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Legislative Office Building
100 State House Station
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Re: **LD 975** An Act to Repeal Laws Allowing Abortion and to Criminalize
Abortion - *Rep. Abigail Griffin of Levant*

&

LD 253 An Act to Prevent the MaineCare Program from Covering Abortion
Services - *Rep. Kathy Javner of Chester*

LD 682 An Act to Amend Certain Laws Regarding Abortions - *Sen. David Haggan of Penobscot*

LD 886 An Act to Regulate Medication Abortions - *Rep. Abigail Griffin of Levant*

LD 887 An Act to Make Manufacturers Responsible for Proper Disposal of Abortion Drugs and
Require a Health Care Provider to Be Physically Present During a Chemical
Abortion - *Rep. Reagan Paul of Winterport*

LD 1007 An Act to Update the State's Informed Consent Laws Regarding Drug-induced
Abortion - *Rep. Reagan Paul of Winterport*

LD 1154 An Act to Require That Informed Consent for Abortion Include Information on
Perinatal Hospice - *Rep. Reagan Paul of Winterport*

To Chairman Kuhn and the honorable members of the Judiciary Committee:

My name is Kyle T. McClintock, I write today as a new resident of the town of Falmouth, and more importantly, as a mother to a wonderful, 3.5-year-old daughter. As a Doctor of Nurse Anesthesiology Practice, a Certified Registered Nurse Anesthesiologist of 15 years, and a healthcare provider with over 20 total years of experience, I write with grave concern over bill **LD 975 *An Act to Repeal Laws Allowing Abortion and to Criminalize Abortion***, and related bills that seek to complicate access to abortion care in Maine. I am testifying today to provide important information regarding the detriments that the loss of abortion care would have on our communities, as well as how criminalizing abortion care is unjust for both healthcare practitioners and our patients across the great state of Maine.

Last year, the United States Census Bureau reported that women make up 50.5% of the United States population .¹ Approximately 1 in 5 women access abortion care in the U.S. each year most commonly driven by necessity, complication of pregnancy, socioeconomic factors,

and critical health threats.²⁻⁵ Abortion care is reproductive care, and reproductive care is basic level healthcare for women. This means that when access to abortion care is restricted, over half of the nation's population are not granted the right to full and basic healthcare. This becomes both a health-policy and gender-inequality crisis.

There are numerous negative downstream effects related to anti-abortion legislation such as LD 975 and related bills. It has been found that when abortion access is withdrawn the mental health of women seeking abortion, and of women overall, of children of abortion-denied mothers, and of partners of women denied access to care are negatively impacted, contributing further to the existing mental health crisis in America.^{2,3,4} In addition America has seen and anticipates seeing increased numbers of adverse health outcomes for both parturient and fetus and subsequent increased obstetric morbidity and mortality with lack of care. Anti-abortion laws deepen socioeconomic discrepancies and disproportionately effects women of minority groups.^{2,3} In addition, criminalizing abortion care causes greater healthcare costs, increased legal "grey-areas" in the practice of medicine, greater health-professional discontent, and decreasing numbers of available providers as many could be pushed away out of fear of prosecution.^{2,3,4}

Many professional organizations have come forth to denounce the 2022 Dobbs decision to overturn *Roe v. Wade*. Among them are the American College of Obstetrics and Gynecologists, American Psychiatric Association, American Academy of Family Physicians, American Society for Reproductive Medicine, American Medical Association, and the American Association of Pediatrics.³ There continues to be no lack of highly accredited medical associations speaking out against bills such as this attacking health professionals' freedom to practice and threatening the patients for whom we wish to deliver the highest quality of care.

On a personal level, I myself have provided anesthesia care for many patients undergoing abortion treatments. I have held the trembling and clammy hands of women needing, NOT wanting, abortive procedures. I have shed tears alongside them as I put them off to sleep for completion of miscarriages after multiple failed attempts at their miracle IVF child. NO woman or couple deserves to have the gravity of restricted access to basic healthcare added to the trauma of needing abortion care in the first place. Women deserve sole autonomy over their own bodily decisions as well as the right to expert guidance of their reproductive care team that isn't undermined by criminality.

The Guttmacher Institute is an evidence-based, high-quality research and policy organization that advocates for reproductive health rights around the globe.⁶ The institute put out a report of eight ways that states can combat anti-abortion legislation which includes repealing existing restrictions, amending state constitutions to codify abortion rights, restricting anti-abortion centers, and enacting shield laws to provide legal protections for both patients and providers.⁶ I ask and implore you, our Maine state legislators, to work together to achieve these

safeguards and, specifically today, to oppose LD 975 and other proposed bills related to abortion. These bills prove a direct assault on the women of our state and Maine's dedicated healthcare professionals alike. Abortion care IS health care. Although the battle on abortion is not a new one, our nation has already faced a tragic regression of women's rights through legislation such as this. We cannot let Maine become another heartbreaking statistic. The health and wellbeing of our public, our women, our providers, and our future generations depends on the efforts made today.

Thank you sincerely, Chairman Kuhn and committee members for your dedication to these matters and for allowing me the time to testify on this vital issue.

References

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