

In response to LD 253

I am against the proposed legislation. Holly Christensen South Portland Maine
christensen.ha@gmail.com 207-274-0333

When poor women don't have access to abortion, the consequences can be severe and far-reaching, affecting their health, financial stability, and overall well-being.

1. **Health Risks:** Without access to safe, legal abortion, women may resort to unsafe methods to terminate a pregnancy, which can result in life-threatening complications. Inadequate medical care can lead to infections, injuries, and even death.
2. **Economic Strain:** Poor women often cannot afford to travel to places where abortion is legal or accessible, or they may face significant financial strain in seeking other reproductive healthcare services. This can deepen the cycle of poverty by preventing them from maintaining or advancing their economic stability, especially if they already have children to care for.
3. **Mental and Emotional Toll:** The stress and emotional strain of being forced to carry an unwanted pregnancy can be overwhelming. The inability to make decisions about one's body and future can lead to mental health challenges, including anxiety, depression, and feelings of hopelessness.
4. **Impact on Family Stability:** Unplanned pregnancies can interfere with a woman's ability to care for her existing children or pursue educational and employment opportunities, further destabilizing families already facing economic hardships.
5. **Limited Access to Support:** Poor women may have less access to social or familial support, making it harder to cope with the consequences of an unwanted pregnancy. The lack of affordable childcare or family leave policies can further complicate their ability to manage an unplanned pregnancy.
6. **Perpetuation of Inequality:** Denying access to abortion disproportionately affects marginalized groups, especially women of color, who are more likely to be poor and already face systemic barriers to healthcare. This reinforces cycles of inequality and disadvantage.
7. **Increased Risk of Birth Complications:** If a woman is forced to carry a pregnancy to term, especially if it's a result of factors like poor health, lack of prenatal care, or an unsafe environment, both the mother and child are at a higher risk for health complications during pregnancy, childbirth, and postnatal care. In short, when poor women lack access to abortion, it affects not just their immediate health but also their long-term economic, emotional, and social well-being, contributing to broader societal inequalities.

People Need Unimpeded Access to All Medical Care, Including Abortion

- Restricting access to abortion forces some pregnant people to continue their pregnancies to delivery, leaving them to face the many health risks associated with pregnancy and childbirth. This includes the emergence of new complications associated with pregnancy and worsening of existing conditions.

- Barriers to abortion exacerbate existing societal disparities. Barriers limiting abortion access most profoundly affect communities that already face health care and social inequities. For example, Black women face a maternal mortality rate that is three times higher than that of white women. Limiting access to abortion forces people to carry pregnancies to term and face these risks.
- Risk of complication increases with waiting periods. Abortion care is among the safest medical interventions, but the associated rate of complications increases as the pregnancy progresses. Laws requiring waiting periods, multiple visits, and other barriers to accessing abortion in a timely manner increase risk and threaten patient safety. The risk of death associated with abortion increases from 0.3 out of every 100,000 abortions at or before eight weeks to 6.7 out of 100,000 abortions at 18 weeks or later.
- Access to safe, legal abortion helps patients feel comfortable and supported. Clinicians and patients can work together to determine what is right based on individual circumstances, values, needs, and preferences.
- Lack of abortion access has a significant impact on mental health. Evidence suggests that people are more likely to experience psychological issues, including depression and anxiety, when denied an abortion. One recent study also shows that nearly all people who have an abortion report that it was the right decision for them five years later.

I am against the proposed legislation. Holly Christensen MSN,CNM South Portland Maine christensen.ha@gmail.com 207-274-0333 LD 682 An Act to Amend Certain Laws Regarding Abortions Mandated reporting of abortions—where healthcare providers or others are legally required to report instances of abortion to authorities—can have significant, and often negative, effects on women. These effects can impact their health, privacy, safety, and autonomy.

