



Committee on Health and Human Services

**TESTIMONY OF GLBTQ LEGAL ADVOCATES & DEFENDERS
IN SUPPORT OF
LD 335, *An Act to Protect Funding for Family Planning Services*
February 25, 2026**

Senator Ingwersen, Representative Meyer, and Distinguished Members of the Committee on Health and Human Services,

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 support of LD 335, *An Act to Protect Funding for Family Planning Services*.

Family planning service providers are essential to the health and wellbeing of all Maine residents, including those in the LGBTQ+ community. The existing family planning care infrastructure includes 63 health care locations serving nearly 30,000 patients annually.¹ Most of those patients—77% in FY 2024—qualified for free or reduced-cost care.² The care that patients receive at these health care centers includes cancer screenings, testing and treatment for sexually transmitted infections including HIV, well person care, routine gynecological care, behavioral health services, vaccines, contraceptive medications, and more. This care is critical to public health. Family planning services have been shown to improve educational attainment, economic outcomes, and overall wellbeing of patients, children, and their communities.³ These services are also linked to significant private and public cost savings.⁴

This moment presents a crucial opportunity for Maine to step up as a national leader in public health by funding family planning service providers. In addition to facing rising costs and

¹ Maine Family Planning, *2024 - 2025 Impact Report 4*, <https://mainefamilyplanning.org/wp-content/uploads/MFP-2025-Annual-Report-final-for-sharing.pdf>.

² *Id.*

³ See, e.g., Association of State and Territorial Health Officials, *Advancing Contraceptive Care to Improve Maternal Health Outcomes* (Sep. 10, 2024), <https://www.astho.org/4900bb/globalassets/toolkit/advancing-contraceptive-care-to-improve-maternal-health-outcomes.pdf>; American College of Obstetricians and Gynecologists, *Access to Contraception* (Nov. 2025), <https://www.acog.org/clinical/clinical-guidance/committee-statement/articles/2025/11/access-to-contraception>; United States Congress Joint Economic Committee, *The Economic Benefits of Birth Control and Access to Family Planning* (Feb. 2020), https://www.jec.senate.gov/public/_cache/files/bb400414-8dee-4e39-abd3-c2460fd30e7d/the-economic-benefits-of-birth-control-and-access-to-family-planning.pdf; Adam Sonfield et al., *Moving Forward: Family Planning in the Era of Health Reform*, Guttmacher Institute (2014), <https://www.guttmacher.org/sites/default/files/pdfs/pubs/family-planning-and-health-reform.pdf>.

⁴ United States Congress Joint Economic Committee, *supra* note 3.

increased need, these providers have lost access to federal funding under the Trump administration. In 2025, Congress approved and President Trump signed into law the “One Big Beautiful Bill” Act, which significantly reduces federal health care spending and imposes a one-year prohibition on Medicaid patients using their insurance with reproductive health care providers who offer abortion services.⁵ As a result, many health care providers currently cannot be reimbursed with federal Medicaid funds even for non-abortion services, including lifesaving preventive care and treatment. Last month, Republican Study Committee members in Congress unveiled a proposal for the next budget reconciliation bill, including plans to permanently bar federal reimbursements to health care providers who offer abortion services.⁶

Unless state funding is designated to fill the federal funding gap, Maine residents, especially those in rural areas, are at risk of losing access to essential health care services. For instance, after the “One Big Beautiful Bill” Act went into effect, Maine Family Planning discontinued primary care services in Ellsworth, Houlton, and Presque Isle, affecting about 800 patients.⁷ Additionally, state support for sexual and reproductive health care is more urgent than ever. HIV prevention and treatment services provide one important example. Maine is experiencing an active HIV outbreak, with 38 new confirmed cases in Penobscot County since October 2023—about ten times more infections than the annual average over the last five years.⁸ Cumberland County has also seen a recent increase in new HIV diagnoses.⁹ It is vital that Maine’s family planning care network maintains its ability to address the ongoing HIV outbreak and other emergent public health issues.

