



**Testimony of Maine Public Health Association in Support of:  
LD 335: An Act to Safeguard Reproductive Rights**

Joint Standing Committee on Health and Human Services  
Room 209, Cross Building  
Wednesday, February 25, 2026

Good morning, Senator Ingwersen, Representative Meyer, and distinguished members of the Joint Standing Committee on Health and Human Services. My name is Rebecca Boulos. I am the executive director of Maine Public Health Association. MPHA is in support of LD 335: “An Act to Safeguard Reproductive Rights.”

MPHA is the state’s oldest, largest, and most diverse association for public health professionals. We represent nearly 950 individual and 80 organizational members across the state, and our mission is to advance the health of all people and places in Maine.

Last summer, MPHA advocated against H.R. 1, legislation passed in Congress, which included many provisions that harm public health. One of those provisions prohibits Medicaid reimbursement for healthcare centers that offer abortion care services – even if abortion care is not the service being sought by the patient (e.g., cancer screenings, chronic disease management, well child care, prenatal care). Setting aside the robust evidence that abortion care is healthcare ([see our Statement here](#)), this funding restriction has directly caused the closure of primary care facilities in Houlton, Presque Isle and Ellsworth, compounding the public health harms that have resulted from other rural healthcare facility closures. Healthcare deserts (medical care, ambulatory services, maternity) are growing in Maine, and this reimbursement prohibition worsens this trend. Healthcare deserts mean delayed care, later diagnosis of chronic illnesses and cancer, increased mortality, less prenatal care (threatening the health of mothers and babies), delayed ambulance arrival due to longer distances, and delays in life saving care. These issues are intersectional and compounding. Denying this vital funding source further weakens or outright eliminates key safety net services, especially in rural areas.

While H.R. 1 included funding for a new Rural Health Transformation Program (RHTP), and Maine was fortunate to be awarded funding, the infrastructure needed for effective implementation is weakened by harmful provisions, like the Medicaid reimbursement prohibition. LD 335 will help keep the necessary infrastructure intact and support the state’s successful implementation of the RHTP, encouraging funding in future years.

MPHA strongly supports LD 335, which both provides baseline funding to offset the immediate impacts of H.R.1, and ensures emergency funding in case there are future restrictions. This funding helps secure healthcare access for people in Maine, especially rural residents, and weakens the bleed of rural health care services.

We respectfully request the committee vote LD 335 “Ought to Pass.” Thank you for considering our testimony.