1. **Loss of Privacy and Autonomy:**
 - **Invasion of Privacy:** Mandated reporting forces women to relinquish their personal and private reproductive decisions to the government or other authorities. This can feel like a violation of bodily autonomy, as women lose control over decisions about their own healthcare.
 - **Fear of Judgment or Stigma:** Women may fear societal or legal consequences, such as judgment from family, community, or employers. The reporting requirement can amplify feelings of shame, embarrassment, or guilt, especially in societies where abortion is stigmatized.
2. **Reduced Access to Healthcare:**
 - **Chilling Effect on Care Providers:** Healthcare providers may hesitate to offer abortion services or even discuss abortion options for fear of legal consequences or reporting requirements. This can lead to a reduction in the availability of services and a decrease in the quality of care for women seeking reproductive health services.
 - **Women Avoiding Care:** Women who fear their abortion will be reported may delay or avoid seeking care altogether. This could lead to dangerous consequences, including seeking unsafe abortions or experiencing complications without proper medical oversight.
3. **Increased Risk of Legal and Criminal Consequences:**
 - **Criminal Prosecution:** Mandated reporting may expose women to potential legal consequences, particularly in regions where abortion is criminalized or heavily restricted. If a woman is found to have violated abortion laws (such as if she had an abortion outside of the legal parameters), she may face prosecution or other punitive measures.
 - **Increased Surveillance:** Women who are already vulnerable—such as those in marginalized communities or those seeking an abortion under certain circumstances (e.g., minors, survivors of sexual violence)—may become more vulnerable to legal surveillance, prosecution, or family separation if authorities are alerted.
4. **Undermines Trust in Healthcare Providers:**
 - **Erosion of Trust:** If women fear that their abortion will be reported, they may be less likely to seek help from healthcare providers. This undermines the trust between women and their medical care teams, potentially discouraging women from seeking other necessary reproductive health services, such as contraception or prenatal care.
 - **Fear of Breach of Confidentiality:** If women believe that their personal health information is not confidential and can be reported to authorities, they may avoid seeking care, not just for abortion, but for other reproductive health concerns as well.
5. **Disproportionate Impact on Vulnerable Groups:**
 - **Impact on Minors:** Mandated reporting can disproportionately affect minors seeking abortions. In some places, a minor may be legally required to have parental consent or notification, and mandated reporting could expose them to unwanted parental involvement or legal consequences, even if they seek an abortion safely and legally.
 - **Racial and Socioeconomic Disparities:** Mandated reporting can disproportionately impact women of color, low-income women, and those in rural areas, who may already face systemic barriers to accessing reproductive healthcare. These

women may be more likely to experience scrutiny from authorities or be subject to punitive measures.

