



March 1, 2022

Dear Senator Carney, Representative Harnett, and Members of the Joint Standing Committee on Judiciary,

I join you today on behalf of the Maine Women's Lobby. For over forty years, the Maine Women's Lobby has advocated for gender-responsive and gender-equitable public policies, with a focus on those most affected by misogyny, sexism, and other forms of oppression. We support systems and proposals which increase the health, wellness, safety, and economic security of all people in Maine.

We write **in support of LD 1899, An Act To Ensure Safe Entry and Access for People Seeking Health Care and Other Constitutional Rights**, and we thank Representative McCreight for her sponsorship of this bill.

The need for reproductive health care is expansive, lifelong, and affects almost everyone. For example, in the United States¹:

- There are more than 240,000 new cases of reproductive cancers each year.
- 99% of all sexually active women have used at least one contraceptive method.
- 1 in 4 women have had an abortion.
- 86% of women give birth at least once.
- Half of all sexually active people will develop an STI before the age of 25.
- 1 in 10 people experience infertility.

Despite this critical need, there continue to be barriers to accessing the full range of reproductive care, and virtually all restrictions and limitations disproportionately harm women who are already marginalized or oppressed:

- Barriers to access for reliable, long-acting birth control means that **women who live at the federal poverty level are five times more likely to experience unintended pregnancy**.²
- These barriers mean that **abortion is more highly concentrated among women who are experiencing poverty**³; and women who are forced to carry unwanted pregnancies to term

¹ Sonfield A., Keller L. (2019, February 18). More to Be Done: Individuals' Needs for Sexual and Reproductive Health Coverage and Care. Guttmacher Policy Review. <https://www.guttmacher.org/gpr/2019/02/more-be-done-individuals-needs-sexual-and-reproductive-health-coverage-and-care>

² U.S. Department of Health and Human Services, Annual update of the HHS poverty guidelines, Federal Register, 2011, 76(13):3637–3638, <http://www.gpo.gov/fdsys/pkg/FR-2011-01-20/pdf/2011-1237.pdf>.

³ Jones RK, Darroch JE and Henshaw SK, Patterns in the socioeconomic characteristics of women obtaining abortions in 2000–2001, *Perspectives on Sexual and Reproductive Health*, 2002, 34(5):226–235, http://www.guttmacher.org/sites/default/files/article_files/3422602.pdf.



through lack of geographic or financial access, or other barriers such as waiting periods, are more likely to fall into poverty within a year.⁴

- The combined impacts of racism and classism mean that **women of color are disproportionately likely to be insured by the Medicaid program**: Thirty percent of black women and 24% of Hispanic women aged 15–44 are enrolled in Medicaid, compared with 14% of white women.⁵

In addition to the many legal and structural barriers these women often face, in many cases they are forced to endure harassment, physical blockades, noxious odors, and other forms of physical threats and intimidation. In congested areas where services can only be accessed in public settings, or where parking is not private or one must walk farther to the entrance, there has become a gauntlet of harassment – which is not only inappropriate but has grown dangerous during COVID-19.

One person's rights end where another person's rights begin – and the right to peacefully protest does not extend to interfering with the rights of others to access services.

In many cases, these kinds of physical blockades are intended as an ongoing reminder that a woman's choices, experiences, and body are not fully her own: that other people are entitled to make decisions about her agency – or at the very least to shame her in public about that agency. **But full gender equality can only be achieved when we acknowledge that the right to reproductive care is essential for economic security and justice. This access must not only exist on paper, but in practice.**

Our legal system already acknowledges that access to these services is essential and guaranteed – yet the current law does not ensure accountability for people who attempt to interfere with the private rights of their neighbors and community members. This bill helps to ensure that patients experience the access that they deserve and that the law guarantees.

We hope you will vote 'ought to pass' on LD 1899.

Sincerely,

Destie Hohman Sprague, Executive Director
Maine Women's Lobby / mainewomen.org

⁴ Foster, D. (2012). Socioeconomic consequences of abortion compared to unwanted birth. American Public Health Association. Retrieved from <https://apha.confex.com/apha/140am/webprogram/Paper263858.html>

⁵ Frohvirth LF, Guttmacher Institute, special tabulations of data from the 2014 American Community Survey.