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Testimony in support:

LD 538, "An Act to Amend Maine's Prescription Drug Labeling Law by Allowing the Removal of the Name of a Prescriber of Mifepristone, Misoprostol and Their Generic Alternatives"

Joint Standing Committee On Health Coverage, Insurance and Financial Services

March 19, 2025

Senator Bailey, Representative Gramlich and members of the Joint Standing Committee On Health Coverage, Insurance and Financial Services, my name is Evelyn Kieltyka and I live in East Winthrop. I am a family nurse practitioner and the Senior Vice President of Program Services at Maine Family Planning (MFP.) I am here to speak in support of LD 538, "An Act to Amend Maine's Prescription Drug Labeling Law by Allowing the Removal of the Name of a Prescriber of Mifepristone, Misoprostol and Their Generic Alternatives" sponsored by Representative Cluchey, and to ask for your support of the proposal.

MFP provides comprehensive sexual and reproductive health care to adults and teens at 18 health centers statewide as well as one mobile medical unit. For more than 50 years, MFP has also served as the non-profit administrator of Maine's statewide family planning network, encompassing federally qualified health centers (FQHCs), school-based health centers, as well as four Planned Parenthood clinics in Southern Maine. Altogether, Maine's sexual and reproductive health care network consists of 63 individual sites, stretching from Calais, to Fort Kent and all the way down to Sanford.

Medication abortion is just one part of the health care MFP provides Mainers, regardless of their ability to pay. Medication abortion is abortion with pills up to 11 weeks from the first day of the patient's last period. It uses two medications: Mifepristone to end the pregnancy, and Misoprostol to expel the pregnancy. We offer medication abortions at our clinics as well as by telehealth to patients in Maine; after the telehealth visit, abortion pills can be picked up at one of our clinics or can be mailed to the patient directly. Decades of studies have shown that medication abortion is safe and effective.¹

Last fall, MFP hosted a day-long meeting for all of Maine's abortion providers, administrative support staff, and supportive organizational partners. Our agenda included updates on both state and national laws impacting abortion access. Our discussion started with gratitude for the passage of LD 227, Maine's provider shield bill. For those of us doing this work, Maine's passage of this law protecting clinicians from out-of-state actors seeking to prosecute us for doing our jobs, is critical. In order for us to sustain access to abortion, we need laws to protect our ability to practice medicine and for our licensing boards

¹ "State Laws and Policies As of October 31, 2023, Medication Abortion" Guttmacher Institute
https://www.guttmacher.org/state-policy/explore/medication-abortion?gad_source=1&gclid=Cj0KCQjws-S-BhD2ARIsALssG0ac19Va25Jg5ldk9lvi7g-8YuZX7NhcU4ctFINshgwNpkRP3nrbZXEaAmSQEALw_wcB

to operate unfettered and without intrusion. To members of this committee who voted for this bill last session, we thank you. We appreciate you having our backs and helping us to continue to provide healthcare to our patients.

As our meeting progressed, we talked about an increase in patients traveling to Maine for abortion care and the different barriers these patients faced to get to Maine and while in our state. We talked about coordinating with organizations who provide travel money, housing or other resources for patients needing to travel to receive an abortion. And we discussed how to best counsel patients who will be leaving Maine after their abortion, sometimes returning to a state where this health care is illegal. Our patients' safety is our highest priority at MFP and it is with this in mind that we advise medication abortion patients to complete their abortion while within the state. While they're in Maine, should they have questions or in rare instances, need follow up care, MFP is available to help.

We also counsel our patients to dispose of their empty pill bottles within Maine's borders. This is because travelling to a state where abortion is prohibited with these bottles could put the patient at risk for legal action. It could also expose MFP clinicians to potential legal actions, not to mention threats or intimidation by those who oppose abortion. Across the room, staff asked question after question about what could potentially happen if an empty pill bottle got into the hands of out-of-state prosecutors; could they be arrested if they visited that state? Could they be arrested on their way to that state? Would they know if a warrant was put out for their arrest? If a warrant was put out, would Maine law enforcement know to ignore such a warrant since the care they provided is legal within Maine? The answers to these questions were concerning and most ended with "we don't know," "it depends," or "potentially."

LD 538 would provide a specific and meaningful additional protection for medication abortion providers. Please note that this bill simply allows for the prescriber's name to be replaced with the health care facility on these specific prescription labels. The prescriber's name is still required for the prescription; the pharmacist would still have access to this information. Nothing in this bill forces a pharmacist to make this accommodation; it comes at the prescriber's request. Both Washington and New York have passed similar protections and other states including Vermont have legislation pending. Please add Maine to the list and help protect our clinicians.

Thank you so much for your time and attention. I'm happy to answer any questions you may have.