

**Testimony of Whitney Parrish**  
**Maine Women’s Lobby**  
**In support of LD 37**  
**An Act To Allow for the Sale of Nonprescription Drugs Through Vending Machines**  
**February 4, 2019**

Good afternoon, Senator Herbig, Representative Larsen-Daughtry, distinguished members of the Joint Standing Committee on Innovation, Development, Economic Advancement and Business, I am Whitney Parrish, Director of Policy and Program for the Maine Women’s Lobby, and I am pleased to speak to you today in support of LD 37, *An Act To Allow for the Sale of Nonprescription Drugs through Vending Machines*.

For 40 years, the Maine Women’s Lobby has advocated on behalf of Maine’s 678,000 women and girls, focusing on freedom from violence, freedom from discrimination, access to health care and the issue that affects all others, economic security.

I am pleased that this issue has come before this exciting new committee, precisely because it encapsulates innovation—an innovative way to increase accessibility and availability of crucial, life-changing and saving nonprescription drugs for all Mainers, especially women. The Maine women I think of specifically include those who live in rural areas where drug stores close early, hospitals are hours away, and where access to comprehensive, nonjudgmental services is limited for a variety of reasons.

You will hear testimony from our sexual and domestic violence experts in Maine, and I want to echo some of the benefits that LD 37 will offer specifically to women living in rural areas. In the case of a sexual assault in a rural community or rural college campus, of which Maine has many, living in a rural area often results in no access to Emergency Contraception—a safe, over-the-counter medication that inhibits conception. It is important to note that Emergency Contraception should not be confused with the prescription drug RU-486, also known as the “abortion pill.”

Living in rural areas presents unique challenges and barriers for survivors of violence. Those specifically relevant here include a lack of services in general, increased stigma due to strong social and cultural pressures, self-blame, no anonymity, fear of the attacker, and no transportation.<sup>1</sup> The Violence Against Women Act’s Measuring Effectiveness Initiative cites that over 25% of women in small rural and isolated areas live more than 40 miles from the closest service provider, compared to less than 1% of women in urban settings.<sup>2</sup> This is a very real problem that impacts survivors of violence in a number of ways, and access to nonprescription drugs like Emergency Contraception is a critical step forward in addressing that problem.

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<sup>1</sup> Moore, MSN, FNP-BC, Laura. 2009. *Barriers to Reporting Sexual Assault in Rural Areas*. <https://www.forensicnurses.org/general/custom.asp?page=396>

<sup>2</sup> Peek-Asa, C., Wallis, A., Harland, K., Dickey, P. & Safflas, A. (2011) *Rural Disparity in Domestic Violence Prevalence and Access to Resources*. *Journal of Women’s Health*. (2002) 20(11), 1743-1749.

This issue deeply impacts women with lower incomes. If a survivor wishes to report to law enforcement or go to a hospital, they might not be able to because of lack of public and private transportation, insurance, and income. A survivor may not wish to report at all for several reasons as well, which could hinder their ability to access Emergency Contraception from a medical professional, and it is our duty to respect their bodily autonomy and trust them. Survivors of sexual violence should be able to dictate how and when they are able to access Emergency Contraception and how and when they become pregnant, just like everyone else with a uterus. LD 37 would allow survivors to regain autonomy and control over their body in times when it is needed most.

I am reminded vividly of a high school-aged person with whom I worked as a former domestic violence and sex trafficking advocate in rural Maine. Due to every one of the barriers cited above, she did not have the ability to seek out Emergency Contraception when she needed it. She blamed herself for her assaults, and she blamed herself for falling in love with a partner who traded her to other individuals for drugs. In fact, when she found herself in the emergency department after multiple assaults, she turned down Emergency Contraception out of fear and shame, telling me weeks later that she wished she had been able to just obtain Emergency Contraception herself outside of the hospital, but did not want to go to her local pharmacy where everyone knew her. Presenting another option that did not further compound her shame, self-blame, and trauma may very well have changed the course of her life.

Maine is a large, rural state where access to health care and even pharmacies is a persistent challenge. Allowing vending machines to dispense nonprescription drugs when and where we need them is a common-sense solution to decreasing disparities to critical health care access, especially among women, people of color, people with low incomes, and young people. LD 37 presents an incredible opportunity to offer more tools to women all over Maine, especially those with steep barriers to leading the lives they want and deserve.

All Mainers deserve access to affordable, accessible, and high-quality health care, which includes reproductive and sexual health care. I strongly urge you to vote ought to pass on LD 37. Thank you for your time.