



Post Office Box 587  
Augusta, ME 04332-  
0587

t: 207.622.7524

f: 207.622.0836

**LD 1249 An Act to Protect the Quality of Care Provided via  
Telehealth Prohibiting Physicians from  
Prescribing Abortion-inducing Drugs or Devices through Telehealth  
or other Electronic Communication  
May 5, 2023**

**Testimony of Laura Harper, Senior Associate, Moose Ridge Associates  
On behalf of  
Maine Family Planning**

Senator Carney, Representative Moonen and distinguished members of the Joint Standing Committee on the Judiciary, my name is Laura Harper. I live in Hallowell and am a senior associate at Moose Ridge Associates. I am here today to present testimony on behalf of Maine Family Planning on LD 1249 An Act to Protect the Quality of Care Provided via Telehealth Prohibiting Physicians from Prescribing Abortion-inducing Drugs or Devices through Telehealth or other Electronic Communication.

Maine Family Planning (MFP) has been providing telehealth services since 2014, including contraception; medication abortion; sexually transmitted infection screening, diagnosis and treatment; and primary care. During the Covid-19 pandemic, MFP pivoted rapidly and expanded its use of telehealth to assure that Mainers could continue receiving quality reproductive health care. We never closed our doors and in fact, because of the changes in telehealth policies due to the Public Health Emergency, we were able to provide services to Mainers who otherwise may not have had a way to obtain the care they needed.

Maine Family Planning's ability to make a wide range of sexual and reproductive health services available during the pandemic and beyond *is based almost entirely on its groundbreaking use of telehealth technology to make medication abortion available in some of the state's most rural communities*. In other words, if we had not expanded access to abortion care via telehealth in 2014, chances are that thousands of Mainers would have been without access to other critical sexual and reproductive health services during the pandemic.

We are not shy about the role that abortion care played in the delivery of all sexual and reproductive health services provided by MFP. We are proud that we pioneered telehealth in the delivery of medication abortion care and proud that we have served as a resource to abortion providers in other states.

LD 1249 is yet another in a long line of cookie cutter legislative efforts from other states that rely on opinion and belief at the expense of hard facts regarding the safety of providing medication abortion care via telehealth.

Here are the facts:

From March of 2018 through March of 2019, a joint study was carried out by the National Institutes of Health and the Society of Family Planning, following 4584 people who received medication abortion medications by mail following a telehealth visit.

--3,186 provided follow up information (70 percent);

--Among these 2,797 (88 percent) confirmed use of the medications and provided outcome information;

--Overall, 96.4 percent of those who used the medications reported successfully ending their pregnancy without surgical intervention;

--One percent (1%) reported treatment for any serious event; and

--No deaths were reported by family, friends, the authorities or the media.

Among the 2,268 patients who provided information about their experience, 98.4 percent were satisfied.\*

LD 1249's sole purpose is not to protect but to prevent patients from accessing a perfectly safe method of reproductive health care. We urge you to vote "Ought not to pass."

\*(*The Lancet Regional Health—Americas*, June 10, 2022, "Safety and Effectiveness of self-managed medication abortion provided using online telemedicine in the United States: A population based study", Aiken, Romanova, Morber, Gomperts)