



Working to end sexual violence in Maryland

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Testimony Supporting House Bill 937 with Amendments **Lisae C. Jordan, Executive Director & Counsel** February 22, 2022

The Maryland Coalition Against Sexual Assault (MCASA) is a non-profit membership organization that includes the State's seventeen rape crisis centers, law enforcement, mental health and health care providers, attorneys, educators, survivors of sexual violence and other concerned individuals. MCASA includes the Sexual Assault Legal Institute (SALI), a statewide legal services provider for survivors of sexual assault. MCASA represents the unified voice and combined energy of all of its members working to eliminate sexual violence. MCASA urges the Health & Government Operations Committee to issue a favorable report on House Bill 937 with Amendments.

House Bill 937 – Abortion Care Access

This bill will authorized advanced practitioners to perform abortion procedures.

Marylanders should be able to turn to the same practitioners that provide other pregnancy services such as prenatal, delivery, postpartum, and miscarriage management services. Maryland's law already recognizes that these pregnancy services can be provided by nurse practitioners, nurse-midwives, licensed certified midwives, and physician assistants. Fourteen other states already allow these advanced practice clinicians to provide abortion services. The American College of Obstetrics and Gynecology supports the provision of abortion care by these providers because they provide safe, effective, and high-quality care. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2014/11/abortion-training-and-education>

Access to abortion care is vital to survivors of rape.

The CDC reports that almost 3 million women in the U.S. experienced Rape-Related Pregnancy (RRP) during their lifetime. <https://www.cdc.gov/violenceprevention/sexualviolence/understanding-RRP-inUS.html>

A three year longitudinal study of rape-related pregnancy in the U.S., published in the American Journal of Obstetrics and Gynecology (1996, vol. 175, pp. 320-325), found:

5% of rape victims of reproductive age (age 12-45) became pregnant as a result of rape, with the majority of pregnancies in adolescents. Of these, half terminated the pregnancy.

Adolescents are more likely to become pregnant as result of rape because they are less likely to be on birth control or to seek emergency contraception following a rape. 29% of all forcible rapes occurred when the victim was less than 11 years old; 32% of all forcible rapes occurred when the victim was between the ages of 11 and 17.

Survivors of Reproductive Coercion Need Access to Abortion Care

Reproductive coercion is a form of intimate partner violence where a woman's partner tries to control reproductive decisions by preventing access to or tampering with birth control, or forcing sexual intercourse with the intent of causing pregnancy. Of women who were raped by an intimate partner, 30% experienced a form of reproductive coercion by the same partner. Specifically, about 20% reported that their partner had tried to get them pregnant when they did not want to or tried to stop them from using birth control. About 23% reported their partner refused to use a condom.

<https://www.cdc.gov/violenceprevention/sexualviolence/understanding-RRP-inUS.html>

These survivors need access to abortion care if they become pregnant and choose not to continue the pregnancy.

Laws should not require survivors to disclose sexual assault or reproductive coercion in order to receive abortion care. Decisions about who to disclose sexual assault or reproductive coercion to should be left to the survivor. It is incorrect to assume that all health care providers will be supportive or that a survivor will want that person's support. Survivors should be free to choose whom to confide in.

Amendments

MCASA supports the sponsor's amendment to clarify that the Abortion Care Clinical Training Program must emphasize culturally congruent care and implicit bias training. The amendment strengthens the bill's underlying intent that communities are provided with abortion care services in a manner appropriate for them.

House Bill 937 would increase access to abortion care for survivors of rape and for survivors of reproductive coercion.

The Maryland Coalition Against Sexual Assault urges the Health & Government Operations Committee to report favorably on House Bill 937 with Amendments

