
**Testimony of Amanda Taisey on behalf of the Maine Coalition to End Domestic Violence
In Opposition to the following bills: LD 253, "An Act to Prevent the MaineCare Program
from Covering Abortion Services", LD 682, "An Act to Amend Certain Laws Regarding
Abortions", LD 886, "An Act to Regulate Medication Abortions", 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", and LD 1007, "An Act
to Update the State's Informed Consent Laws Regarding Drug-induced Abortion"**

**Before the Judiciary Committee
March 28, 2025**

To the bill sponsors, Senator Carney, Representative Kuhn, and members of the Judiciary Committee, my name is Amanda Taisey, and I am testifying on behalf of the Maine Coalition to End Domestic Violence (MCEDV)¹ in opposition to LDs 253, 682, 88, 887 and 1007.

MCEDV recognizes the important role that reproductive healthcare generally, and abortion care specifically, plays for survivors of domestic abuse and violence. In most cases, having a child binds two people together for the long term, even if their relationship ends; sharing custody and co-parenting is a long-term project that is overseen and enforced by the courts. People who perpetrate abuse understand this and frequently use pregnancy as a way of inducing long-term connection, dependence, and compliance. They may coerce pregnancy² by damaging contraceptives or refusing to use them, they may commit sexual assault without using protection, or they may simply wait to show their true abusive colors until after their partner has had a child, only then revealing overtly controlling and violent behavior. Pregnancy itself is dangerous for survivors; pregnant patients are more likely to die from homicide than any other pregnancy related conditions³, and the homicide rate

¹ MCEDV serves and supports a membership that includes the eight regional domestic violence resource centers as well as two culturally specific services providers. Our member programs provided services to more than 12,000 victims of domestic violence in Maine last year.

² "Reproductive coercion" describes behaviors used by a person to exert control over their partner's reproductive and sexual health in order to control that person. It can include tactics like sabotaging birth control, coercing a partner into unprotected sex by "stealth" and other means, and preventing their partner for exercising reproductive choice. Learn more: mcedv.org/learn-about-abuse/reproductive-coercion

³ "The Biggest Danger During Pregnancy: Homicide." The Crime Report, March 15, 2022. Accessed at <https://tinyurl.com/2w43eeyh>

among pregnant and postpartum women in 2020 increased 33% from 2019⁴. Given this reality, contraceptive care and abortion must be understood as key tools of safety planning for survivors of domestic abuse and violence.

Research shows that intimate partner violence is one of the top reasons that individuals end up not accessing abortion until later in pregnancy.⁵ This only makes sense, when we consider the obstacles presented by someone who monitors their partner's every move, creates a multitude of urgent crises which must be dealt with immediately (many of which center on children already in the home), isolates them, controls the family finances, and even convincingly promises they will change and that things will get better. Of course, services are harder to access under such conditions.

People often think that safety planning must involve the police, the courts, or a shelter, but creating lives free from abuse is more complicated than that. A survivor's ability to decide whether or not to have a child is a critical factor in their ability to manage both the risks posed by their abusive partner and their long-term economic security, which is what survivors cite most often as the barrier that keeps them trapped. Maine's law providing for abortion coverage for people on MaineCare, which by design covers our state's most economically vulnerable people, is therefore an important antidote to the tactics that abusive partners frequently use.

There is a concerted effort underway across the nation and in our state to restrict abortion in any way possible. But when we restrict abortion, we narrow the options that survivors have to protect themselves against a partner's reproductive coercion. We collude with the people committing abuse, giving them leverage and taking away safety planning options from their victims, who are working hard to keep themselves and their children safe. When we expand access, we expand survivors' options and resources.

For these reasons, we respectfully ask you to vote Ought Not to Pass on the LDs mentioned above.

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⁴ Wallace, Maeve. Trends in Pregnancy-Associated Homicide, United States, 2020. Am J Public Health. 2022 Sep;112(9):1333-1336. doi: 10.2105/AJPH.2022.306937. Epub 2022 Jul 7.

⁵ Foster, D.G. and Kimport, K. (2013), "Who Seeks Abortions at or After 20 Weeks?". Perspectives on Sexual and Reproductive Health, 45: 210-218. <https://doi.org/10.1363/4521013>