of that goes away, as in the case of Penobscot Valley Hospital in Lincoln which ended maternity services in 2015. In these cases, freestanding clinics can become some of the last surviving sources of critical preconception, prenatal, and postpartum care for communities impacted by hospital service line cuts.

Freestanding clinics might provide preconception screenings, pregnancy testing, prenatal care, postpartum contraception counseling, lactation support, and more. These providers are well positioned to catch postpartum complications – including maternal mental health concerns – early and connect patients to appropriate resources. They do all this at no or reduced cost for low-income families. Current threats to Maine's safety-net reproductive health clinics are also threats to the health and wellbeing of rural families for whom services available at other local facilities may be increasingly limited.

With nine hospitals closing or ending maternity services since 2020, Maine should consider every potential additional health resource loss an emergency warranting urgent intervention. LD 335 is therefore an appropriate response to the current funding crisis created by the "One Big Beautiful Bill." Maine might protect an individual's right to the full spectrum of reproductive health services, but without affordable, available providers and facilities offering these services, it is a right in name only.

Thank you for the opportunity to share my perspective with the Committee. I urge you to vote in favor of LD 335.

Sincerely,

Gianna DeJoy, MSSW