6. **Exacerbates Emotional and Mental Health Challenges:**
 - **Increased Anxiety and Stress:** Knowing that their abortion could be reported can add significant emotional strain, anxiety, and fear to women who are already in a vulnerable or difficult situation. This fear of exposure and potential legal consequences can worsen mental health challenges, leading to feelings of isolation, shame, and distress.
 - **Emotional Impact of Stigma:** When a woman's personal medical choices are reported to authorities, it can subject her to societal or familial judgment. This can lead to feelings of stigmatization or alienation, which can be particularly harmful to mental and emotional well-being.
 7. **Reinforces Control and Gender Inequality:**
 - **Governmental Control Over Women's Bodies:** Mandated reporting laws reflect and reinforce state control over women's reproductive decisions, which can exacerbate gender inequality. These laws often serve to limit women's reproductive rights and autonomy by imposing government oversight on private health matters.
 - **Gender-Based Discrimination:** These laws disproportionately affect women, as they place legal and social restrictions on women's ability to make choices about their own bodies. Women may be criminalized for decisions related to their reproductive health, reinforcing patriarchal control over women's lives.
 8. **Potential for Discrimination and Misuse of Data:**
 - **Use of Reports for Discriminatory Purposes:** Information about women who seek abortions could be used against them in other contexts. For example, reports may be misused in legal proceedings, custody battles, or immigration cases, where a woman's decision to seek an abortion could be used to judge her character or fitness as a mother or a citizen.
 - **Data Privacy Concerns:** Mandated reporting can lead to a potential breach of data privacy, with sensitive health information being accessible to authorities who may not be bound by the same confidentiality standards as healthcare providers.
 9. **Impact on Support Networks:**
 - **Fear of Informing Others:** Women may be less likely to confide in trusted family members or friends about their abortion if they fear that those individuals could also be compelled to report the procedure. This can isolate women from their support networks during a time when they may need emotional, financial, or logistical help.
 - **Undermines Confidential Counseling:** In some cases, mandated reporting may force counselors, social workers, or healthcare providers to disclose information against a woman's will, even when she has sought out confidential counseling or support.
 10. **Increased Burden on Healthcare Systems:**
 - **Overburdened Systems:** In some areas, mandated reporting may result in additional paperwork, investigations, and bureaucratic delays, which can divert resources from patient care. Healthcare professionals may also feel pressured to prioritize legal concerns over the health and well-being of women.
- Summary Mandated reporting of abortions can have harmful effects on women by undermining their privacy, safety, and autonomy. It can lead to delays in care, fear of legal consequences, and emotional distress. For many women, particularly those from vulnerable or marginalized communities, these laws create a barrier to accessing safe, timely, and confidential reproductive healthcare. In addition, such reporting mechanisms can foster distrust in healthcare providers, worsen social stigma.

HP 572, LD 886 An Act to Regulate Medication Abortions

I am against the proposed legislation. Holly Christensen MSN, CNM South Portland Maine
christensen.ha@gmail.com 207-274-0333

I am a certified nurse midwife and I have seen these medications used safely in practice. I am not in support this bill as it does not maintain and provide for the safe, effective and autonomous access to services. It would create an unnecessary barrier to safe and effective care.

Mifeprex (mifepristone) is a regulated medication in the United States. It is approved by the U.S. Food and Drug Administration (FDA) for use in combination with misoprostol to terminate early pregnancies (up to 10 weeks of gestation).

Regulations on Mifeprex: • FDA Approval: Mifeprex was approved by the FDA in 2000 and is subject to specific Risk Evaluation and Mitigation Strategy (REMS) requirements due to safety considerations. • Prescription Only: It can only be prescribed by certified healthcare providers who meet specific requirements. • Dispensing Restrictions: • Mifeprex is already heavily regulated. In Maine, Mifeprex (mifepristone) is legally available and accessible for medication abortions up to 10 weeks of pregnancy. The state has taken proactive measures to ensure its residents maintain access to this medication, even amidst national legal challenges.

Legal Protections and Actions in Maine: • State Government Support: In April 2023, Governor Janet Mills and Attorney General Aaron Frey announced that mifepristone would remain available in Maine without new restrictions, following a federal court decision in Washington. This intervention ensured that Maine residents would not be affected by decisions from other courts that sought to impose limitations on the medication.

Supreme Court Ruling: In June 2024, the U.S. Supreme Court unanimously rejected a challenge to the FDA's approval of mifepristone, preserving its nationwide availability. Governor Mills and Attorney General Frey welcomed this decision, reaffirming their commitment to safeguarding reproductive rights in Maine. ACLU of Maine, Accessibility in Maine: • Telehealth Services: Maine residents can access medication abortion services via telehealth. For instance, the Mabel Wadsworth Center in Bangor offers telehealth appointments, mailing the medications to addresses within the state. • Insurance Coverage: Major insurance providers in Maine, such as CIGNA, cover Mifeprex to the same extent as surgical abortions. Reimbursement codes and policies are specified by each insurer. earlyoptionpill.com Medication abortions are generally considered safe and effective when performed under the supervision of a healthcare provider and in accordance with medical guidelines.

