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Testimony in Support of LD 1619, *An Act to Improve Maine's Reproductive Privacy Laws*, and LD 1343, *An Act to Protect the Reproductive Freedom of Maine People by Preempting the Field of Abortion Regulation*

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Good afternoon Senator Carney, Representative Moonen, and members of the Judiciary Committee. My name is Alex Carter, I use she/her pronouns, and I am a Policy Advocate at Maine Equal Justice, a nonprofit civil legal aid provider working to increase economic security, opportunity, and equity for people in Maine. I am grateful for the opportunity to testify in support of both LD 1619 presented by Governor Mills, Speaker Talbot Ross, and President Jackson, and LD 1343 presented by Representative Supica.

As you will likely hear many times over today, abortion is health care. It is a safe, routine medical procedure and an essential part of reproductive health care throughout a pregnancy. Just as every person is unique so too are their pregnancies and the circumstances that may necessitate an abortion. It is impossible to anticipate and legislate every outcome of a pregnancy or the contexts and constraints within which reproductive decisions are made. This is why personal medical decisions must be left up to the pregnant individual and their medical providers, not politicians or the municipalities in which they live. LD 1343 and LD 1619 represent two important steps toward protecting all Mainer's fundamental rights and protecting our healthcare providers who perform necessary abortion care.

LD 1343

Since the *Dobbs* decision that overturned *Roe v. Wade*, states and municipalities across the country have moved to restrict, criminalize, and outright ban abortion. City officials in other states have sought to enact ordinances that limit abortion access at the local level. This is of particular concern for those with low income in more rural areas where availability of care may already be limited and for whom travel to an unrestricted region may pose a significant barrier.

While secondary costs such as transportation, childcare, and lost wages already constrain abortion access for people with low income, studies show that those who are forced to delay care or who are denied a desired abortion also face economic hardship as a result. One of the

most rigorous longitudinal studies from the University of California, San Francisco found that years after an abortion denial, families experience an increase in household poverty and are more likely to lack the money to pay for basic expenses like food, housing, and transportation.¹

LD 1343 would prohibit municipalities in Maine from enacting any local ordinances that conflict with Maine's Reproductive Privacy Act and the guaranteed right to an abortion. In the absence of federal protections, the state must move to ensure that every Mainer, regardless of their income or where they live, has the same rights to abortion care.

LD 1619

Abortion is currently criminalized in two ways in Maine—the provision of abortion care after so-called viability (except in rare cases when the pregnant person's life is at risk) and assisting someone to self-manage their abortion by accessing medication outside the medical system.

There are myriad reasons that people choose to self-manage their abortion, but cost of care, lack of insurance, and mistrust of the medical system are all factors that play into the decision.² Similarly, there are many reasons someone may need an abortion at a later gestational stage including fetal anomalies, miscarriage, and dangerous maternal health complications.³ However, due to current restrictions in Maine law, many providers are reluctant to provide such care later in pregnancy and many Mainers who can afford to do so, must travel out-of-state to seek the abortion care they need. For people with low incomes or for those caring for children or other dependents, travel to another state can prove to be an insurmountable barrier. Criminalizing patients and providers only serves to exacerbate these inequities and prioritizes punishment over health care and individual agency.

Forcing someone to remain pregnant against their will or against the advice of their doctors not only infringes upon their personal freedoms, but it can also have life-threatening and life-altering consequences. These run contrary to medical ethics and disproportionately harm people of color and those with low income who already face the greatest barriers to care.⁴ LD 1619 is an opportunity to decriminalize abortion in Maine and to treat it like the essential medical procedure it is.

I urge you to vote ought to pass on LD 1343 and LD 1619 to reaffirm our Maine values that everyone deserves the reproductive healthcare they need. Thank you for your time.

¹ https://www.ansirh.org/sites/default/files/publications/files/the_harms_of_denying_a_woman_a_wanted_abortion_4-16-2020.pdf

² <https://www.guttmacher.org/gpr/2018/10/self-managed-medication-abortion-expanding-available-options-us-abortion-care>

³ <https://www.kff.org/womens-health-policy/fact-sheet/abortions-later-in-pregnancy/>

⁴ <https://www.guttmacher.org/news-release/2023/wealth-inequity-puts-abortion-out-reach-many-americans-living-low-incomes>