State funding for family planning services is also important for supporting the health and wellbeing of LGBTQ+ Maine residents more generally. LGBTQ+ individuals and couples strive to create families just like all other people, but they face additional barriers to securing health

⁵ The “One Big Beautiful Bill” Act, Pub. L. No. 119-21, 139 Stat. 72 (2025); see Rhiannan Euhus et al., *Allocating CBO’s Estimates of Federal Medicaid Spending Reductions Across the States: Enacted Reconciliation Package*, KFF (July 23, 2025), <https://www.kff.org/medicaid/allocating-cbos-estimates-of-federal-medicaid-spending-reductions-across-the-states-enacted-reconciliation-package/> (“The Congressional Budget Office’s (CBO) latest cost estimate shows that the reconciliation package would reduce federal Medicaid spending over a decade by an estimated \$911 billion . . . and increase the number of uninsured people by 10 million.”).

⁶ Press Release, Eric Burlison, House Conservatives Unite to Unveil Reconciliation 2.0 Framework to Make the American Dream Affordable Again (Jan. 13, 2026), <https://burlison.house.gov/media/press-releases/house-conservatives-unite-unveil-reconciliation-20-framework-make-american>.

⁷ Maine Family Planning, *Maine Family Planning Clinics Remain Open and Committed to Serving You* (Oct. 3, 2025), <https://mainefamilyplanning.org/health-care/maine-family-planning-clinics-remain-open-and-committed-to-serving-you/>; Selena Simmons-Duffin, *How ‘Defund Planned Parenthood’ Came to Threaten Primary Care in Rural Maine*, NPR (Nov. 19, 2025), <https://www.npr.org/sections/shots-health-news/2025/11/18/nx-s1-5611457/maine-family-planning-trump-budget-medicaid-abortion>.

⁸ Maine Center for Disease Control & Prevention, *HIV/AIDS (Human Immunodeficiency Virus)* (updated Feb. 13, 2026), <https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/hiv-cluster.shtml> (“Over the previous five years in Penobscot County there were an average of two new HIV diagnoses per year overall . . .”).

⁹ Adam Bartow, *Expanded Outreach Announced as Cumberland County Sees Increase in HIV Cases*, WMTW (Dec. 9, 2025), <https://www.wmtw.com/article/expanded-outreach-cumberland-county-increase-hiv-cases/69663418>; Public Health Advisory, Dr. Puthiery Va, Maine CDC Director, Recommendations for HIV Testing and Prevention Among People Who Inject Drugs (Nov. 26, 2025), <https://www.maine.gov/dhhs/mecdc/sites/maine.gov/dhhs/mecdc/files/health-professionals/advisories/2025-11-Create%20Health%20Advisories/2025PHADV035HIVTesting.pdf> (“From 2020 to 2024, Cumberland County averaged one new HIV diagnosis per year among PWID [people who inject drugs]. In 2025, five PWID have been diagnosed with HIV as of November 17 (preliminary data).”).

care. Based on national data, “LGBTQ+ people experience major disparities in sexual and reproductive health care and worse health outcomes than the population overall.”¹⁰ A reduction in funding that causes family planning service providers to close their doors will only exacerbate those existing disparities.

For all these reasons, GLAD Law respectfully urges members of this committee to pass LD 335, which would protect patients’ access to their trusted reproductive health care providers in Maine, even in the face of federal policies that restrict access to care.

Sincerely,

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¹⁰ Ruth Dawson & Tracy Leong, *Not Up for Debate: LGBTQ People Need and Deserve Tailored Sexual and Reproductive Health Care*, Guttmacher Institute (Nov. 2020), <https://www.guttmacher.org/article/2020/11/not-debate-lgbtq-people-need-and-deserve-tailored-sexual-and-reproductive-health>.