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## **FAVORABLE**

## **HB937 & HB952- Abortion Care Access Act**

The fundamental idea often lost in the abortion debate, is a woman's right to bodily autonomy and bodily agency. Considering Maryland's high rates of maternal morbidity and mortality, the need for the state to

protect a woman's right to choose and her access to care, is critical. Central to both the access to care across the reproductive spectrum and a woman's fundamental right to birth when, where, and with whom she wants; as well as her right to choose to give birth at all should be the state's focus. As stakeholders across the state seek to find evidence-based solutions and innovations to improve our current healthcare delivery system specifically maternal and infant health, placing limitations on the access to any form of reproductive care can only hamper efforts to decrease the rate of maternal mortality; as well as other negative birth outcomes associated with access to appropriate care.

Appropriate care should also be tied to another of Maryland's goals- creating systems, policies, and programming to eradicate the historical impact of systemic racism. In previous sessions Maryland led other states focused on improving the maternal health of minoritized communities. (Also known as BIPOC: Black, Indigenous, People of Color) by implementing and requiring healthcare professionals working within the scope of maternal and infant health to participate in Implicit Bias training. The reality, many of the state's medical professionals perpetuate long held stereotypes and biases that impact their ability to provide supportive care to minoritized communities, which has been linked to the high disparity rates of these communities and their White counterparts. A woman's right to choice should also reflect her right to find adequate support from medical professionals who are both properly trained to recognize bias and reflect the communities in which they serve and support.

The ability and right for a woman to choose and control her body, along with well-trained healthcare professionals, must also include the expansion of certified and licensed practitioners allowed to provide full spectrum reproductive care. The limitations currently in place, limit a woman access to care and potentially places her at higher risk of death/long term complications. Expansion must be combined with the ability of medical professionals to be reimbursed from not only private insurance but also Medicaid. Medicaid recipients' living in Maryland should have the same medical coverage and access to providers across the reproductive spectrum- no matter her economic circumstance.

Lastly, all areas of ensuring accessible, affordable, and equitable care should also be predicated on the idea of addressing the disproportional representation of medical professionals especially in the areas of race, ethnicity, but also sex and gender identity.

Nzuri Malkia Birth Collective, supports the all the pieces of legislation included in the "Abortion Care Access Act".