



**TESTIMONY OF ALICIA REA, ESQ.
LDs 253; 682; 886; 887; 975; 1007; 1154 – Ought Not to Pass**

Joint Standing Committee on Judiciary
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Senator Carney, Representative Kuhn, and distinguished members of the Joint Standing Committee on Judiciary, greetings. My name is Alicia Rea and I am a policy fellow at the ACLU of Maine, a statewide organization committed to advancing and preserving civil liberties guaranteed by the Maine and U.S. Constitutions. On behalf of our members, we urge you to oppose LDs 253, 682, 886, 887, 975, 1007, and 1154.

In the aftermath of *Dobbs v. Jackson Women's Health Organization*,¹ abortion has been banned in 12 states and 14 more states are attempting to enact a ban or extreme restrictions. In addition to making this essential health care inaccessible to over 25 million patients, states like Idaho, Louisiana, Tennessee, and Texas have gone as far as criminalizing access to abortions.² Abortion care was already difficult for many people to access before *Dobbs*, and matters have only gotten worse in many states. However, Maine has taken a different path by maintaining and strengthening its commitments to letting Maine's people make the best decisions for themselves.

These bills would undo the progress this legislature has made. They are based on discredited and anti-scientific ideas, jeopardize health care providers' First Amendment rights, and amount to state interference in some of the most personal decisions Maine's people will make. The government should never have the authority to force a person to remain pregnant against their will, nor should the government enact barriers to obtaining individualized care.

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

Under current Maine law, "[t]he department [of Health and Human Services] shall provide coverage for abortion services to a MaineCare member."³ LD 253 attempts to repeal this critical coverage for Mainers who live below the poverty line.

¹ *Dobbs v. Jackson Women's Health Organization*, 597 U.S. 215, 231 (2022).

² See Center for Reproductive Rights, *After Roe Fell: Abortion Laws by State*, last accessed March 20, 2025, available at <https://reproductiverights.org/maps/abortion-laws-by-state>.

³ 22 M.R.S. §3196.



The Maine Reproductive Privacy Act unambiguously declares that it is the public policy of the State of Maine “not [to] restrict a woman’s exercise of her private decision to terminate a pregnancy before viability.”⁴

Every pregnant person faces two constitutionally-protected choices: to continue their pregnancy or seek an abortion. By funding only one of two mutually exclusive options for a population that depends on that funding, patients will no longer have the ability to make that decision. The regulation would restrict poor and low-income people’s ability to exercise their right to abortion, in direct contravention of the Reproductive Privacy Act.

LD 682: An Act to Amend Certain Laws Regarding Abortions

LD 682 includes three key provisions: (1) requiring DHHS to report sensitive information about people seeking abortions; (2) changing the standard of when an abortion may be performed; and (3) criminalizing the provider of an abortion if they do not follow the newly imposed standard. This criminalization is a Class D crime.

Criminal abortion laws give prosecutors license to investigate, arrest, and prosecute people who provide necessary health care. In some instances, bans and laws can be used or misused to target patients and other people who help them get the care they need. The criminalization of abortion care is yet another way our criminal legal system is wielded to control people’s bodies and futures, particularly people of color and with low incomes.

In addition to criminalizing abortion care, this bill would create a far-reaching ban on abortions.

LD 886: An Act to Regulate Medication Abortions

LD 886 attempts to ban telehealth for medication abortion and force health care providers to misinform patients of so-called abortion “reversal”.

Banning telehealth for medication abortion care will restrict access, particularly for people who live in rural areas far from health care centers, people with hourly jobs who cannot take time off work, and people with limited transportation options. The government should not have the authority to restrict access to safe, effective medication to manage abortion care.

So-called abortion reversals are wholly unsupported by reliable scientific evidence and have been rejected by the field’s trusted medical authorities, including the American Medical Association and the American College of

⁴ 22 M.R.S. §1598.



Obstetricians and Gynecologists.⁵ The state should not dictate private conversations between health care providers and their patients, and patients should be able to trust that the information from their medical providers is based on science, not politics. This bill constitutes compelled speech in violation of the First Amendment because it requires doctors to communicate false and misleading information to their patients, to give a government-sanctioned pamphlet encouraging them to partake in an unproven treatment and violates the health care providers' ethical obligations.

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 887 would also ban telehealth for medication abortion care and create a new felony crime for providing or attempting to provide a medication abortion without physically meeting the patient multiple times. It requires a preliminary exam in-person follow up, and that the patient take the medication at the same location as the exams.

