

To the members of the committee,

Thank you for the opportunity to submit this testimony in opposition to SB423, cross-filed with HB834. I would first state that I am submitting this testimony as an individual and do not represent any larger organization or institution.

I am a medical student and I plan on specializing in Obstetrics and Gynecology. Given my patient experiences thus far, I know abortion is integral to comprehensive healthcare and a healthy society. This bill, which prohibits federal and state funding for abortion, is a step in the wrong direction for Maryland patients, families and our society.

In this testimony, I want to highlight patient interactions that speak to the need for abortion services and legislative support. I also hope to bring your attention to our collective larger goal of a civilized society in which every member is deemed equal and important. I have seen members of this committee and the general assembly at large speak passionately about equity and take actions to achieve the same. I urge you to bring that same passion to look at the reproductive equity rights at stake with this bill, and to vote this bill down.

During my time as a medical student, I care for women in a family planning clinic and encountered several individuals who needed abortions for a variety of reasons, not covered by the proposed bill. I would like to highlight some of them for this committee.

Several women who came in for abortion services are mothers of at least one child in stable homes. In fact, we know that more than half of patients seeking abortions are already mothers. Patient “M” had an unintended pregnancy and came to our clinic because she knew a new pregnancy would put her family in a tough financial situation in the middle of the pandemic. She knew that having another child would greatly decrease the quality of life for existing children. Patient “S” was seeking an abortion because she recently became pregnant and was not ready to have another child in such short of an interval. Patient “S” had to leave her 3-month child at home with her family in order to make multiple appointments at the office so she could have her much needed abortion. She wanted to ensure that she could devote her time and energy to her current child and knew she could not support another child at this time.

My conversations with the women were emotional, and they were facing internalized stigma of the word “abortion”, perpetuated by larger social norms, and they were scared about all the obstacles they already faced to seek the care they needed. These same women are more likely to have faced healthcare inequities and systemic racism and bias that made contraception difficult to obtain or who, if they continue their pregnancies, are likely to be at high risk for poor maternal and neonatal outcomes. From a fiscal perspective, the costs of high-risk pregnancies far outweigh the cost of abortions and family planning in our patient populations.

This bill would make it impossible for federal employees and patients covered by state Medicaid to receive financial support for essential abortion care other than in cases of rape, incest, or life endangerment. With this bill we are saying that the patients I have seen and will see in the future do not have dire enough circumstances to receive support for essential healthcare.

For all the reasons I have listed above, I hope you vote down SB423.

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