



**Testimony in Support of**

**LD 253: An Act to Prevent the MaineCare Program from Covering Abortion Services**

**LD 682: An Act to Amend Certain Laws Regarding Abortions**

**LD 886: An Act to Regulate Medication Abortions**

**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**

**LD 1007: An Act to Update the State's Informed Consent Laws Regarding Drug-induced Abortion**

**LD 1154: An Act to Require that Informed Consent for Abortion Include Information on Perinatal Hospice**

March 28, 2025

Senator Carney, Representative Kuhn, and Members of the Joint Standing Committee on Judiciary:

My name is Holly Lusk, and I am a lawyer and lobbyist who represents the Christian Civic League of Maine ("CCL" or "the League"). The League supports LDs 253, 682, 886, 887, 1007, and 1154. These bills share a common theme: an inherent respect for the life and dignity of the mother and her unborn child. In general, the Christian Civic League opposes legislation to expand the practice of abortion, and supports efforts to save the lives of our most vulnerable.

LD 253 aims to eliminate state taxpayer funding for abortion through the Medicaid program. Federal taxpayer funding for most abortions has been banned since the 1970s under the Hyde Amendment. Congress has chosen to reauthorize the Hyde Amendment each year since then. In 2025, a majority (57%) of Americans do not support taxpayer funding for abortion.<sup>1</sup> 58% of those who identify as Independents politically oppose or strongly oppose taxpayer funding for abortion, while 41% of them support or strongly support such funding.<sup>2</sup>

LD 682 would return Maine's laws on abortions to where they were prior to the passage of LD 1619 from last session, except with a new provision permitting an abortion after viability in the event a fatal condition is discovered in the unborn child. American opinion on the timing or circumstances of availability of abortion still reflect a desire to restrict abortion in certain respects. When asked which opinions most accurately reflected their own, a combined 60% of Americans and 64% of those who identify as Independents listed one of the following: abortion should be allowed only in the first three months of pregnancy; abortion should be allowed only

<sup>1</sup> <https://www.kofc.org/en/resources/communications/polls/2025-kofc-marist-poll-results.pdf>.

<sup>2</sup> *Id.*

in cases of incest, rape, or to preserve the mother's life; abortion should only be allowed to preserve the mother's life; or that abortion should not be allowed at all.<sup>3</sup> Maine's prior abortion law was more in line with consensus opinion on when abortion should be available, and this bill also takes into account the accommodation for a fatal fetal anomaly, which was the stated reason for why LD 1619 was introduced.

LD 886 would require a patient wishing to pursue a chemical abortion to obtain a prescription from a health care practitioner instead of through an online source. Misoprostol and mifepristone, like any drugs, are not without side effects, and chemical abortions are not without complications. We would recommend requiring an in-person appointment with a health care practitioner prior to any prescription being written for a chemical abortion. It is essential for a health care practitioner to have accurate information to determine how best to treat a patient. Abortions should not be exempt from this maxim.

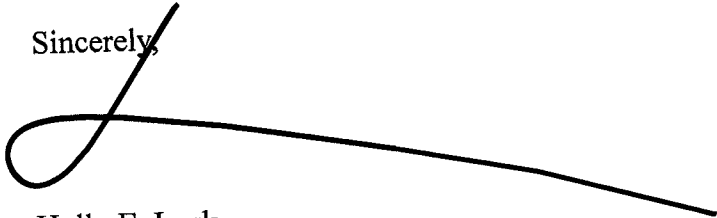
LD 887 would require, in part, a health care practitioner to physically examine a patient before and after a chemical abortion. For the reasons stated above in our recommendation on LD 886, the Christian Civic League is in favor of in-person treatment of patients seeking abortions.

LD 1007 would require a health care practitioner who is obtaining informed consent for a chemical abortion to inform a patient of the possibility of reversal within a certain period of time. If a woman changes her mind after she has started a chemical abortion, we support any avenue that would assist her and her unborn child to reverse the process.

LD 1154 would require a health care professional to provide information regarding perinatal hospice to a pregnant patient whose unborn child is diagnosed with a fatal fetal anomaly, and who has already chosen to have an abortion. According to the American College of Obstetricians and Gynecologists, perinatal palliative care is just one option that "should be presented" to pregnant women in the event a "life-limiting fetal condition" is found.<sup>4</sup> The ACOG committee paper noted that the range of options depends on the nature of the diagnosis, and that the diagnosis sometimes is wrong. The Christian Civic League agrees that informed consent should be obtained before any abortion procedure is performed, but we also encourage the Committee to consider that there may be more available options to a patient than just abortion or hospice.

The Christian Civic League of Maine urges the Judiciary Committee to support these bills.  
Thank you for your time and consideration.

Sincerely,



Holly E. Lusk

<sup>3</sup> Id.

<sup>4</sup> <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2019/09/perinatal-palliative-care> (reaffirmed in 2024).