



March 24th, 2025

Senator Carney, Representative Kuhn, and members of the Joint Standing Committee on Judiciary;

I join you today on behalf of the Maine Women's Lobby. For over forty years, the Maine Women's Lobby has worked to build gender justice in Maine through legislative advocacy and systems change.

We are here today **in opposition to bills before the committee today:** 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 975, An Act to Repeal Laws Allowing Abortion and to Criminalize 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.

While the proposals before you today range in specific focus – from criminalizing abortion to creating unnecessary barriers for receiving health care – the impact these bills would have is clear: they would harm the women of Maine, because restrictions on reproductive health care have devastating and dangerous consequences.

Abortion access and reproductive health care serves public health, the well-being of families, and is the cornerstone of gender equity. Since the *Dobbs v. Jackson Women's Health Organization* decision eliminated federal abortion protections, 14 states have passed near total bans and it is expected that at least half of all states are at risk for bans.¹ These bans remove the ability for people to make decisions regarding their own medical care. Basic rights, including reproductive autonomy, should not be subject to the uncertainty of political decisions, in Maine or elsewhere.

Access to the full range of reproductive health care saves lives. The health and mortality of pregnant and parenting people in Maine and the United States is among the worst in the developed world. Racism, structural barriers, the social determinants of health, and community and cultural norms create barriers to adequate reproductive and maternal health.

Access to the full range of gender specific and reproductive healthcare is also essential to economic justice. Women living in states with greater access to reproductive health care² - such as insurance coverage for contraception and infertility treatments, Medicaid coverage of

¹ New York Times. (Updated April 28, 2023). Tracking the States Where Abortion Is Now Banned. <https://www.nytimes.com/interactive/2022/us/abortion-laws-roe-v-wade.html> . See also Center for Reproductive Rights, interactive map, at: <https://reproductiverights.org/maps/abortion-laws-by-state/>

² Center for American Progress. Linking Reproductive Health Care Access to Labor Market Opportunities for Women. <https://www.americanprogress.org/article/linking-reproductive-health-care-access-labor-market-opportunities-women/#fn-442653-13>

family-planning services, and state funding for medically necessary abortions - have higher incomes, are less likely to work part-time, are more likely to move from unemployment into employment, and face less occupational segregation than women in states with more limited reproductive health care options.

Rigorous scientific findings from multiple authorities also show that denying a desired abortion worsens women's physical and mental health. For example, without access to abortion, some pregnant people will instead self-manage their abortions because they lack the opportunity or resources to travel. In addition, childbirth has demonstrably higher risks of life-threatening complications or death compared to abortion. As the "Turnaway Study" found, women who wanted but could not obtain a desired abortion had worse physical health in the five years postpartum and were more likely to continue experiencing intimate partner violence than those who had been able to obtain an abortion³.

The Maine Legislature has made significant strides in codifying reproductive rights in state law; however, the fragility of these gains is evident in the ongoing efforts to roll back current laws. Protecting these essential rights is paramount is the health, safety, and livelihoods of all Mainers.

Each of these bills before you identifies a specific way to make access to the full range of reproductive care harder to access. Each one presents a threat to specific communities - low-income people, rurally located people, women experiencing miscarriage, health care providers, and more.

We hope you will vote 'ought not to pass' on these bills. Thank you for your time, and I'm happy to answer any questions you may have.

Lily Bohem James
Maine Women's Lobby

³ Lauren J. Ralph et al., Self-reported Physical Health of Women Who Did and Did Not Terminate Pregnancy After Seeking Abortion Services: A Cohort Study, 171 *Annals of Internal Med.* 238, 245 (2019), https://www.redaas.org.ar/archivosrecursos/470-Ralph%202019_Selfreported%20physical%20health%20of%20women%20who%20did%20and%20did%20%20not%20terminate%20pregnancy.pdf.