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Brooklin
LD 975

March 28, 2025

To: Joint Standing Committee on Judiciary
Chairs: Senator Anne Carney and Representative Amy Kuhn

RE: March 28, 2025 Hearing on 7 anti-Reproductive Health Care Rights Bills

Dear Senator Carney and Representative Kuhn and distinguished members of the Joint Standing Committee on Judiciary,

Please accept this letter from a very concerned citizens from eastern Maine over these alarming and intrusive bills on women's health care rights. Maine has appropriately and effectively provided and protected reproductive health care rights for its citizens. The bills, individually and in total, sabotage women's healthcare rights in Maine and represent a misguided strategy by the sponsors to undermine women's rights to privacy, self-determination, life, and well-being. Without exception, each bill moves Maine a step closer to the unacceptable reality for women that we now see in Iowa, Missouri, Texas, Alabama, and other states causing physical and emotional harm, including death and loss of the ability to have more wanted children. We have no interest in becoming the next state to embrace Project 2025's draconian beliefs about women's healthcare rights and personal freedoms for which these seven bills open the door.

I submit this testimony requesting that the Committee vote Ought Not To Pass on LDs 253, 682, 886, 887, 975, 1007, and 1154 for the following reasons.

LD 253 treats low-income women as second-class citizens undeserving of support for basic health care.

LD 682 implies that the State of Maine and its legislators are more knowledgeable about fetal viability than licensed neonatal and obstetric physicians, moves decisions about terminating non-viable pregnancies into the murky decision-making territory called "reasonable certainty"; sets dangerous and unproven assumptions about life expectancy post-birth of compromised babies; and then puts the physicians responsible for making a decision with "reasonable certainty" at risk for criminal penalties.

LD 886 eliminates the online purchase of a safe and approved drug, requires unrealistic in-person monitoring by a health care professional for a procedure that is carried out in the privacy of a person's home, puts health care professionals inappropriately in the role of providing "spiritual guidance", and forces physicians to provide information about reversing a medication abortion after it is underway which has no evidence to support the claim.

LD 887 requires an insulting and invasive set of unnecessary procedures when a woman decides to use a medication to terminate her pregnancy, and then criminalizes the health care provider for failing to adhere to a process that is not aligned with how and where medication abortions actually take place.

LD 975 eliminates the distinction between a fetus and a human being and codifies the belief that legal personhood begins at conception based on certain legislators' religious beliefs. By enacting this bill, any action that prevents a pregnancy from coming to term can be classified as murder, including any contraceptive method, partner/spousal abuse that results in harm to a fetus, pre-viability miscarriages, and any necessary post-viability abortion to save the mother's life. The unintended consequences of this bill should not be underestimated.

LD 1007 claims that a chemical abortion can be reversed which is not substantiated by any reputable scientific medical studies or any established medical procedures.

LD 1154 there is no need to codify a standard of care that already exists and then criminalize health professionals for the advice and counsel they are already providing.

For the reasons highlighted above, I join many others in requesting that the

Committee vote Ought Not To Pass on LDs 253, 682, 886, 887, 975, 1007, and 1154.

Ellen Booraem
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