

Honorable Members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services  
Cross Building, Room 220  
Wednesday, March 27, 2019

Senator Sanborn, Representative Tepler, and distinguished members of the Joint Standing Committee on Health Coverage, Insurance, and Financial Services:

I am writing to urge the members of this esteemed committee to pass LD820. As a family medicine doctor and abortion provider practicing in Southern Maine, I see firsthand the struggle that women face when dealing with unexpected health care costs. That is never more in focus than when I am helping a patient navigate the cost of an abortion. Not only do women need to obtain funds for the abortion itself, which can be prohibitively expensive, they often need to secure money to cover the cost of travel and childcare.

This inequity and disparity came sharply into focus about 6 weeks ago while I was working at a family planning clinic in Central Maine. "Ellie" had called the clinic unexpectedly pregnant. She had been on birth control since the birth of her ten month old son, but as soon as she noticed the telltale signs of pregnancy, she realized that her pills had failed. "Ellie" lived 90 minutes away from our clinic. She worked odd hours at a local store, but had no private health insurance. She only had childcare for her infant son one day a week for a few hours, which did not coincide with the day procedures are scheduled at clinic. It didn't take long for Ellie to break down in tears on the phone. In addition to dealing with the stress of an unexpected pregnancy, she had to start thinking about how she was going to come up with the almost \$500 for the procedure. She also had to hire a babysitter for an entire day, because with an hour and half drive each way, and 3 to 4 hours expected wait in clinic, she was sure to be gone for an entire day. She cried through almost the entire telephone intake. To say that "Ellie" was stressed is an understatement.

All I could think about during this process was how we, as a greater health care system, had failed her. We failed her by pushing her healthcare needs further out of reach, and by discriminating against her because she relied on MaineCare, the safety net system that is supposed to improve the health and welfare of the patients it covers. We failed her because if Ellie had chosen to continue her pregnancy, all of her subsequent maternity care would have been paid and provided for.

Let's be clear, LD820 is not about abortion; it's about equality and closing the health care disparities between the haves and the have-nots. It's about stopping the discriminatory practice of singling out abortion as the only medical procedure ineligible for insurance coverage through

MaineCare. It's about providing full spectrum reproductive health care to those women in Maine who rely on MaineCare. It's about knowing that insurance will cover maternity care if you choose to become a parent, but that it will also cover abortion services if needed.

I strongly urge the committee to pass on LD820. The State of Maine should not be in the business of pushing essential healthcare further out of reach of those who need it most.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Dr. Kohar Der Simonian". The signature is fluid and cursive, with a long horizontal stroke at the end.

Dr. Kohar Der Simonian  
Falmouth, ME