



Senator Carney, Representative Moonen and members of the Joint Standing Committee on the Judiciary, my name is Nicole Clegg, I serve as the Interim CEO at Planned Parenthood of Northern New England, and I am pleased to submit testimony in support of both LD 1619 and LD 1343.

Planned Parenthood of Northern New England provides comprehensive reproductive and sexual health care to more than 14,000 people in Maine at four health centers located in Biddeford, Portland, Sanford and Topsham. People turn to us for affordable, high-quality care including wellness exams, birth control, disease testing and treatment, cancer screenings, abortion care as well as a variety of primary care services. We see everyone who comes to us regardless of ability to pay, and in a typical year, we provide more than \$4 million in free and discounted care to our communities in Maine.

As a mission driven health care provider, we fundamentally believe everyone should be able to get affordable, high quality sexual and reproductive health care in their communities, no matter where they live or how much money they make, and we advocate for policies that help make this vision a reality.

### ***LD 1619, An Act to Improve Maine's Reproductive Privacy Laws***

LD 1619 addresses three aspects of Maine's Reproductive Privacy Law: abortion data collection, access to abortion later in pregnancy and the criminalization of abortion.

#### *Abortion Data Collection*

Currently, the DHHS uses the *US Standard Report of Induced Termination of Pregnancy* published by the National Center for Health Statistics for data collection and reporting for abortions provided in Maine. The form has not been updated in decades. LD 1619 repeals the use of this form and directs the Department to create a data collection procedure similar to the one already in place for miscarriage data. This change is a much-needed update for two reasons:

- 1) The current form is outdated and forces providers to collect irrelevant and deeply stigmatizing information from patients on topics like education level and marital status during their appointments.
- 2) The level of data collected can pose a risk to patient and clinician safety by potentially jeopardizing their anonymity. This risk is magnified for patients such as those from rural communities or those from states with abortion bans.

### *Abortion Later in Pregnancy*

The current Reproductive Privacy Act (RPA) when adopted thirty years ago was modeled on the language used in *Roe v Wade*. While the RPA has served its purpose, protecting abortion access in the wake of *Dobbs*, the ensuing three decades have shown flaws in the language – especially with regards to abortion later in pregnancy. It set the concept of “viability” as a restriction. Yet the vague ambiguous language has left providers unclear and unable to offer care to their patients in these circumstances. Viability is not a precise medical term. In fact, it was conceived by the US Supreme Court as a compromise in the *Roe* decision. Estimations of viability are imprecise and can be inaccurate by up to four weeks. The unintended consequence of Maine’s RPA language is that providers are unable to navigate or accept the risks to provide needed care to their patients.

Abortion’s later in pregnancy occur for two primary reasons:

- 1) New information, generally about fetal or maternal health.
- 2) Barriers to care, structural, personal or economic reasons which have prevented the pregnant person from exercising their rights at the desired earlier date.

While abortions at or after twenty-one weeks account for approximately 1% of all abortions performed in the United States, they are and will continue to be a necessary part of comprehensive pregnancy care. LD 1619 would ensure that in those circumstances providers can legally offer care to their patients instead of forcing them to travel hundreds of miles, away from support systems and loved ones for care.

### *Criminalization of Abortion*

LD 1619 repeals crimes that only apply to abortion.

- 1) The law criminalizes providing an abortion later in pregnancy unless the health or life of the pregnant person is at risk. This statute is deeply problematic in its ambiguity causing a chilling effect on providers unwilling to risk potential criminal prosecution simply for providing necessary care.
- 2) The law criminalizes obtaining the pills for medication abortion outside of the medical system. While we strongly recommend people access medication abortion through a provider, we know that for some the risk is too great. Prosecution is not the answer. Decriminalizing abortion and treating it like any other medical procedure is an important step for Maine in our post-Dobbs world.

### **LD 1343, An Act to Protect the Reproductive Freedom of Maine People by Preempting the Field of Abortion Regulation**

LD 1343 would ensure every Mainer, regardless of what town they live in, has the same rights to abortion care, regardless of any anti-abortion efforts at the local level. It would prohibit towns or municipalities from enacting any local ordinance in conflict with Maine's Reproductive Privacy Act, thereby ensuring that all Mainers retain the ability to access comprehensive Reproductive health care regardless of where they live.

A tactic long abused by anti-abortion extremists, in the wake of *Dobbs*, this approach has grown in popularity as a way to restrict reproductive freedom in states that otherwise support it, such as Delaware, New Mexico, Colorado, Virginia, and Minnesota. While no ban has successfully passed in Maine, we know that those who oppose abortion have no plans to stop their efforts to make abortion illegal. One of the best defenses against this kind of local action is clear language in Maine law that localities do not have the authority to restrict the provision of abortion care or otherwise limit abortion access.

LD 1343 sends a message loud and clear to the people of Maine that our elected leaders stand with them and will do everything in their power to make sure that abortion remains accessible. To make good on this promise, we must ensure that all people – no matter where they live in this state – will benefit from that protection.

Please vote "Ought to Pass" on both vitally needed pieces of legislation.