There is no indication for further regulation in regards to this medication. It works well and is very safe when used as directed

Safety and Effectiveness: • Effectiveness: Medication abortions are highly effective when used within the recommended time frame, with success rates of approximately 95-98% when taken in the first 10 weeks of pregnancy. If the medication doesn't fully terminate the pregnancy, a follow-up procedure or additional medication may be required. • Safety: Medication abortion is one of the safest methods of abortion. Studies show that serious complications (such as severe infections, excessive bleeding, or injury to the uterus) occur in less than 0.5% of cases. The risk of death is

extremely low, and the overall complication rate is significantly lower than the risks associated with carrying a pregnancy to term.

3. Monitoring and Support:

- **Healthcare Supervision:** It's crucial to follow up with a healthcare provider after taking the medications to ensure that the abortion is complete. Some providers may also offer telemedicine consultations, allowing women to access the medication remotely with proper guidance and follow-up care.
- **Post-Procedure Care:** After the abortion, women should monitor for signs of complications such as excessive bleeding, fever, or intense abdominal pain. If any concerning symptoms occur, it's important to contact a healthcare provider immediately.

4. Potential Side Effects and Risks:

- **Side Effects:** Some women may experience side effects such as cramping, nausea, vomiting, diarrhea, dizziness, or tiredness. These are typically short-lived and part of the process of the body expelling the pregnancy.
- **Bleeding:** Bleeding is a common part of the medication abortion process. Women may experience heavy bleeding similar to a heavy period or miscarriage. This typically lasts for a few hours to a few days but can continue for up to 2 weeks in some cases.
- **Infection:** As with any medical procedure, there is a small risk of infection, but this can usually be avoided by following medical guidelines and ensuring that the medications are taken correctly. Infections typically occur if there are retained pregnancy tissue or if there's a break in sterile conditions.

5. Access and Timing:

- **Timely Access:** The safety and effectiveness of medication abortion are highest when the procedure is done early in pregnancy. The further along a pregnancy is, the less effective medication abortion becomes, and the greater the risk of complications.
- **Accessibility:** In areas where access to abortion is restricted, medication abortion is sometimes used as an alternative, and in some cases, it can be accessed via telemedicine consultations.

6. Support for Women:

- **Emotional and Psychological Support:** Like all abortion methods, medication abortions may be emotionally difficult for some women. Having emotional support or counseling available can be beneficial to help navigate the process, though medication abortion tends to be perceived as a less invasive option compared to surgical abortion.

7. Comparison to Surgical Abortion:

- **Medication abortion** is often preferred by women who want a more private and less invasive option. Unlike surgical abortion, medication abortion can often be done at home (though a follow-up appointment is necessary). Both methods are equally safe when performed under medical supervision and in accordance with guidelines.

8. Regulations and Access:

- **Legal Restrictions:** In some places, access to medication abortion is restricted or tightly regulated, with laws requiring in-person visits, mandatory counseling, or reporting requirements. However, evidence suggests that telemedicine abortion (with virtual consultations and remote access to medication) is also safe and effective.

Summary: Medication abortions are a safe, effective, and widely used method for terminating early pregnancies, with low complication rates. When performed under proper medical supervision and within the recommended time frame, the risks are minimal.

HP 573, LD 887

An Act to Make Manufacturers Responsible for Proper Disposal of Abortion Drugs and Require a Health Care Provider to Be Physically Present During a Chemical Abortion

I am against the proposed legislation.

Holly Christensen MSN,CNM

South Portland Maine

christensen.ha@gmail.com

207-274-0333

- This bill places an unreasonable burden on both the patient, physician and manufacturer.
- The number of people who use medical abortion medication, is orders of magnitude smaller than the known endocrine disruptors that are emitted into our environment from other sources.
- Requiring the physical presence of a physician to take the medication does not improve the safety, or improve outcomes.
- Other health care providers are also certified to use this medication legally.
- With education, patients can be taught to understand and use the medications safely.
- It is not reasonable, practical or ethical to ask patients to collect menstrual blood.
- This is a process that could take hours to days, and collect is not at all practical.
- Making it a criminal offense to NOT collect menstrual blood is in a direct violation of patients' autonomy and privacy.
- This bill is not ethical or practical.

