
**Testimony of Amanda Taisey on behalf of the Maine Coalition to End Domestic Violence
In Support of LD 335 “An Act to Protect Funding for Family Planning Services”**

Before the Health and Human Services Committee on February 25, 2026

Representative Kuhn, Senator Ingwersen, Representative Meyer and distinguished members of the Health and Human Services Committee, my name is Amanda Taisey, and on behalf of the Maine Coalition to End Domestic Violence (MCEDV)¹ in support of LD 335, “An Act to Protect Funding for Family Planning Services”.

People often think that safety from an abusive partner must involve the police, the courts, or a shelter, but creating lives free from abuse is more complicated than that. A survivor’s ability to access reproductive healthcare services is a critical factor in their ability to manage both the risks posed by their abusive partner and their long-term economic security, which is what survivors cite most often as the barrier that keeps them trapped.

Pregnancy is dangerous for survivors, and pregnant patients are more likely to die from homicide than any other pregnancy-related conditions². Given this reality, access to reproductive healthcare must be understood as a key tool for safety planning for survivors of domestic abuse and violence. Maine’s broad family planning network provides health care services to anyone who needs them, regardless of ability to pay, and we must ensure that patients can continue to access essential health care via this broad network. We believe LD 335 is essential to safeguard access to critical reproductive, primary, and behavioral health care services for the most vulnerable people in Maine now and into the future.

Healthcare providers have unique opportunities to intervene with people experiencing domestic abuse and are among the few people that individuals who are severely isolated and controlled are able to talk to. For years, Maine’s Domestic Abuse Homicide Review Panel has called on Maine providers to implement effective universal screening for domestic abuse

¹ MCEDV serves a membership of eight regional domestic violence resource centers as well as the Immigrant Resource Center of Maine. Our member programs provided services to more than 12,000 victims of domestic violence in Maine last year, including court advocacy services in the civil and criminal courts.

² “The Biggest Danger During Pregnancy: Homicide.” *The Crime Report*, March 15, 2022. Accessed at <https://tinyurl.com/2w43eeyh>

in all healthcare settings as Universal Screening and education have been nationally recognized as the best practice intervention in health care settings for decades³.

Maine's broad family planning network has a proven track record of keeping current victim services information on hand for patients and therefore remains an important antidote to the tactics that abusive partners frequently use.

Given the concerted effort underway across the nation and in our state to restrict abortion in any way possible, it is critical to note that narrowing the options that survivors have to protect themselves against a partner's reproductive coercion⁴ gives abusive partners leverage and takes away safety planning options from their victims, who are working hard to keep themselves and their children safe. When we expand access, we expand survivors' options and resources.

For these reasons, we respectfully ask you to vote Ought to Pass on LD335.

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³ Futures Without Violence, National Health Resource Center on Domestic Violence.

⁴ "Reproductive coercion" describes behaviors used by a person to exert control over their partner's reproductive and sexual health in order to control that person. It can include tactics like sabotaging birth control, coercing a partner into unprotected sex by "stealthing" and other means, and preventing their partner for exercising reproductive choice. Learn more: mcedv.org/learn-about-abuse/reproductive-coercion