TESTIMONY OF CONNIE ADLER, MD IN SUPPORT OF LD 1613

Senator Sanborn, Representative Tepler and

Members of the Health Coverage, Insurance and Financial Services Committee

My name is Connie Adler, MD, and I am a Family Physician in Farmington.

In my early days of practice in Maine in the early 90’s we often had 10-15 pregnant and parenting teens at a time in the high school in a small town like Farmington. And I have vivid memories of delivering a thirteen year old girl who clutched her teddy bear while she delivered her baby. That was heartbreaking. The fact that we have gone from a state with one of the highest teen pregnancy rates to one of the lowest is in large part the result of a statewide network of Family Planning clinics, outreach and supplies to FQHCs and the establishment and support of school health centers with reproductive health resources that have been provided by Maine Family Planning

We must not go back to those old days. Access to affordable, nonjudgmental reproductive health care is critical to our success as a state.

Family Planning services are an essential piece of the public health infrastructure in this state. We don’t have public health clinics outside Portland. Teens, especially teens in rural areas, do not have an alternative to Family Planning clinics to go to get reliable information and access to the birth control and STI prevention that they need. Primary care physicians cannot necessarily fill that void – most do not know how to insert an IUD, for example, they may not be comfortable talking about sex with teens, or in small towns, they may be family friends. And the cost of birth control, especially the long acting reversible contraception, can be out of reach of many patients without the sliding scale and no cost options provided previously through Title X.

These are not insignificant access issues. Everyone deserves the right to access care for cancer screening, for birth control if they desire it, for testing for sexually transmitted diseases. And it needs to be affordable or it is no access at all. And a Family Planning clinic might be the only safe place to report dating violence or violence at home. And it can easily be the only local place a person can feel safe talking about their transgender identity.

There are compelling economic reasons for the state to ensure access to reproductive health care – prenatal care is more expensive than birth control and empowered young women without responsibilities for young children contribute to economic development. But the ethical reasons have been especially powerful this year as well. As a medical provider, I was dismayed that the Gag Rule would force practitioners to lie to patients. It was tremendously courageous of Maine Family Planning to refuse to take Title X funds it had relied on once those dollars were tied to this intolerable rule. I would hope that Maine as a state would rise to the occasion and support the right to information and care for its people regardless of income.

It is imperative, and appropriate, for the legislature to guarantee to our citizens that they have access to honest, affordable, comprehensive, state of the art reproductive health care. And that is what LD1613 would do.