

Testimony in support:
LD 1619, "An Act To Improve Maine's Reproductive Privacy Laws"
May 1, 2023

Senator Carney, Representative Moonen, and members of the Judiciary Committee, my name is Evelyn Kieltyka. I am a Family Nurse Practitioner and Senior Vice President of Clinical Services at Maine Family Planning or MFP, which provides comprehensive sexual and reproductive health care, including abortion care, via telehealth and at 18 health centers statewide. I am testifying in strong support of LD 1619, which sensibly updates Maine's Reproductive Privacy Act to align with science and Maine values.

At MFP, we have long championed the bipartisan Reproductive Privacy Act as both a beacon and a bulwark – and in the face of ongoing attacks on abortion access in the United States, we need it now more than ever. With LD 1619, we have the opportunity to strengthen access to abortion care in Maine and reinforce that line of defense (in a bipartisan way, just as we did in 1993). Not only do these important updates protect and expand abortion access for all Mainers, but they are based on evidence, medical standards, and what's best for patients seeking care.

In Maine, 92 percent of abortions take place by the 12th week of pregnancy. Nearly 70 percent of all abortions in Maine occur before 9 weeks. And in relatively rare cases – sometimes due to the discovery of a fetal health issue or other new information; sometimes due to barriers to care; often due to a combination of challenges – a person seeks an abortion later in pregnancy. Abortions after 20 weeks represent about 1 percent of all abortions nationally and less than that in Maine. These are individual, harrowing cases, each with their own unique story. Every pregnancy is different and we simply cannot regulate every individual circumstance. People's bodies and lives and heartbreaks and hardships don't adhere to legal timelines set by politicians. What we can do is lead with compassion and affirm the vital relationship between patients and providers. We must entrust qualified medical professionals to provide necessary and appropriate care throughout pregnancy, according to their best judgment.

To that end, regarding Section 2, 1: We offer that licensed physicians are not the only providers who are able to make these judgements and referrals. As we seek to update the RPA according to current medical best practices and our own state laws, it is nonsensical and not medically necessary to restrict advanced practice clinicians (such as certified nurse midwives and nurse practitioners) from making judgments around later term abortion. We know APCs, who provide the majority of time-sensitive abortion care in Maine, are qualified to make such judgments and recommend amending the bill language to reflect that.

LD 1619 would help Mainers and their families avoid additional financial and emotional stress during an already difficult time. Research shows that being denied a wanted abortion at any stage of pregnancy harms patients and puts their health at risk. A study published earlier this year found that having to travel to obtain abortion care due to home-state restrictions was not only financially and logistically challenging but also emotionally burdensome, causing distress, stress, anxiety, and shame for patients. Restrictions on later abortion care have already caused real harm for Mainers seeking abortions and their families. We've also seen such restrictions complicate treatment for miscarriage and pregnancy loss. LD 1619 helps protect patients' dignity and wellbeing.

Furthermore, this bill will decriminalize abortion. The threat of criminal penalties strikes fear into patients and providers alike – exacerbating deep-seated stigma and eroding trust in the medical office. We are grateful that this bill abolishes such penalties.

Lastly, we support updating Maine's abortion reporting requirements to strengthen privacy protections for patients and providers alike. Not only are extensive abortion reports burdensome and without a public health purpose, but they stand to be exploited by anti-abortion extremists, putting patients and providers at risk. The reporting requirement outlined in LD 1619 is more appropriate public health data collection.

At a time when politicians and judges are increasingly emboldened to make private medical decisions for us, it is critical that we take steps in Maine to protect our privacy, our rights, and our autonomy. Indeed, Mainers have asked lawmakers to do just that. For these reasons, on behalf of Maine Family Planning, I urge the committee to support LD 1619. Thank you.