

Audrey Farber  
North Yarmouth  
LD 886

It is reasonable to suggest that healthcare providers inform patients about the steps and experience of undergoing a medication abortion. However, I don't think this needs to be put into law: any healthcare provider who is already doing their job is providing patients with this information. And if they're not, then that is a problem for the patient to address with the provider, not to be meddled in by Maine's legislature.

Further, the suggested requirement of informing women that the procedure is reversible is unconscionable. This is not proven, and it is dangerous. It is akin to suggesting to patients that they might take up smoking or drinking to manage their anxiety, yet with potentially more acute, immediate, and life-threatening consequences. As if mandating that physicians undertake malpractice were not enough, one could take the position that any negative consequences resulting from requiring health care providers to (a) lie (b) dangerously to patients could arguably be seen as the State's fault.

Thirdly, the requirement that a healthcare provider "oversee the ... abortion in person" is unrealistic and unnecessary. It is unpleasant? Yes. More than unpleasant. But it's not life-threatening and while it's preferable to have someone with you, no medical skill beyond opening a bottle of Advil and holding your hair back while you puke is required. Most half-way decent friends, family members, or partners can handle these tasks. And it's unrealistic because typically the two drugs are administered about 24 hours apart, which makes a requirement for "in-person oversight" both a waste of providers' time and prohibitively expensive. Should a nurse stay with me for twenty four hours while nothing happens, then for another eight hours while I moan on a couch and sit on a toilet? Why? What problem is this solving?

These seemingly innocuous changes could have disastrous downstream consequences for women, for healthcare providers, and even for the State.