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February 25, 2026

*Testimony of Representative Amy D. Kuhn presenting*  
**LD 335, An Act to Safeguard Reproductive Health Care**  
*Before the Joint Standing Committee on Health and Human Services*

Sen. Ingwersen, Rep. Meyer, and esteemed members of the Joint Standing Committee on Health and Human Services, my name is Amy Kuhn, and I represent the Town of Falmouth in House District 111. I am here today to present **LD 335, An Act to Safeguard Reproductive Health Care**, which I am proud to sponsor at a moment when we are witnessing unprecedented attacks on our reproductive rights and access to care.

When the *Dobbs* case eliminated the federal Constitutional right to abortion in 2022, I was proud that this Legislature acted quickly and decisively to ensure Maine law protected our reproductive rights and health care. In 2023, I sponsored a bill, LD 616, that prohibited insurance companies providing medical malpractice insurance from taking adverse action against health care professionals providing legal reproductive health care in this state, including abortion. This bill, subsequently passed into law, was one of several bills we passed that year and in the years since to ensure our laws were staying ahead of national attacks and protecting patients' access to essential health care. These laws have—true to our state motto—made us a leader in the fight for reproductive rights across the country.

As an attorney, I am proud of the work we've done to ensure our state laws are as protective of our rights as possible, but I also recognize that our state laws have limits. While a national abortion ban has not yet passed, abortion opponents recognize that state abortion rights are only as effective as access to care. Put bluntly, if providers are forced to close their doors, this body's hard work to shore up our state laws is an empty promise. Abortion opponents are now targeting our state—and in fact all states where abortion remains legal—by attacking our health care providers and attempting to shut their doors. They've done this in myriad ways, most acutely through:

1. "Defunding" Maine Family Planning and Planned Parenthood in H.R.1, preventing these organizations from being reimbursed through federal funding for care provided to Medicaid (MaineCare patients). It's a testament to these organizations' commitment to their patients that they never stopped providing care to these patients, without compensation, by drawing down their reserves.

2. Withholding already appropriated Title X funding, the nation's only federal funding stream for family planning and basic preventative health care services. Though this funding was partially restored for the time being, we know that it is likely to be degraded, attacked, or withheld in the coming months and years.

These attacks are damaging in many ways, to many people, across the country, but would have particularly acute impact in Maine, where our reproductive health care network is the backbone of our fragile health care system and locus for not only reproductive health care services, but also primary and behavioral health services. If we lose this network, we lose preventative care that keeps Mainers healthy, like cancer screenings, STI testing and treatment, contraceptive care, wellness exams, immunizations, and so much more. If reproductive health centers close, many of our most vulnerable constituents will have nowhere else to go. And it's worth saying that attacks on ACA affordability and Medicaid more generally from the federal level are likely to increase demand on these providers as uninsured and underinsured patients seek out free and discounted care.

When I talk of the statewide network, I'm referring not only to Maine Family Planning's 19 health centers and Planned Parenthood's four, but also the larger Title X subgrantee network of 32 Federally Qualified Health Centers and eight school-based health centers, which collectively serve approximately 30,000 people a year. 69 percent of the patients served by this network live at 250 percent of poverty or below and for 60 percent of the patients the network serves, their visit for sexual and reproductive health care is the only health care visit they will make in the course of a year.

Maine's health care network is already fragile, especially in rural areas. Thirteen of our sixteen counties are designated health provider shortage areas (HPSAs), with more than 85,000 Mainers living in those areas.<sup>1</sup> Patients already face long waits to see providers, and many providers are already on the verge of burnout. The simple reality is that if PPNNE and MFP were to reduce health center hours, or close health centers entirely, there would be quantifiable harm from poorer birth outcomes to increased utilization of emergency rooms.

So as a lawyer, I'm concerned about the ability of our laws to safeguard Maine people in an unprecedented moment. And as a mother, I'm committed to ensuring my children have access to the care they need right here in Maine regardless of shifting political winds. Everyone deserves access to the care they need, when they need it. Politicians are never more qualified than patients to make decisions about their health care than they and their medical professionals.

LD 335 is intended to protect Maine patients and their access to health care regardless of political attacks. The bill contains three elements that respond to immediate threats and also represent our best efforts to shield against future attacks:

1. HR 1 response: First, the bill fills the Medicaid hole created by HR 1. It would substitute state dollars for federal dollars for the one-year period providers are disqualified from federal funding in order to ensure patients can continue to access the care they need. This is a policy that more than a dozen other states have already implemented or committed to, including Massachusetts, Connecticut, and Maryland. Please note that this is identical to the \$2.25 million dollars proposed by Gov. Mills in her supplemental budget.

2. Emergency funding streams: Second, the bill would create safeguards in the event of a future “defund” or degradation of Medicaid or Title X. By requiring state funds to immediately kick in when these federal funding streams have failed, we can safeguard Maine patients from shifting political winds. Sadly, this is not idle conjecture. The Republican Study Committee has already announced its plans for permanent defund of abortion providers in its next budget reconciliation bill in the US Congress.<sup>ii</sup>
3. Ongoing family planning funding: Finally, the bill would respond to requests from reproductive health care providers to sufficiently fund family planning services. This body allocated \$6 million dollars in one time funding last year,<sup>[ii]</sup> which I understand has been a lifeline for providers during this unstable time.<sup>iii</sup> This bill calls for additional, ongoing funding of \$5 million dollars starting in the next biennium (starting July 2027), when the \$6 million dollar allocation will be fully spent down. Family planning has been flat-funded for a decade, and additional funding would address not only future political threats, but also the challenges of providing health care in an environment of rising costs, substantial demand for free and discounted care, and perennial low and stagnant reimbursement rates, especially for women’s health care.

I am proud to be a member of this Legislature, which, with our constituents, have time and time again embraced our state motto—Dirigo—as we respond to the injustice, inequity, and sheer brutality of federal attacks on Maine. This is an opportunity for us, again, to show that Maine protects its people, and what we stand for: fundamental rights, dignity, and health and wellbeing for all. I urge you to vote “Ought to Pass” on LD 335 and am happy to answer any questions. Thank you.

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<sup>i</sup> Cicero Institute, *Maine Physician Shortage Facts*, Apr 21, 2024, <https://ciceroinstitute.org/research/maine-physician-shortage-facts/>; Pendharkar, Eesha, *Amid critical practitioner shortage, UMaine to explore opening public medical school*, *Maine Morning Star*, August 20, 2024, <https://mainemorningstar.com/briefs/amid-critical-practitioner-shortage-umaine-to-explore-opening-public-medical-school/#:~:text=Thirteen%20of%20Maine's%2016%20counties,2019%20to%2041%2C110%20in%202022.>

<sup>ii</sup> Republican Study Committee, *ICYMI: RSC Rolls Out Reconciliation 2.0 Framework to Restore the American Dream of Homeownership*, Jan. 15, 2026. <https://rsc-pfluger.house.gov/media/press-releases/icymi-rsc-rolls-out-reconciliation-20-framework-restore-american-dream>

<sup>iii</sup> Through LD 143, sponsored by Senate Majority Leader Pierce, and; LD 210, the state budget; WGME staff, *Planned Parenthood, Maine Family Planning receiving \$6M from state*, Sep. 24, 2025, <https://wgme.com/news/local/planned-parenthood-maine-family-planning-receiving-6m-from-state-abortion-providers-low-income-patients-president-donald-trump-health-care-abortions>