

**LD 1619: An Act To Improve Maine's Reproductive Privacy Laws**  
**Karen Harrington: Opposed**

Senator Carney, Representative Moonan, and Honorable Members of the Joint Standing Committee of Judiciary, my name is Karen Harrington, and I am a resident of Clinton. I am here to testify in opposition of LD 1619.

I have been a registered nurse for 18 years, most of them in obstetrics/labor and delivery, a unique specialty area. And it is the only area where every patient you have is really two patients, and sometimes three patients (in the case of twins). It is clear to everyone on the healthcare team, whether pro-life or pro-choice, that the baby in the womb at this gestation is a valued human life.

In my career, I've resuscitated many preterm babies; babies at the same gestations this legislation would allow to be aborted, babies that can survive outside the womb. My most memorable neonatal code was a 28 weeker, a twin, just over a pound. I can still remember what it felt like to administer chest compressions with just two of my fingers on his tiny chest. He survived. He's 5 now. I just cannot reconcile how we'd save his life, but end others' at that same gestation. Furthermore, it is known that such feticide procedures do inflict pain on the baby.

The justification for the supposed "necessity" of this bill is for the babies who have diagnoses that are deemed incompatible with life. My heart breaks for mothers dealing with such a prognosis. However, this reason is already covered under our current abortion laws. This is very clearly a case of "bait and switch" or "trojan horse" legislation. It leaves abortion wide open for any reason, any time. All that is needed is for a physician to deem it "necessary." And that's exactly what will happen: physicians will happily sign-off that every abortion done in the third trimester is "necessary," whatever the reason.

I've included an affidavit from Dr. Anthony Levatino, a board-certified OBGYN with over 40 years of experience who performed over 1200 abortions during his career. He states, "In my practice in New York, my partners and I were faced with a hospital whose governing board ruled that only 'medically necessary' abortions would be performed at the hospital. Undeterred, we simply wrote on every medical record that, in our professional judgment, the abortion was medically necessary and we proceeded. Problem solved. The same thing could easily happen in Maine."

Please don't let that happen in Maine. Please vote ought not to pass on LD 1619.

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*Supplement to Fetal Pain Reference in Testimony*

**Fetal Pain**

"Fetal pain raises ethical issues not only for fetal surgery, but also for abortion and feticide. Feticide procedures, generally performed in the second and third trimesters, involve the injection of a lethal agent (such as potassium chloride, digoxin, lidocaine, etc.) into the fetal head, trunk, umbilical cord, or less commonly, the amniotic fluid, in order to induce cardiac asystole (Maurice et al. 2019). Alternatively, umbilical cord occlusion (UCO), radiofrequency ablation (RFA), and transection of the umbilical cord (procedures which may be used in fetal reduction in multifetal gestations or as an adjunct to second- or third-trimester surgical abortions) cause hypoxia-induced cardiac arrest (King et al. 2017). Concerns have been raised that such procedures may cause pain to the fetus from needling of the fetal head or trunk, from the painful effects of agents such as potassium chloride, and from cardiac ischemia (Blickstein and Oppenheimer 2016). Because the injection of potassium chloride is known to cause pain, its use in the death penalty (lethal injection) and in animal euthanasia in veterinary medicine must be preceded by administration of anesthesia and confirmed unresponsiveness (Dresser 2014; American Veterinary Medical Association 2020).

Source:

The Linacre Quarterly Volume 89, Issue 1, February 2022, Pages 73-100

<https://doi.org/10.1177/00243639211059245>

<https://journals.sagepub.com/doi/full/10.1177/00243639211059245>