



THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

March 8, 2024

Testimony in SUPPORT of HB 1412 - Abortion Care Access Grant Program and Fund - Establishment

Summary: HB 1412 establishes the Abortion Care Access Grant Program under the Department of Health. The program would provide grants for community-based organizations to support access to abortion care in Maryland.

The grants could be used for:

- Supporting abortion providers in ensuring patients and provider staff are secure. Funds could be used to support physical location improvements and security services. Funds may also be used to support the provider in coordinating with law enforcement when appropriate;
- Ensuring resources are available to support abortion care and wrap-around services, such as travel, for people who are uninsured. Resources would also be available to people who have insurance, but cannot use their insurance for fear that a partner or family member would receive an explanation of benefits; and
- Providing for other programming to support access to abortion care. The Secretary could make the determination about appropriate uses of the funds in consultation with stakeholders to support access to abortion care and ensuring care is culturally competent.

Overview: In the first six months following the 2021 [Dobbs](#) decision which overturned [Roe v. Wade](#), some states made emergency funding available to address the immediate crisis as abortion bans in over a dozen states went into effect. Governors and legislators in Maryland, Massachusetts, New Mexico, New York, and Oregon set aside funding. In Maryland, two local jurisdictions – Baltimore City and Montgomery County – also set aside funding.

Now, we are almost two years past the *Dobbs* decision, and the landscape for abortion access has only become more unpredictable. Every day brings new challenges for abortion providers and people seeking abortion care. [Twenty-one states](#) have banned abortion. Some bans have been blocked by state courts for now, but the uncertainty has a profound impact on the availability of services.

There are reports, complaints, and litigation in multiple states – including [Florida](#), [Idaho](#), [Tennessee](#), and [Texas](#) – where abortion bans have resulting in women being denied emergency medical care. Recently, a court decision suddenly halted in vitro fertilization in [Alabama](#). Just in the past week, a bill is advancing in [Kentucky](#) that would establish a right to child support from conception.

This environment makes it very difficult for health care practitioners, even in states like Maryland, to provide reproductive health care. Abortion providers and their patients have always faced threats and incidents of violence. Unlike any other health care service, people face unique safety risks when providing or obtaining abortion care. Since the [Dobbs](#) decision, these threats have increased sharply:

In 2022, abortion providers [reported](#):

- a 29% increase in assault and batteries;
- a 100% increase in burglaries;
- a 913% increase in stalking; and
- a 133% increase in bomb threats.

These incidents most often occur in states that protect abortion access, as dozens of providers have closed in states that restrict abortion. The Department of Justice [charged 26 people in 2022](#) for anti-abortion violence and threats, which was more than the previous three years combined. Even before the *Dobbs* decision, violence against abortion providers was already on the rise, since [national data from 2020 to 2021](#) showed a 600% increase in stalking, a 129% increase in clinic invasions, and a 128% increase in assaults.

Maryland has increased access to abortion care with groundbreaking legislation such as the [Abortion Care Access Act in 2022](#). However, access to abortion care is still challenging even in a state like Maryland. While state-regulated plans and Medicaid are required to provide coverage, about 2/3 of people with private insurance are in [ERISA plans](#) exempt from state requirements. Many can't figure out [what exactly is covered](#), and even when people have abortion coverage, they may be afraid to use it. When insurers send an explanation of benefits document home, the information could compromise the safety of people who live in at risk situations.

Abortion funds across the country, including in Maryland, are being stretched to the limit in covering the cost of care for in-state residents and the increasing number of people traveling out-of-state for care. Private contributions to these funds spiked following the *Dobbs* decision, [but have since leveled off](#). We need a more sustainable solution for abortion care, as there are no public health grant programs for abortion care. This is the result of long-standing [federal bans](#) on including abortion providers and abortion care in public health grant programs.

In Maryland, we are facing a critical juncture in ensure the sustainability of abortion access. We are also facing a state fiscal crisis at the same time. HB 1412 offers a solution – our state can tap into a sustainable funding source to support abortion access both now and in the future. In 2022, we had the foresight to include a small but important reporting requirement in the [Abortion Care](#)

[Access Act](#). Now, every year, the Maryland Insurance Administration must report on how many dollars are unspent in premiums collected for abortion coverage by Exchange plans (also known as qualified health plans). We have found that there is an average of \$3 million in unspent funds every year. HB 1412 proposes to use these unspent dollars to fund an annual appropriation for the Abortion Care Access Fund.

To understand why insurers have so many unspent dollars for abortion coverage, we need to go back to the history of the [Affordable Care Act](#). This federal legislation has expanded access to care more so than any other legislation in our lifetime. However, there is one hidden provision that was intended to restrict access to care. Exchange plans are required to charge at least \$1 per member per month for abortion coverage, even though this premium far exceeds the actuarial value of abortion coverage. The Exchange plans are then required to keep these premium dollars in a separate account to only be used for abortion care. The accounting rules are intended to demonstrate that abortion coverage is not supported by advanced premium tax credits which are funded by the federal government. These requirements were designed to make abortion coverage expensive and difficult for carriers to manage. However, many insurance companies have learned to navigate the complexities of these requirements.

With HB 1412, Maryland would be the first state to create a sustainable funding source for abortion care access. The \$1 monthly premium requirement was intended to discourage abortion coverage and limit access. We cannot change the federal law. However, we can ensure that these funds are used for their intended purpose – supporting abortion care access. Under this new law, each year, the Maryland Insurance Commissioner would assess the dollar amount of those unspent funds from the prior year. Insurers would have the opportunity to work with the Insurance Commissioner in verifying the accuracy of the numbers. Then the Insurance Commission would order the transfer 90% of the balance to the Abortion Care Access Fund under the Department of Health. We think the value of the unspent funds is approximately \$3 million a year.

With those surplus insurance funds, HB1412 provides grant funding to support access by increasing physical provider security, assistance for providers for services provided to people who are uninsured or people who are afraid to use their insurance, and resources for wrap-around services such as travel and care coordination.

Conclusion: We need a sustainable funding source to support access to abortion care in Maryland. While we have protected abortion access in our law and fully expect that Marylanders will approve reproductive freedom as a state constitutional right in November, we know that a legal right does not equate to access to care. HB 1412 provides Maryland with the opportunity to create sustainable funding for abortion care access.

Thank you and I ask for a favorable report on HB 1412.