



March 27, 2025

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

To: Senator Carney, Representative Kuhn, and members of the Judiciary Committee

The Maine Chapter of the Freedom From Religion Foundation (MC-FFRF) writes 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.

Currently, medication abortion can be completed with the patient administering the medication in their own home, under the guidance of a healthcare provider who is not necessarily physically present. Requiring an in-person healthcare provider would pose barriers to access, limit personal autonomy, and unnecessarily complicate a procedure that is already highly safe and effective.

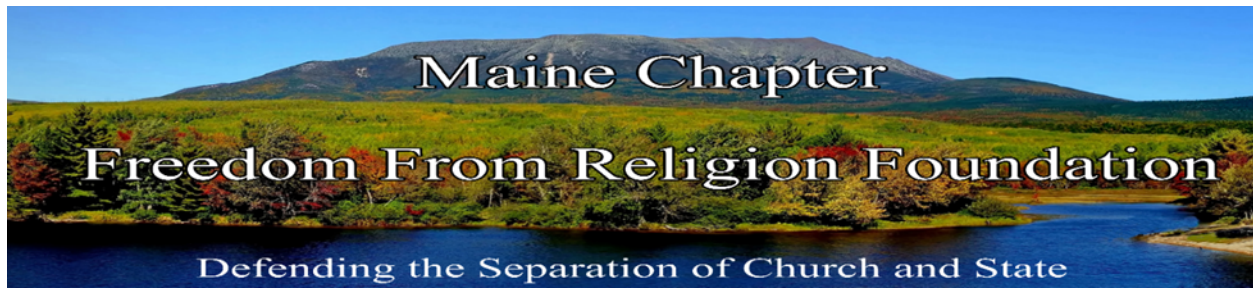
The U.S. Food and Drug Administration (FDA) has approved the use of mifepristone and misoprostol, which are used in combination to induce an abortion. Research and clinical data show that medication abortion is a safe and effective option, with a success rate of over 95%. When done properly, the risks associated with medication abortion are minimal and complications are rare. Additionally, the vast majority of patients who undergo medication abortion do not require a healthcare provider to be physically present, as the process involves taking medication at home, with a follow-up appointment scheduled to ensure the procedure was successful and that no complications arose.

The requirement for a healthcare provider to be physically present during the administration of the medications is medically unnecessary. The procedure is already highly controlled, and patients are well-instructed on how to safely use the medications. Requiring in-person healthcare provider presence for a procedure that is already safe only serves to create barriers without improving the safety or effectiveness of the process.

Requiring a healthcare provider to be present during a chemical abortion would interfere with access to care, especially for individuals in rural or underserved areas. Requiring in-person attendance of a healthcare provider means individuals may have to travel long distances to access care, which can be financially and emotionally taxing. For low-income individuals, this additional travel requirement could create an insurmountable barrier to obtaining an abortion. Medication abortion is a more accessible option precisely because it allows individuals to manage their healthcare in a way that is convenient, private, and less disruptive to their daily lives.

Maine Chapter, Freedom From Religion Foundation
PO Box 161
Vassalboro, ME 04989-0161

President.RV@ffrfmaine.org
phone: 207-370-8813
www.ffrfmaine.org



Requiring the presence of a healthcare provider during a chemical abortion undermines the principle of reproductive autonomy. Patients should have the ability to make informed decisions about when, how, and with whom they wish to undergo a medical procedure, including an abortion. The current system allows individuals to take the medication at home, under the guidance of a healthcare provider through remote consultation, which respects their autonomy and privacy. Requiring in-person provider presence not only interferes with this autonomy but may also increase the emotional and psychological burden on patients. Many individuals may feel uncomfortable or stigmatized by having to be physically present with a healthcare provider during an already difficult and personal decision.

Furthermore, individuals who have access to telemedicine consultations can receive support and advice from healthcare providers without needing to disrupt their lives or travel to a clinic. This type of access allows for a more compassionate, patient-centered approach to healthcare, where individuals are empowered to manage their own reproductive choices while still receiving professional care.

Another consideration is the added burden that requiring healthcare providers to be present for medication abortions would impose. Many healthcare providers and clinics are already struggling with the administrative and logistical challenges of offering reproductive healthcare services. Mandating in-person visits for medication abortion would require more staff, additional resources, and more time spent on logistical coordination. This could ultimately reduce the number of clinics and providers offering abortion services, particularly in areas where resources are already limited.

The decision to undergo an abortion is a personal one, and individuals should have the autonomy to make that decision and manage their healthcare in the way that is best for them. The current system, which allows for telemedicine consultations and home administration of medication, provides a more compassionate, accessible, and patient-centered approach to reproductive healthcare. Requiring a healthcare provider to be present for a chemical abortion only serves to create unnecessary obstacles that ultimately harm those seeking care.

MC-FFRF urges the committee to vote "Ought Not To Pass".

Thank you for your time and consideration.

-Ray Vensel, President