



Testimony in Support:

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

Joint Standing Committee on Judiciary

May 1st, 2023

Senator Carney, Representative Moonan, and members of the Joint Standing Committee on Judiciary, my name is Laura Harper. I'm Senior Associate at Moose Ridge Associates and I live in Hallowell. I am testifying on behalf of my client, the Maine Association of Physician Assistants or MEAPA, in support of this bill with one suggested amendment.

Maine PAs have been rigorously trained, have ongoing clinical medical educational requirements to maintain national certification and state licensure. These requirements assure PA's possess a high level of competency in medical topics including contraception, pregnancy and abortion care. Under current Maine law, PAs along with our physician and nursing colleagues counsel patients when considering terminating a pregnancy both in the first trimester, but also later, when the health and life of the pregnant person is at risk. Indeed, as defined in Maine's current Reproductive Privacy Act, "Health care professional" means a physician or physician assistant licensed under Title 32, chapter 36 or 48 or a person licensed under Title 32, chapter 31 to practice as an advanced practice registered nurse. Today Maine's law allows PAs to practice to the full scope of our license, including abortion care later in pregnancy. MEAPA whole-heartedly supports the intent of LD 1619, to ensure access to abortion, when it's needed, throughout a pregnancy, and not only when the health of life of the pregnant person is in danger.

However, we object to the proposed bill which adds a physician-only barrier for determining if an abortion is necessary later in pregnancy. PAs are making these determinations now and to require people seeking abortion to get a physician's permission not only adds an additional hurdle during a

challenging time, it also reinforces stigma attached to the decision to terminate a pregnancy. For those seeking abortion care in the more rural parts of our state, it may be challenging to find a physician outside of the patient's trusted relationship with their PA or NP. This could be considered a de facto waiting period, a tactic used by anti-abortion advocates to shame and delay pregnant people seeking abortions. Restrictions applied to abortions later in pregnancy also impact how clinicians can care for and treat miscarriage and pregnancy loss.

The bottomline is PAs have the training and skill to offer clinical judgment and care throughout a patient's pregnancy. Maine law recognizes the value of this relationship today, when the health and life of the pregnant person is at risk. Our patients should be able to continue to seek our care and counsel when abortion later in pregnancy may be medically necessary as well.

MEAPA encourages you to support LD 1619 with this amendment. Thank you for your consideration and I'm happy to answer any questions.

Supporting Information and Background for your review.

In 1977, MEAPA was incorporated as a nonprofit organization to represent physician assistants employed within the State of Maine. As a constituent organization of the American Academy of Physician Assistants or AAPA, MEAPA meets all provisions of the AAPA's bylaws and policies and upholds the principles, purposes, and philosophy for which the AAPA was founded. As stated in our Guidelines for Ethical Conduct for the PA Profession; patients have a right to access the full range of reproductive healthcare services, including fertility treatments, contraception, sterilization, and abortion. PAs have an ethical obligation to provide balanced and unbiased clinical information about reproductive healthcare.

The PA profession originated in the 1960's, at a time when the US was experiencing a progressive shortage of physicians, particularly in primary care. The goal was to rapidly train and deploy safe and competent clinicians, to help address physician shortages and increase access to quality healthcare. With ongoing physician shortages and in light of significant data supporting the high quality, safe and effective care provided by PA's their utilization continues to grow.

PA programs offer master's degrees, which typically take 2-3 years to complete and include a minimum of 2,000 hours of direct clinical patient care. Typically, the first year or two consisted of intensive didactic training in the classroom on complex topics by body system, and other training focused on pharmacology, anatomy and physiology, and pathophysiology. The final year is dedicated to clinical rotations where PA students are embedded within a variety of practice settings for 1:1 patient interactions. These practice areas include women's health, pediatrics, surgery, psychiatry, geriatrics, primary care just to name a few.

PA's are also required to obtain 100 hours of Continuing Medical Education(CME) every two years to maintain certification. PAs are nationally certified by the National Commission on Certification of Physician Assistants after completing an accredited PA program and passing a comprehensive competency examination. PAs are then licensed by the state; in Maine this is accomplished through either the Maine State Board of Licensure in Medicine or the Maine Osteopathic Board of Licensure, the same boards that license physicians.