

House Health and Governmental Affairs Committee**House Bill 937 - Abortion Care Access Act****February 22, 2022****Support****What is the State of Roe v. Wade?**

Planned Parenthood of Maryland strongly supports *House Bill 937 – Abortion Care Access Act*. The bill improves access to abortion care by removing outdated restrictions on practice and supporting the training of more providers. Maryland does not have a sufficient number of abortion providers today, and the situation will worsen as abortion access continues to be restricted across the country.

In December 2021, the U.S. Supreme Court heard the case of *Jackson Women’s Health Organization v Dobbs* about a 15-week abortion ban in Mississippi. In the state’s brief to the Supreme Court, Mississippi Attorney General Lynn Fitch made clear the state’s intent was to overturn Roe in stating that, “*The Constitution does not protect a right to abortion.*” All the legal predictions are that the Court’s decision in Dobbs will severely erode abortion as a constitutionally protected right. If some tenants of Roe survive the Dobbs case, there are at least two dozen other cases designed to overturn Roe v Wade in the Supreme Court pipeline.

The U.S. is on the brink of a national crises in terms of abortion care access. Twenty-six states are poised to ban or severely restrict abortion which would leave 36 million individuals without access to abortion care in their own states.

What Does the Dobbs decision mean for Maryland?

With the implementation of SB 8 in Texas, we have been given a sobering preview on abortion access after the Dobbs decision. A month after SB 8 went into effect, the number of abortions in Texas dropped by 50%. Individuals who were able to go out-of-state traveled hundreds of miles for services, sometimes even thousands as we have seen individuals from Texas at Planned Parenthood of Maryland. *The states that surround Texas were overwhelmed by requests for abortion care appointments – increasing waiting times for both in-state and out-of-state patients to as long as 19 days in Louisiana , 20 days in New Mexico, and 23 days in Oklahoma.*ⁱⁱ

Maryland is already the worst state for abortion access geographically, when we are compared to other East Coast states with similar abortion rights protections. Maine, the most rural state on the East Coast, has providers in 69% of its counties which is the exact opposite of Maryland where 71% of counties do not have a single abortion provider.ⁱⁱⁱ

As we know from the Texas experience, when one state bans abortion, the impact is felt in the surrounding states and throughout the region. With 26 states poised to ban or severely limit access, the scale of the abortion access crisis could be immense, particularly in states, like Maryland, already facing access issues. When Marylanders live outside of the Baltimore-Washington corridor, they usually have to travel to obtain abortion care. This situation can be immensely challenging for those facing limited resources as they have to arrange for transportation, time off of work, and child care. After the Dobbs decision, they could very likely face the additional barrier of waiting times for services.

How does the Abortion Care Access Act help Marylanders?

The Abortion Care Access Act proposes traditional public health strategies – recognizing advanced practice clinicians and expanding clinical training opportunities - used to address access issues for other types of health care services:

- **Advanced Practice Clinicians:** When facing a health care workforce shortage – whether in primary care, prenatal services, or maternity care – Maryland has turned to utilizing advanced practice clinicians such as nurse practitioners, nurse midwives, licensed certified midwives, or physician assistants.

Maryland is a forward-thinking state in terms of recognizing advanced practice clinicians, yet Maryland is behind 14 other states in recognizing that these practitioners are also able to provide both medication and in-office procedural abortion care.

Abortion care is within the existing scope of practice today for nurse practitioners, nurse-midwives, licensed certified midwives, and physician assistants. However, these practitioners are restricted because Health General Health General §20–208 only allows licensed physicians to perform abortions. Maryland made some progress when Attorney General Frosh issued a 2020 opinion that recognized nurse practitioners, nurse-midwives, and physician assistants could provide medication abortion. The Abortion Care Access Act would codify the findings of the Attorney General, making it permanent, and also remove the restrictions on advanced practice clinicians providing procedural care. To accomplish this, the bill removes the physician-only restriction and replaces it with recognizing qualified providers who are 1) licensed or certified or otherwise authorized to provide care in Maryland (e.g. a licensure compact); and 2) have abortion care within their scope of practice.

- **Abortion Care Clinical Training Program:** More health care practitioners would offer abortion care if they had ongoing opportunities for training. Those opportunities are shrinking, especially for practitioners educated in states like Texas where abortion is banned or severely restricted. Some of these practitioners may move to Maryland; and they might be in the position to provide abortion care if they were supported with clinical training. The Abortion Care Access Act would address this issue by establishing an Abortion Care Clinical Training Program. With \$3.5 million in annual funding, the training program:
 - Support community-based, hospital-based, and continuing education programs. This would support clinicians providing abortion care in a range of clinical settings with the goal of better integrating abortion care in the health care system throughout Maryland. Abortion care is health care, but the political landscape often makes integration into a range of settings more difficult; and
 - Support diversifying the abortion care provider community to ensure they reflect the racial and ethnic diversity of the communities they serve. Abortion care training would focus on the principle of culturally congruent care – meaning providers are aware and inclusive of their patients’ cultural values, beliefs, and practices.

