

Chair Shane E. Pendergrass
House Office Building
6 Bladen St.
Annapolis, MD 21401

SUPPORT – HB 937
Abortion Care Access Act

Dear Honorable Chair Pendergrass,

The Center on Applied Feminism at University of Baltimore School of Law **strongly supports** House Bill 937– Abortion Care Access Act. HB 937 will permit qualified health care providers, rather than solely physicians, to provide abortion care. This will reduce the strain on qualified providers of abortion care, creating greater access to the care.

The Center on Applied Feminism seeks to apply feminist insights to legal practice and the policy arena. In particular, the center examines how feminist theory can benefit legal practitioners in representing clients, shape legal doctrine and play a role in policy debates and implementation. The center holds conferences and regular colloquia on emerging legal areas that intersect with feminism, and helps students plan for careers in feminist advocacy.

The Center on Applied Feminism supports this bill because increasing access to abortion care will help decrease gender inequity. Maryland needs more abortion care providers to increase access to abortion care. Currently, Maryland’s abortion providers are largely located in the greater Baltimore and D.C. metropolitan areas. In fact, the Guttmacher Institute reports that two-thirds of Maryland counties do not have an abortion provider. These proposed bill helps increase numbers of abortion care providers by expanding which medical care providers can provide abortion care and providing abortion care training to medical providers.

As a Center focused on intersectional gender justice, the Center supports these two bills because abortion access is not only a gender justice issue, but also intersects with economic and racial justice. Limited access to abortion care disproportionately affects low-income and minority Maryland residents

To understand the importance of this bill for access to abortions in Maryland, we spoke with people who shared their experiences of obtaining an abortion in Maryland. For example, a young female told us she was 25 years old when she had an abortion. She had been on birth control for the purpose of preventing pregnancy, but it was ineffective. At the time, she believed that she was not financially or emotionally sound enough to care for a child. She also described the thought of an unwanted pregnancy as “traumatizing,” which would only have furthered her weakened emotional state. When she learned of her pregnancy, she was making less than \$38,000 a year and was still under her parents’ health insurance.

She was lucky enough to live in a Maryland county with several abortion care facilities, including two Planned Parenthood locations within a 20-mile distance. Despite the access to two clinics, because there were not enough abortion care providers, she had to wait an agonizing length of time before she was able to obtain the abortion. From the time she made the appointment, she had to wait three weeks. She feared that the lack of availability of appointments would cause her to pass the time of viability. Once her appointment came, she did not have the option of selecting which physician would administer the care, because only one physician was available at the clinic. While she was relieved to have any physician provide the care, she would have preferred to have more options among the providers to ensure that she felt safe and comfortable with the one providing her care. The passing of HB 937 would create opportunities for women to have a choice in who provides their care. The availability of a wider variety of qualified medical providers would reduce the length of time that women must wait for access to abortion care, thus reducing the stress of approaching the time of viability.

In our efforts to mitigate legal barriers, we must also address additional barriers females face in their everyday lives outside of legal issues. The lack of abortion access affects all of Maryland's female population.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Neha Khan (neha.khan@ubalt.edu), Katherine Simon (katherine.simon@ubalt.edu), and Chandre Jones (chandre.jones@ubalt.edu).

Sincerely

University of Baltimore School of Law Center on Applied Feminism