

LD 1619 An Act to Improve Maine's Reproductive Privacy Laws
Public Hearing May 2023

Senator Carney, Representative Moonen and honorable members of the Judiciary Committee, I am Patty Locuratolo Hymanson, serving southern coastal communities as a Representative from 2015 to 2022, now termed-out. I live in York, am a licensed physician neurologist in private practice on the Seacoast for 28 years, now retired.

I am here to speak in favor of LD 1619, An Act to Improve Maine's Reproductive Privacy Laws. I am in favor of the entire bill but will be speaking specifically in favor of Section 1, paragraph 2. Abortion reports.

The revision of this section came to my attention at a Maine Medical Association meeting. The form to report an induced termination of a pregnancy is an archaic federal form developed in 1978 and last revised in 1996. It is a model form that can be adapted by states. Using the form is not required, in fact, reporting is not required by the federal government. Maryland and California do not report at all. Maine has been using the form without adaption, according to current Maine law.

This model form which Maine uses asks for excessive information such as the woman's marital status, her level of education, her race/ethnicity, number of previous pregnancies and abortions. LD 1619 says a report must be filed in a stated time period to DHHS without identifying information but must include the date and place, the age, the method and the fetus' gestational age.

The reporting form asks for more information about the mother than birth certificates do and the decedent than death certificates do. Collecting more information than what is proposed in LD 1619 is excessive, unnecessary and intrusive. As I understand it from learning about ME CDC data use over many years, there was no insight or help gained from this collected information. In a Maine town, even without identifying a name, this information can identify exact people.

Being a provider and having to collect excessive information is an administrative burden. There are no other medical procedures where data like this is collected. Over the years, abortion data have been used as a public health tool to track the rates of unintended pregnancies to evaluate the efficacy of public health strategies to prevent unintended pregnancies. However, this utility is very limited, since abortions do not reflect all unintended pregnancies.

The proposed data collection of the date and place, the age, the method and the fetus' gestational age seem reasonable and the section should be revised in this way.

Thank you for your attention and consideration. I am happy to answer questions as I am able.