

Planned Parenthood of Maryland

Committee: Judicial Proceedings Committee

Bill number: SJ1 – Affirming the Federal Equal Rights Amendment

Hearing Date: February 21, 2024

Position: Favorable

Planned Parenthood of Maryland (PPM) applauds the Maryland Senate for taking up *SJ 1 - Affirming the Federal Equal Rights Amendment*. Despite gains made to offer people protections on the basis of sex, sex has remained an ambiguous classification under the United States Constitution and federal law. This is in large part due to the absence of the Federal Equal Rights Amendment. Governmental actions discriminating on the basis of sex are subject to a lower degree of scrutiny than those impacting other protected categories, such as race, religion, national origin, and alienage. As a result, these laws and statutes have been left open to a greater degree of inconsistency in interpretation and application.

Although the Maryland Constitution has guaranteed protection from sex-based discrimination, these hard-earned individual rights and freedoms are still subject to the capriciousness of federal politicians, who are rapidly overturning settled precedent. The uptick of patients forced to seek care in Maryland shows that a federal Equal Rights Amendment (ERA) is necessary to protect the bodily autonomy and reproductive freedom of women and all pregnant people in states that refuse to do so.

PPM's work is rooted in the principles of bodily autonomy and reproductive freedom and the conviction that health care decisions should be between only people and their health care providers. To protect these rights and freedoms, now is the time to secure protections from discrimination on the basis of sex in the United States Constitution.

Nowhere is this need clearer than in sexual and reproductive health care. In 2022, the Supreme Court struck down nearly 50 years of precedent by overturning *Roe v. Wade*, severely inhibiting access to abortion care for a third of women in America despite the fact that abortion has been shown to be

¹ Cornell Law School Legal Information Institute. "suspect classification." Accessed: February 20, 2024. https://owl.purdue.edu/owl/research_and_citation/chicago_manual_17th_edition/cmos_formatting_and_style_guide/web_sources.html.

² Francis, Roberta W. "Frequently Asked Questions." Last updated June 5, 2023. https://www.equalrightsamendment.org/faq#:~:text=Advocates%20contend%20that%20having%20the, and%20comprehensive%20reproductive%20health%20care.





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significantly safer than childbirth.³ This year, the Court will hear a case that could have major impacts on women and pregnant people's access to mifepristone, a drug used in medication abortions that the Food and Drug Administration approved more than 20 years ago. Time and again, federal politicians and activist judges have colluded to upend decades of precedent and placed undue barriers on women and pregnant people to access safe and approved health care. We believe these efforts are a form sex discrimination.

They have also thrown sexual and reproductive health care into disarray. Patients struggle to find the care they need; many go without it. Rather than focusing on advancing health equity, PPM and other providers have been forced to pivot to maintain services for Marylanders while meeting increased demand from out-of-state residents. The percentage of out-of-state patients coming to PPM clinics has doubled since the *Dobbs* decision; out-of-state patients now account for nearly 10 percent of all clinic appointments.

For the foregoing reasons, and to establish Maryland as a national leader in guaranteeing equal rights and securing protections from discrimination based on sex for all Americans, we urge a favorable report on SJ 1. If we can provide any further information, please contact Erin Bradley at Erin.Bradley@ppm.care or (443) 604-3544.

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³ Raymond EG, Grimes DA. "The comparative safety of legal induced abortion and childbirth in the United States. Obstet Gynecol." 2012 Feb; 119 (2 Pt 1): 215-9. doi: 10.1097/AOG.0b013e31823fe923. PMID: 22270271.