
**Testimony of Regina Rooney, Maine Coalition to End Domestic Violence
In Support of LD 1954:
“An Act to Ensure Access to Prescription Contraceptives”**

**Before the Joint Standing Committee on Health Coverage, Insurance and Financial Services
February 15, 2022**

Senator Sanborn, Representative Tepler, and distinguished members of the Joint Standing Committee on Health Coverage, Insurance and Financial Services, my name is Regina Rooney and I am writing on behalf of the Maine Coalition to End Domestic Violence (MCEDV) in support of LD 1954, *An Act to Ensure Access to Prescription Contraceptives*.

MCEDV represents a membership of eight regional domestic violence resource centers across Maine as well as the Immigrant Resource Center of Maine. Last year, our programs worked with over 11,000 survivors of domestic abuse and violence and their children in our state.¹

Our member programs are perhaps best known for safety planning – that is, helping people who are experiencing abuse manage the risks posed by the person who abuses them. People often think that safety planning must involve the police, the courts, or a shelter, but creating lives free from abuse is more complicated than that. And contraception plays an incredibly important part in safety planning for many survivors.

“Reproductive coercion”² describes behaviors person uses to control their partner’s reproductive and sexual health to control that person. It includes tactics like sabotaging birth control, coercing a partner into unprotected sex by “stealthing”³ and other means, and preventing their partner from accessing abortion. It’s common and, from their perspective, incredibly effective, since having a child together creates a powerful and long-lasting bond. Abusive people often use children as leverage to maintain control in the relationship and, should the victim seek to end the relationship, they often use the civil court system and their post-separation contact with the children to continue to monitor, harass, and terrorize their

¹ Learn more: www.mcedv.org/wp-content/uploads/2022/01/2021-Annual-Report-FINAL-1.pdf

² Learn more: www.mcedv.org/learn-about-abuse/reproductive-coercion/

³ “Stealthing is when a partner secretly removes a condom during sex without the other person’s consent.”
Learn more: www.loveisrespect.org/resources/what-is-stealthing/

ex-partners. Additionally, many survivors tell us that the economic obstacles to getting free, which are already steep, become impossible with a child – or with one more child – in the picture.

Others here today will speak about how expanding the range of contraceptive options will help more people identify and access the right contraceptives for their unique bodies and circumstances. We must not forget domestic violence survivors in that discussion; for many, their options for avoiding pregnancy are already limited by their abusive partners. For example, many survivors find that getting an IUD and having the strings cut too short to feel is an effective way to prevent pregnancy in the face of a partner who pokes holes in condoms and who flushes the birth control pills down the toilet. What is someone to do if the type of IUD that their plan covers doesn't work for them? For many people, paying the out-of-pocket cost, which can range up to \$1,300, is not a realistic option.

I deliver this testimony today as the granddaughter of a violent man, whose wife, my grandmother, endured 13 pregnancies in the span of 16 years, 12 of which she carried to term. I often wonder how might her life have been different – how might she and her children have flourished – had she had the ability to control her own reproductive life?

Expanding access to contraception coverage will give survivors more tools with which to manage their risk and exercise self-determination in the face of abuse and control. Therefore, MCEDV respectfully asks you to support LD 1954.

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