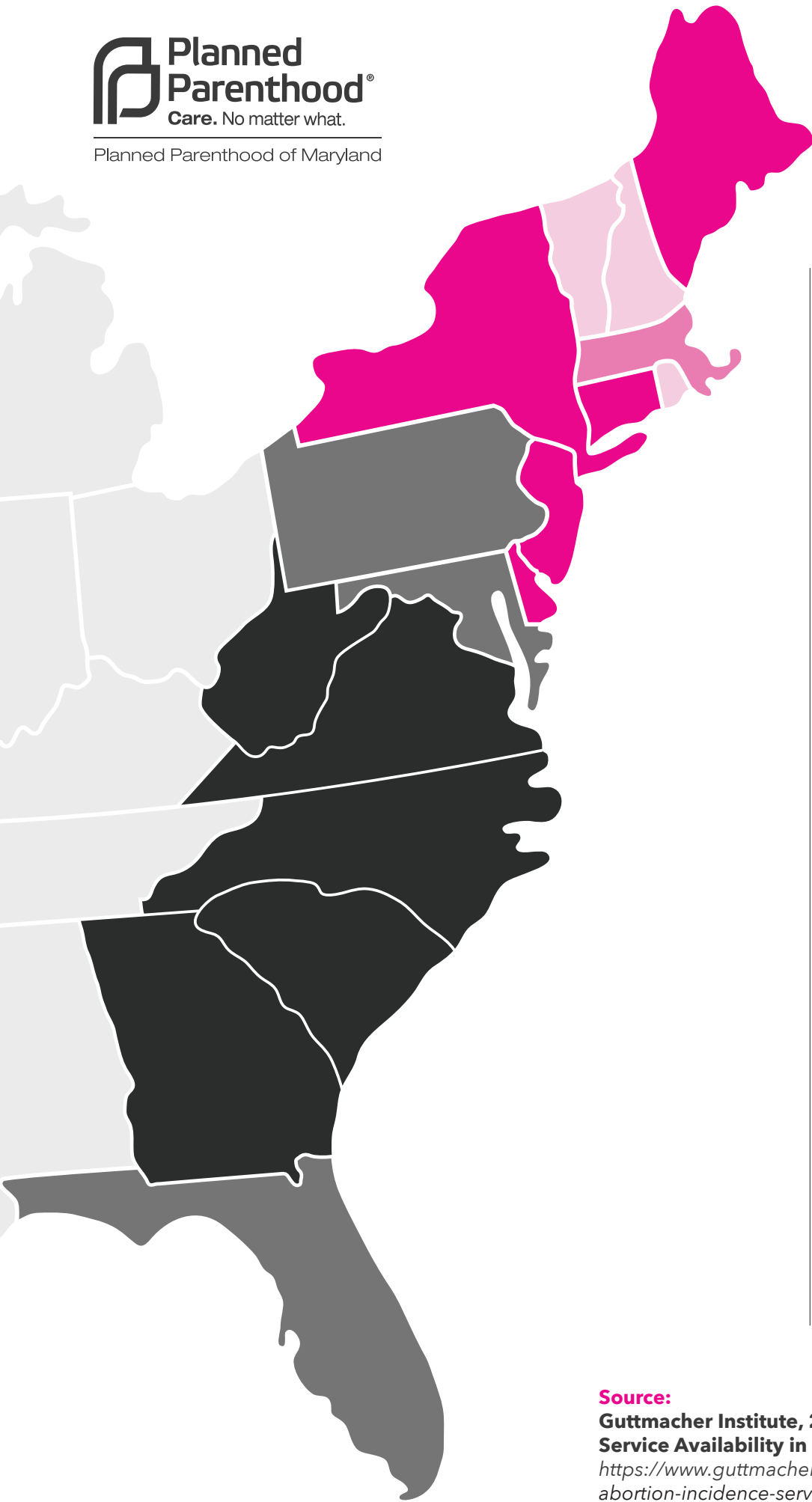
Conclusion

Thank you for your consideration of this legislation. Maryland provides the legal right to an abortion, but a right is not the same as access. Maryland has made significant progress in expanding access to primary care, prenatal care, and postpartum services. The Abortion Care Access Act uses the same strategies to ensure there are a sufficient number of abortion care providers to meet the needs of Marylanders. We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at reliott@policypartners.net.

ⁱ https://www.supremecourt.gov/DocketPDF/19/19-1392/184703/20210722161332385_19-1392BriefForPetitioners.pdf

ⁱⁱ <https://sites.utexas.edu/txpep/files/2021/10/initial-impacts-SB8-TxPEP-brief.pdf>

ⁱⁱⁱ https://www.guttmacher.org/sites/default/files/report_pdf/abortion-incidence-service-availability-us-2017.pdf



**% of Counties Without
Abortion Clinics**

- 13%** Connecticut
- 31%** Maine
- 33%** New Jersey
- 33%** Delaware
- 39%** New York
- 43%** Massachusetts
- 60%** New Hampshire
- 60%** Rhode Island
- 64%** Vermont
- 71%** Maryland
- 73%** Florida
- 85%** Pennsylvania
- 91%** North Carolina
- 93%** Virginia
- 93%** South Carolina
- 95%** Georgia
- 98%** West Virginia

- 39% or below**
- 40-49%**
- 50-69%**
- 70-89%**
- 90% or above**

Source:

Guttmacher Institute, 2019. Abortion Incidence and Service Availability in the United States, 2017.

https://www.guttmacher.org/sites/default/files/report_pdf/abortion-incidence-service-availability-us-2017.pdf