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LD 820 Testimony: March 27, 2019

Statement of Andrea Irwin, JD, Executive Director of Mabel Wadsworth Center to the Joint Standing Committee on Health Coverage, Insurance, and Financial Services

“Senator Sanborn, Representative Tepler, and other members of the Committee, thank you for the opportunity to speak today. I also want to thank Governor Mills, Speaker Gideon, and the many legislators who have co-sponsored this bill.

My name is Andrea Irwin and I am the executive director of Mabel Wadsworth Center in Bangor. Mabel Wadsworth Center is the only independent, not-for-profit feminist health center in Maine. We provide comprehensive sexual and reproductive healthcare, including prenatal care, abortion care, birth control, STI testing and treatment, cancer screenings, and other wellness care.

I am here today on behalf of our organization to encourage you to support LD 820 and to speak for the

women we serve who are unable to be here today.

Mabel Wadsworth Center is Maine's longest serving abortion provider and the only clinic to offer the procedure in our clinic north of Augusta. For more than 20 years, we've been experts in full-spectrum pregnancy care, providing both abortion care and prenatal care. When pregnant people come to our health center, regardless of their plans, they can access all their pregnancy options under one roof, including abortion care or continuing a pregnancy and deciding to parent. We also provide referrals for pregnant people considering adoption. All options are treated with equal respect and non-judgment. All are supported, celebrated, and trusted. We hold the hands of women and we laugh and cry with them whether they are excited about having a baby and seeing an ultrasound for the first time, or if they are ending a pregnancy. Both options are valid and personal. However, for women with MaineCare or many forms of private insurance, the similarities end there.

For these women, deciding to have an abortion is not a real option. The existing policy that allows MaineCare and insurers to discriminate is taking away bodily autonomy and individual decision-making. It is coercive for the state to cover a woman's decision to parent but not to terminate a pregnancy. The existing policies harm the women we serve and further stigmatize a necessary part of reproductive health care that is common and safe.

Nearly 7 in 10 of our patients receive partial or full funding to access abortion care. That is a staggering amount that has grown in the last several years as our region has seen growing rates of poverty. When we see an abortion patient, they may be dealing with a whole host of other issues – including domestic abuse, food insecurity, or other health problems. They are forced to make impossible decisions between paying for an abortion and paying for essentials like rent or heat. Patients have reported having to sell personal possessions or borrow money from their families and friends in order to cover the cost of their care. If a patient's partner or family is unsupportive or even abusive, they have even fewer places to turn.

The policy also prevents people from getting the healthcare they need. Abortion care is time-sensitive – procedures after the first trimester become increasingly costly and less safe. If someone can't afford to pay for their care, they may delay and end up needing to travel further, arrange child care and miss work for procedures that could take a few days instead of a few hours. We all want people to be able to have an abortion experience that is safe, supported and in their communities. The best way to ensure this happens is to eliminate the bans on coverage and change this discriminatory policy. A woman's ability to make her own decisions about when and whether to become a parent has a lasting impact on her life, her education, and her financial security. Politicians should not be interfering with her ability to make such an important decision.

Finally, I want to speak to our experience with the exceptions for rape and incest. Unfortunately, in our

experience, these do not work and are not a reliable method of reimbursement. We have had several clients who were raped and received our services. Even after submitting the claim to MaineCare with clear evidence of the person's report to the police, we never got reimbursed.

We must do better and we can. Let's trust women to make the best decisions for themselves about their bodies and reproductive health and remove the roadblocks that make that more difficult.

I strongly urge you to vote "ought to pass". Please contact me with any questions. Thank you."

Statement of Lisa Clarcq, Physician, to the Joint Standing Committee on Health Coverage, Insurance, and Financial Services

"Senator Sanborn, Representative Tepler, and other members of the Committee, thank you for the opportunity to submit my testimony. I regret that I am unable to join you in person as this bill is incredibly important to me.

My name is Lisa Clarcq and I am a family practitioner in central Maine. I work in a small private practice and also provide abortion services at Mabel Wadsworth Center in Bangor and Maine Family Planning in Augusta. During my almost 25 years in medicine I have provided Maine women with the full scope of reproductive health services. Delivering wanted babies into loving families was one of my greatest joys. Delivering abortion care has been equally rewarding because it allows me to provide women with a service that gives them control over their lives and bodies.

