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To the judiciary committee, My name is Michelle Zagardo and I am writing to express my strong opposition to HP 573, which would criminalize the provision of medication abortion except in the presence of completely unnecessary and impractical requirements, including physical presence during the abortion and the provision of a catch kit and medical waste bag. Additionally, the bill's requirements for medical waste disposal and manufacturer liability impose further obstacles that disregard both medical best practices and patient needs. This legislation creates undue barriers for individuals seeking reproductive healthcare, particularly for those who live in rural areas, have mobility limitations, or lack access to in-person care due to financial or personal circumstances. Medication abortion is a safe, well-documented medical practice that is effectively managed through telehealth in accordance with the recommendations of leading medical organizations, including the American College of Obstetricians and Gynecologists. The requirement for a provider to be physically present at the location of an abortion is not only medically unnecessary but also logistically unfeasible for many patients and providers, leading to delays in care that can have serious health consequences. Moreover, this bill ignores the fact that medication abortion drugs are frequently used to manage miscarriage. Many individuals who experience miscarriage at home rely on the same medications to ensure a safe and complete process. The burdensome regulations proposed in this bill would subject those experiencing pregnancy loss to unnecessary legal and medical obstacles, compounding an already distressing situation. I, myself, was prescribed medications to manage the loss of a wanted pregnancy that spontaneously aborted. Having access to safe, clinically proven treatments allowed me to go on to have a healthy baby, following my tremendous loss. By failing to distinguish between abortion and miscarriage management, this legislation risks harming those who need timely and compassionate reproductive healthcare. Furthermore, the provisions regarding medical waste disposal and manufacturer liability place excessive and impractical responsibilities on patients, providers, and pharmaceutical companies. There is no comparable legal requirement for other types of medications that result in biological waste, making this an obvious attempt to single out and stigmatize abortion care rather than a genuine public health measure. This bill does not enhance patient safety—it creates logistical and legal hurdles that interfere with reproductive healthcare, increase patient suffering, and place providers at risk of criminal penalties for offering essential medical care. I strongly urge you to support policies that prioritize access to safe and evidence-based reproductive healthcare. With Gratitude,
Michelle Zagardo