

Senator Ingwersen, Representative Meyer, and Members of the Committee on Health and Human Services, I'm Jill Tabbutt-Henry. I live in Portland, and I urge you to vote Ought to Pass on LD 335.

In 1981, I graduated with a Bachelor's degree in Community Health Education from the University of Maine at Farmington. My first job was as the Community Education Coordinator for Southern Kennebec Valley Family Planning in Augusta. We provided family planning education and methods, sexuality transmitted disease testing and treatment, and WIC (Women, Infants, & Children) services. I was impressed by the respect shown to each person who walked through our doors, no matter what they needed, and the impact of our basic services on the health and well-being of each person. After 4 years, I decided to go further with this work, and earned a Master's Degree in Public Health Education from New York University. My studies took me to other countries—some with reproductive health care way more advanced than in the US, and some with almost no care at all. I ended up being a counseling trainer and curriculum developer for sexual and reproductive health counseling in developing countries, working in over 20 countries over a 32-year career.

What I learned from my work should not be surprising—reproductive health care is a fundamental need all around the world! Here in Maine we still call it “family planning” but it is so much more than that. Yes, it includes birth control (contraception) which allows people to delay getting pregnant until they're actually ready—both emotionally and financially—to be parents. But it also includes diagnosis and treatment for sexually transmitted infections, which used to be major health problems. Those diseases are not gone—we've just learned how to contain them. It includes regular screening for uterine and cervical cancer—again, major killers of women in the past, but much more reduced now through early detection.

I have seen countries where these basic services, which most of us take for granted here in the U.S., are not routinely available; and the impact on the health of mothers and babies is horrific. Yet, we do not have the best health care outcomes in the world for women and children—far from it. We have let many of these basic health care services get restricted and defunded due to the political manipulation of only one aspect of these services—abortion. I'm old enough to remember BEFORE Roe v. Wade, and I can tell you that people still made great efforts to get abortions even when they were not legal—and many of them died or suffered terribly as a result. Now, I have used all of my testimony time building up to this one main point—if you want fewer abortions in Maine, you need to fund these basic reproductive health services, and make them available to ALL Mainers through Medicaid/MaineCare, and help people avoid getting pregnant when they're not ready. Restricting access to these services will NOT reduce the need for abortions—it will INCREASE the need. Restricting access to early and safe abortions will NOT stop people from getting abortions—it will mean more dangerous and medically risky attempts to end unplanned pregnancies.

Please vote Ought to Pass on LD 335. Thank you.