Women make the choice to end pregnancies for a whole host of reasons and I can tell you that it's never easy. Some are in abusive relationships, others have children and don't feel they can parent another, some are addicted to drugs or trying to stay off drugs, many are in school trying to better themselves or are so impoverished they don't have a place to live – the list goes on and on. It is always difficult and always sad.

An early abortion in Maine costs about \$500. For women who have resources or insurance coverage this is not an issue. But for many Maine women funding is an enormous barrier and adds an overwhelming amount of stress to an already difficult situation. I have seen women forego paying for utilities, food, even rent; sell possessions; or even borrow money to pay for an abortion. This should not happen in our state. Being poor should not preclude you from having access to the full scope of reproductive health services. Abortion services should be covered by MaineCare.

I strongly urge you to vote "ought to pass". Thank you."

Statement of Nik Sparlin, Development and Communications Assistant at Mabel Wadsworth Center, to the Joint Standing Committee on Health Coverage, Insurance, and Financial Services

“How can I pay for a medical procedure that my insurance will not cover?”

That is the question people seeking abortions ask in our state as MaineCare and many private insurers deny coverage for abortion care, meaning that people in need of safe, legal reproductive healthcare have to cover costs out of pocket. When seeking abortion care, a person may have to navigate several barriers including their own physical and mental health concerns, judgments from a partner or family members, or challenges in simply getting care in their community. For many Mainers, figuring out how to pay for abortion care quickly becomes an obstacle. Discriminating against poor people or people with certain types of insurance through coverage bans is an underhanded way politicians stifle access to abortion. Such bans [disproportionately affect people with lower incomes, people of color, and young people](#).

[LD 820, “An Act to Prohibit Discrimination in Public and Private Insurance Coverage for Pregnant Women in Maine”](#) would rectify this gap by requiring MaineCare state funds and private insurance to cover abortion if they provide prenatal care.

A [2018 report from the Federal Reserve Board](#), which studied 2017 US households, stated “4 in 10 adults, if faced with an unexpected expense of \$400, would either not be able to cover it or would cover it by selling something or borrowing money.” This becomes more troubling when considering the lack of abortion coverage by insurers as cost varies by state, [with higher costs in states with heavier restrictions](#). The price rises with other incurred expenses like travel, missing work, and childcare ([59% of abortion patients in the US have children](#)).

At Mabel Wadsworth Center, an independently-funded, feminist, reproductive and sexual healthcare clinic in Bangor, the [cost of abortion care is \\$525 for both medication and in-clinic abortion](#) (up to 14 weeks). Clients have reported having to sell personal possessions or borrow money from their families and friends in order to cover the cost of their care.

At a national level, the Fed report tells us about how people pay for unaffordable, unexpected expenses, but the most distressing statistic was this: 27% of respondents reported they “skipped medical treatment due to cost.”

With procedures as time sensitive as abortion, patient cost presents an issue as the longer you wait, the higher the cost of your care becomes. The cost rises significantly after the first trimester, which has been highlighted because of [New York’s law allowing for abortion care after 24 weeks gestation](#) if the pregnant

person's health is in danger or with absence of fetal viability. People seeking later abortion care face more difficulty finding a provider, travel, and securing insurance coverage or funding.

[The Turnaway Study by Advancing New Standards in Reproductive Health \(AHSIRH\)](#), reports when people in need cannot have abortions, they face “four times greater odds of being below the Federal Poverty Level.” People who are already economically disadvantaged are hit with further financial hardship when they cannot get the necessary reproductive healthcare that they seek. Instead of pushing people deeper into poverty, we should empower them with the resources they need to make the decisions that are best for them and their families. No one should be denied healthcare because of how much money they make.

Abortion is a safe, legal, medical procedure that is directly linked to economic security. This is why we need to support policies that increase access for people who are the hardest hit by insurance coverage bans on abortion, like [LD 820](#). When it comes to important decisions in life, such as whether to have a child, it is vital that a person is able to consider all options available to them, however much they earn or however they are insured.”

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Reproductive Left



News from Mabel



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