

TESTIMONY of LANI GRAHAM, MD, MPH

In Support Of

LD 335- An Act to Protect Funding for Family Planning Services

Joint Standing Committee on Health and Human Services

Room 220, Cross Building, Augusta, Maine

Wednesday, February 25, 2026

Senator Ingwersen, Representative Meyer and Members of the Health and Human Services Committee, my name is Lani Graham, MD, MPH. I am a physician from Freeport in support of LD. 335.

In 1990, when I was public health director, Maine's teen birth rate was approximately 24 births per 1,000 females ages 15–19.¹ I immediately committed myself to supporting family planning services. That commitment brings me here today. By 2023, Maine's high rate of teen pregnancy had declined to about 7 per 1,000 — nearly a 70% reduction.² That achievement was not accidental. It reflects sustained access to family planning services, supported by multiple administrations and thousands of Mainers over decades.

In addition to supporting healthier and happier families, Family planning services consistently save more money than they cost — which is not true of most health services. For every public dollar invested in family planning seven dollars are saved in pregnancy, delivery, and infant care costs.³ Family planning is one of the few health services where states often see budgetary return within 1–2 fiscal cycles.⁴

And these services are not just for teens. They are essential for women across the lifespan — including older women who rely on them for cancer screening, preventive care, and management of chronic health conditions. For many low-income or uninsured women in Maine, publicly supported reproductive health providers are their primary — and sometimes their only — point of contact with the health system.

In rural states like Maine, where transportation barriers, workforce shortages, and aging demographics intersect, preserving access points is especially critical. Preventive services

¹ Centers for Disease Control and Prevention (CDC). (1993). *Teenage pregnancy and birth rates — United States, 1990. MMWR.*

² Centers for Disease Control and Prevention (CDC). (2025). *Stats of the States: Teen births — Maine.*

³ Frost JJ, et al. *Return on Investment: A Fuller Assessment of the Benefits and Cost Savings of the US Publicly Funded Family Planning Program.* Milbank Quarterly. 2014.

⁴ **Congressional Budget Office (CBO)** and **CDC-supported Medicaid cost analyses** consistently confirm that contraception coverage reduces federal and state expenditures in the near term.

delivered in community-based reproductive health settings are part of our cancer control strategy. Weakening these services would disproportionately affect older women who are widowed, living alone, or managing fixed incomes — precisely those least able to absorb gaps in care.

Many counties already lack local obstetric services. Some family planning sites have reduced hours or closed services altogether. When even one clinic disappears in rural Maine, access is not reduced — it is effectively eliminated for many women.

Federal family planning financial support has essentially disappeared. LD 335 asks whether Maine will ensure continuity of those critical public health services.

Prevention works — but only when it is accessible. Let's make sure that continues.

Thank you for your attention. I would be pleased to answer any questions you might have.