

Committee on Judiciary
Testimony in Opposition to:

L.D.s 253, 682, 886, 887, 975, 1007, and 1154

By Heide Lester on behalf of EqualityMaine and MaineTransNet

March 28, 2025

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

My name is Heide Lester, and I am the Deputy Director of EqualityMaine, which has been advocating on behalf of Maine's LGBTQ+ community since 1984. I am testifying on behalf of EqualityMaine and our colleagues at MaineTransNet, whose mission is to support and empower transgender people to create a world where they can thrive. We oppose this slate of bills, all of which seek to restrict or impede access to safe reproductive healthcare services and do not align with standards of care and the prioritization of patient safety and public health.

Access to reproductive healthcare is a critical issue for many people in Maine, and LGBTQ+ people are among those who become pregnant and need access to safe abortion care. Statistically, LGBTQ+ people are about twice as likely as their cisgender, heterosexual peers to have a teen pregnancy¹, and lesbian, bisexual, and queer cisgender women are more likely to have had an abortion than heterosexual cisgender women.² There are many reasons for these disparities, including lack of access to reproductive healthcare, limited education on sexual and reproductive health, higher poverty and uninsured rates, societal pressures to conform to heterosexual norms, and greater incidence of rape.³ Members of the LGBTQ+ community experience disproportionate rates of sexual victimization – almost 80% of bisexual women and almost 60% of lesbian women have experienced contact sexual violence in their lifetimes.⁴

The more that access to legal abortions is restricted, the higher the risks for those seeking abortion services becomes.⁵ When people who are pregnant are unable to access safe, timely, and affordable abortion care, they seek it elsewhere, which increases their risk for physical and mental harm. Legislative restrictions fundamentally interfere with the patient–health care professional relationship and decrease access to reproductive healthcare, particularly for people with low incomes. Furthermore, the right to a safe abortion is a right to bodily autonomy, which is an integral part of our community's fight for equality. We believe unequivocally that any restrictions on people's bodily choices can deny them their ability to live with authenticity and dignity, or even to live at all.

We urge you to vote “Ought Not To Pass” on L.D.s 253, 682, 886, 887, 975, 1007, and 1154.

Thank you,

Heide Lester (they/them)
Deputy Director, EqualityMaine

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Executive Co-Director, MaineTransNet

¹ Charlton, BM et al. “Teen Pregnancy Risk Factors Among Young Women of Diverse Sexual Orientations.” *Pediatrics*, U.S. National Library of Medicine, pubmed.ncbi.nlm.nih.gov/29531127/.

² “Fact Sheet: LGBTQ+ People & Roe V. Wade.” *Human Rights Campaign Foundation*, hrc-prod-requests.s3-us-west-2.amazonaws.com/FACT-SHEET_-LGBTQ-PEOPLE-ROE-V-WADE.pdf

³ Norwood, Crystal Kwan. “Abortion Is a Queer Issue.” *Provide*, 5 Sept. 2024, providecare.org/blog/abortion-is-a-queer-issue

⁴ “The National Intimate Partner and Sexual Violence Survey (NISVS) 2016/2017: Report on Victimization by Sexual Identity,” *Centers for Disease Control and Prevention*, cdc.gov/nisvs/documentation/nisvsreportonsexualidentity.pdf.

⁵ “Increasing Access to Abortion.” *ACOG (American College of Obstetricians and Gynecologists)*, acog.org/clinical/clinical-guidance/committee-statement/articles/2025/02/increasing-access-to-abortion.