A recent study found that telehealth visits for medication abortion are safe and effective, and the FDA approved this care in 2021.⁶ A telehealth option resulted in reduced costs, stigma, time off work, and inconvenience for the participants in the study.⁷

Removing the telehealth option for receiving a medication abortion would restrict Mainers from accessing health care in the manner best for themselves.

LD 975: An Act to Repeal Laws Allowing Abortion and to Criminalize Abortion

LD 975 is similar to other fetal personhood bills around the country. It would establish a fetus as a separate and distinct person from the pregnant person carrying it. Since a fetus would be considered a person, abortion would become criminalized, equated to an offense like murder. Specifically,

⁵ See Kevin O'Reilly, *Doctors battle state law that forces them to mislead patients*, American Medical Association, available at <https://www.ama-assn.org/delivering-care/physician-patient-relationship/doctors-battle-state-law-forces-them-mislead>; American College of Obstetricians and Gynecologists, *Facts Are Important: Medication Abortion "Reversal" Is Not Supported by Science*, available at <https://www.acog.org/advocacy/facts-are-important/medication-abortion-reversal-is-not-supported-by-science>.

⁶ See Ushma Upadhyay et al., *Effectiveness and Safety of Telehealth Medication Abortion in the USA*, *Nature Medicine* (2024); Center for Reproductive Rights, *Access to Abortion Medication Remains Unchanged After Ruling by the U.S. Supreme Court* (2024), available at <https://reproductiverights.org/alliance-for-hippocratic-medicine-v-fda-supreme-court-ruling-2/>.

⁷ *Id.*



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LD 975 would amend the Maine Criminal Code to consider a fetus a person for the statutes pertaining to murder, assault, domestic violence assault, and other offenses against the person.

This bill is unnecessary because Maine law already protects pregnant people. In 2005, the legislature created the crime of Elevated Aggravated Assault on a Pregnant Woman. It established a Class A crime, punishable by up to 40 years in prison, for the act of intentionally or knowingly causing serious bodily injury to a person the perpetrator knew or had reason to know was pregnant.⁸ By law, "serious bodily injury" includes injury to the fetus or termination of the pregnancy.⁹

In cases such as domestic violence and car accidents that result in the loss of a pregnancy, a person can sue for negligence, assault, battery, or other causes, and the court will take the pregnancy loss into account when awarding damages.

LD 975 would criminalize abortion and miscarriage care by equating a fetus to a person and criminalizing all actions related to abortion care the same as a violent crime against another person.

LD 1007: An Act to Update the State's Informed Consent Laws Regarding Chemical Abortion

This legislation is based on a misunderstanding of how medical procedures and informed consent relating to medical procedures work.

First, concerning informed consent, patients are already able to change their minds at any point before any medical procedure begins. Abortion, as a medical procedure, is no different from other procedures that a patient may decide not to undertake.

Second, LD 1007 would force health care providers to spread misinformation that blatantly contradicts the facts. Similar to LD 886, this bill would require health care providers to tell patients about so-called "abortion reversal," the debunked idea that you can undo an abortion after the fact. This constitutes compelled speech that violates the First Amendment, interferes with private conversation between patients and providers, and sows distrust.

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

LD 1154 fundamentally misunderstands informed consent, and it would restrict abortion access for people with non-viable pregnancies. All

⁸ 17-A M.R.S. §208-C.

⁹ *Id.*



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pregnancies are different, and they can be complicated. Non-viable pregnancies can be particularly difficult to navigate, and patients must be free to work with their health care providers and make the best decision for themselves.

First, this bill targets patients with non-viable pregnancies by requiring providers to share information about perinatal hospice services 24 hours before they can receive care. This effectively institutes a 24-hour waiting period. Government-mandated delays in abortion care serve no purpose other than to make obtaining an abortion more difficult, dangerous, and expensive for the patients who are least able to bear the burden

Second, like LD 1007, this legislation is based on a misunderstanding of informed consent procedures already in place for all medical procedures. It requires patients to certify their decision to proceed with an abortion and decline perinatal hospice services. This does not follow best practices set forth by American College of Obstetrics and Gynecology.¹⁰ Instead, this bill aims to interfere in individual care, where pregnant persons need to make medically-advised decisions regarding nonviable pregnancies.

We urge you to vote ought not to pass on these bills.

¹⁰ American College of Obstetrics and Gynecology, *Perinatal Palliative Care: Committee Opinion* (2019), available at <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2019/09/perinatal-palliative-care>.