HP 635, LD 975 An Act to Repeal Laws Allowing Abortion and to Criminalize Abortion

If abortion care is not considered a protected health status, several significant legal, medical, and social consequences could arise. I am against the proposed legislation.

Holly Christensen MSN,CNM South Portland Maine christensen.ha@gmail.com 207-274-0333 This law could effectively make any person having a miscarriage subject to legal scrutiny to prove that they did nothing to interfere with the pregnancy. This is medically very difficult to prove. It criminalizes a normal physiologic function.

1. Reduced Legal Protections for Patients and Providers • Patients seeking an abortion may face discrimination in employment, healthcare, or insurance. • Healthcare providers offering abortion services could lose legal safeguards, making them vulnerable to lawsuits, criminal penalties, or harassment. • Insurance companies and employers could refuse to cover abortion care without legal repercussions.

2. Increased Criminalization and Legal Risks • States without explicit protections could criminalize abortion providers and patients, potentially prosecuting those involved in seeking or performing abortions. • Interstate legal conflicts may arise, where residents of restrictive states travel to permissive states for care, potentially facing legal risks upon returning home.

3. Restricted Access to Healthcare Services • Clinics in states where abortion is not legally protected may shut down, leaving fewer healthcare options for reproductive services. • Providers might hesitate to offer miscarriage or ectopic pregnancy treatment, fearing legal consequences if treatments resemble abortion care.

4. Increased Health Risks for Pregnant Individuals • Without access to safe, legal abortion care, unsafe abortion methods may rise, increasing maternal mortality and complications. • Delayed or denied care for pregnancy complications could result in preventable harm or death.

5. Privacy and Surveillance Concerns • Digital tracking of reproductive health decisions (e.g., period-tracking apps, online searches) could be used to investigate and prosecute individuals. • Law enforcement could subpoena medical records, putting patients at risk

HP 654, LD 1007

An Act to Update the State's Informed Consent Laws Regarding Drug-induced Abortion

I am against the proposed legislation.

Holly Christensen MSN,CNM

South Portland Maine

207-274-0333

Mifeprex (mifepristone) is not scientifically proven to be reversible once taken.

What is Mifepristone?

Mifepristone is the first medication in a **two-drug regimen** used for medication abortion:

1. **Mifepristone** blocks progesterone, a hormone needed to maintain pregnancy.
2. **Misoprostol** (taken 24-48 hours later) causes contractions to expel the pregnancy.

Claims of "Abortion Pill Reversal"

- Some groups promote a controversial method using **high doses of progesterone** after taking mifepristone, claiming it may stop the abortion process.
- However, **this practice is not backed by reliable scientific evidence** and is not approved by the **FDA** or major medical organizations like the **American College of Obstetricians and Gynecologists (ACOG)**.
- A 2019 study attempting to test "reversal" was **halted early due to safety concerns** after participants experienced severe bleeding.

HP 759, LD 1154 An Act to Require That Informed Consent for Abortion Include Information on Perinatal Hospice I am against the proposed legislation. Holly Christensen MSN,CNM South Portland Maine christensen.ha@gmail.com 207-274-0333

This is an unnecessary provision. Providers already include this in their care. • There is a comprehensive team available to patients and families who choose to terminate pregnancy with lethal anomaly. • This is an incredibly trying time for families and the health care that they receive should be tailored to their individual characteristics and needs. • Providers are in the best position to make these decisions in concert with the patient and their support people. • Having the patient document a refusal of services also places an undue burden on burden, and may actually add trauma to an already difficult event.