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March 28, 2025

Senator Carney, Chair  
Representative Kuhn, Chair  
Members, Joint Standing Committee on Judiciary  
100 State House Station  
Augusta, ME 04333-0100

Re: 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*

Senator Carney, Representative Supica and members of the Joint Standing Committee on Judiciary, thank you for the opportunity to provide information in opposition to 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*.

This bill criminalizes providing or attempting to provide an abortion drug prior to examining the patient, and for not being physically present at the location of the abortion, not scheduling a follow-up within seven days or not providing the patient with a catch kit and medical waste bag as defined in the bill language. Additionally, the bill makes liable the manufacturer of the abortion medication for improper disposal, including the disposal of pathological waste, if detected in wastewater.

The Maine Center for Disease Control and Prevention (Maine CDC) opposes LD 887. The bill presents challenges to healthcare choices for pregnant people by imposing criminal penalties while disregarding the professional judgment grounded in the healthcare providers' medical training and licensing standards and used in individualized health care.

Nearly two-thirds of all abortions in the US now are medication abortions, according to the Guttmacher Institute<sup>1</sup>, with most occurring at home. Hospitals and clinics' disposal is regulated and subject to applicable state laws regarding human remains, but waste from medication abortions is not regulated. While some states are exploring the environmental impact of improper disposal of abortion medication and medical waste, the impact of improper disposal in Maine is unclear. The bill assumes a broader reach for the Department's role in wastewater surveillance which currently does not encompass prescription medication or illicit drugs or pathological waste. Tracing back to a manufacturer of an "abortion drug" detected in wastewater is complex and, if enacted as written, the Department could be responsible for enforcing the unnecessary remediation requirements within the bill. While an environmental impact study might better inform us around the appropriate safeguards for Maine's waterways and public health protection

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<sup>1</sup> [Medication Abortion Accounted for 63% of All US Abortions in 2023—An Increase from 53% in 2020 | Guttmacher Institute](#)

as it relates to all medications and/or pathological material disposal but having a provider supply a catch kit and medical waste bag for medication abortions is unnecessary and unjustified.

US studies say medication abortion is about 95% effective in ending pregnancy and requires further medical follow-up less than 1% of the time.<sup>2</sup> Criminalizing a physician for exercising professional judgement while maintaining acceptable standards of care disrupts the provider/patient relationship and restricts health services. This bill is contrary to Maine's public policy around imposing restrictions on reproductive health services. It also interferes with the Department's wastewater surveillance program for wastewater testing. The Maine CDC works with 23 communities that voluntarily submit samples to assist in disease tracking. This data serves as a predictive indicator for illnesses such as COVID-19 and Influenza but does not capture data related to chemicals.

Maine CDC is in opposition to LD 887 for the challenges this bill poses to a person's access to reproductive healthcare by criminalizing conduct without consideration of the medical necessity of the physical presence or the professional judgment of a licensed healthcare provider, and by holding manufacturers liable for remediation when an endocrine disruptor is detected in wastewater and connected to improper disposal occurring from an at-home medication abortion. Further, it is unclear the current impact on improper disposal of medication used for nonsurgical abortions to necessitate this law and how it will be enforced, if enacted.

Please feel free to contact me if you have any questions during your deliberation of this bill.

Sincerely,



Puthiery Va  
Director  
Maine Center for Disease Control  
Maine Department of Health and Human Services

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<sup>2</sup> [Mifepristone: Supreme Court rejects limits on abortion pill](#)