

My name is Drew Reilly. I am a resident of Falmouth Maine, I hold a doctorate in nurse anesthesia practice, I am a certified registered nurse anesthetist, advanced practice registered nurse working in Portland, and most importantly a father to my wonderful three and half year old daughter.

I am writing concerning the upcoming bills up for review by the Judiciary committee regarding abortion care in the state of Maine. No bill criminalizing or restricting women's rights and access to abortion healthcare should be considered for legislation. Whether its LD 975 looking to criminalize abortion for women and the healthcare professionals that provide care or the bills seeking to place barriers to access like LD 253, LD 682, LD886, LD 887, LD 1007 and LD 1154.

There is an endless set of scenarios to consider in which these bills, if enacted, would cause harm or overrule a woman's liberty to choose what happens inside of her own body. Personally in my fifteen years of administering anesthesia I have had the occasion of getting out of bed in the middle of the night on a call shift to take care of a woman experiencing pregnancy complications. I have transfused large amounts of blood products into a woman in order to save her life where the fetus was lost. Any delay in care in these situations will cause harm and death to both the mother and the fetus. Healthcare professionals cannot wait for the 'green light' from a non-healthcare professional to determine the legality of care before it is delivered. We should not have to worry about the potential criminality of our actions to do exactly what we need to do to take care of anyone.

My wife and I are also older parents in the over forty club. Having a child while also having a bit more insight into the physiology and elevated age related risk factors, we chose to work through some very difficult considerations during my wife's pregnancy. Many times complications during pregnancy have to be managed based on probabilistic outcomes. How much is anyone willing to risk? The calculus certainly changes for everyone if there are other children at home that need their mother around. Maybe we would not have tried to have a child if we didn't have the option to keep my wife safe in the event of a high risk complication. Luckily our journey resulted in the greatest outcome imaginable, with our healthy daughter. Unfortunately, that is not every woman's story.

I am confident, and thankful, that many people are going to write with detailed statistics and objective numbers to advocate for rejecting the above bills from committee. Alternatively, I would like to point to an example from states that already have similar legislation in place. For example, our physician OB/GYN colleagues in Texas have already addressed what will happen to women in Maine should these bills be considered. The American College of Obstetricians and Gynecologists recently relayed in a statement, "New data released this week put numbers behind the very real harms we have long known anecdotally to have been caused by Texas' abortion ban. It is clear that our ob-gyn community is understandably and drastically affected by Texas' abortion ban and deeply feels the weight of being prevented from providing evidenced-based care to their patients." (ACOG, Oct. 9, 2024. <https://www.acog.org/news/news-releases/2024/10/statement-from-acog-president-on-new-texas-ob-gyn-workforce-study>) Mirroring the sentiments of our Texas colleagues I cannot imagine having a patient dying in front of us, with the ability to help them, and told it is criminal to act. What is happening in abortion ban states is not a beacon of moral achievement. Texas, and states with similar bans to women's healthcare, are in fact in their own ethical and moral crisis.

This ethical debate can play out forever, in an endless stream of scenarios, in which everyone's ethical boundaries are parsed out into the endless ether of existence. In an effort to aim a myopic laser beam at an ethical determination in this instance, consider that mothers who purposefully murder their children are very few and far between in America. A brief look at the Bureau of Justice numbers show that it is exceedingly rare. Therefore, it seems reasonable for society to trust women, and their healthcare professionals, to navigate the ethics of what is happening inside their own body before assigning criminality to it or limiting access to the healthcare. Ethical parlance labels this women's autonomy. Autonomy is one of the foundations of healthcare ethics. Regardless of where my own ethical boundaries would be I

recognize that my boundaries do not universally apply to everyone else; nor should anyone else's boundaries apply to others. I fully support women's autonomy, I believe society should support it, and I believe the State of Maine should continue to support women's autonomy by rejecting bills LD 253, LD 682, LD886, LD 887, LD 975, LD 1007 and LD 1154.

I would very much like to thank the committee members for considering this testimony.

Gratefully,

Drew Reilly