

## **L.D. 1619, An Act to Improve Maine's Reproductive Privacy Laws**

Committee on Judiciary  
Hon. Anne Carney, Senate Chair  
Hon. Matt Moonen, House Chair  
May 1, 2023

Senator Carney, Representative Moonen, and distinguished members of the Committee on Judiciary,

My name is Thomas Page. I'm a Doctor of Osteopathic Medicine and have been practicing in Maine since 1996 as a physician, Board Certified in Obstetrics and Gynecology. I've attended over 3,000 deliveries. I present today:

### **In Opposition to LD 1619**

In January of this year Governor Mills proposed a bill to "strengthen Maine's reproductive health care laws". Gov. Mills cited, as an example of the need for a change in the current law, the unfortunate circumstance of an expectant mother, "later in her pregnancy", discovering that her child had a lethal skeletal dysplasia. As this was discovered after 24 weeks into her pregnancy, the cut-off for a legal abortion, this understandably anguished family not only had to endure the crushing news that this pregnancy wouldn't result in a healthy child, but the additional insult that the State of Maine wouldn't allow what most would consider to be an effective and compassionate end to this pregnancy.

As a physician with over 30 years' experience caring for women concerned for the health of their children and themselves, I find the current law allowing the safe and effective option of an induced abortion, prior to viability, as appropriate in most circumstances. Without going into the myriad of complications that can adversely affect a pregnancy, and the well-being of a pregnant mother, it's safe to say that the current law addresses the ability of the medical community to care for and treat the overwhelming majority of circumstances that arise.

The above example of a lethal skeletal dysplasia, an affliction occurring with a frequency of 2 out of 10,000 pregnancies is a rare exception and would affect 2 or 3 births here in Maine each year. (Maine had 12,000, or so, deliveries in 2021)

In this bill, LD 1619, the Governor proposes that this situation, the legal ability to terminate a pregnancy beyond the age of viability, would be facilitated only with the guidance of "qualified medical professionals in conjunction with their patients".

I agree with the spirit of Governor Mills' proposition, however:

### **LD 1619 doesn't effectively address the Governor's concern.**

Sec. 2. 22 MRSA §1598... (of LD1619)

1. Policy. It is the public policy of the State that the State not restrict a woman's exercise of her private decision to terminate a pregnancy before viability except as provided in 1597-A. After viability an abortion may be performed only when it is necessary in the professional judgement of a physician licensed pursuant to Title 32, chapter 36 or 48. It is...

I stop there to point out the inherent flaw in this proposed legislation. **In essence, the Governor is proposing that any licensed physician can, for any diagnostic reason, allow a pregnant woman to legally undergo an abortion after the pregnancy has reached viability.**

I share the Governor's concern that there are circumstances, rare as they may be, where a **lethal congenital or chromosomal anomaly** may go unnoticed in a pregnancy until after 24 weeks. In that unfortunate circumstance, the law should allow a pregnant mother the option of an early delivery knowing it will result in the delivery of a non-viable child.

As LD 1619 is proposed, a physician could, in their professional judgement, diagnose a pregnant woman with any disorder and recommend an abortion as treatment. As an example, a psychiatrist could recommend a late term abortion as the treatment for depression. More examples could be cited but the point is easy to see. There are no clear guidelines as to what judgement of what specialty would allow an abortion.

The law regarding abortion, as it is currently written, allows for a pregnant mother to decide the fate of her pregnancy prior to the age of viability. The first half of a pregnancy involves much testing to establish the health and viability of that pregnancy. By 20 weeks the testing is usually complete. An anomaly that is incompatible with life outside the womb, such as a lethal skeletal anomaly, is usually discovered by this time. As an obstetrician, the law in Maine thankfully allows us the opportunity to offer termination service to our patients, but within reason. It's a most unfortunate situation but we accept that childbirth and the reproductive process is an imperfect art and there are teams of professionals that are comfortable providing the necessary and compassionate care in all circumstances, including these unfortunate pregnancies.

The vast majority of congenital and chromosomal abnormalities that result in non-viable pregnancies are detectable by 20 weeks. Clearly, not all are and if we are to practice medicine here in Maine to the highest standard, which we do, we need to adjust the legislative aspects of health care appropriately.

In this instance, and with the Governor's intent in mind, the Judiciary Committee **should not approve** LD 1619 as it is written and seek to amend or re-write it to accommodate the treatment of those specific pregnancies involving lethal neonatal and fetal disorders for which the Governor's intentions are actually directed.

Thank you for considering my testimony. I'm happy to answer any questions.

Respectfully submitted,

Thomas Page, DO