

Chair Delores G. Kelley
Miller Senate Office Building
11 Bladen St.
Annapolis, MD 21401

TESTIMONY ON SB 890
ABORTION CARE ACCESS ACT

Dear Honorable Chair Kelley, Vice-Chair Feldman, and Members of the Finance Committee:

As a Women's Health Nurse Practitioner and the former lead plaintiff in *Jenkins V Lynch*, a federal lawsuit to overturn the physician only law in Maine, I strongly support Senate Bill 890—Abortion Care Access Act. This bill would allow my fellow Advanced Practice Clinicians (APCs) in Maryland to provide the same care and services that LD 1261 (the Maine bill allowing APCs to provide abortion care services) enabled Maine APCs to provide.

In Maine LD 1261 meant the difference in patients being able to access abortion care in most Maine counties due to APC provision of care. Maryland currently lacks access to an abortion provider in 2/3 of its counties, with vulnerable populations and the rural poor often most affected by the lack of access to this essential healthcare service. Evidence shows improved patient satisfaction for patients receiving abortion care from their community providers, including APCs, rather than being forced to seek this care from an outside provider. Senate Bill 890 would allow APCs to practice to their full scope of care, providing care to patients and communities from a trusted provider, and increasing health equity and access to care.

In my 30 years of work in the reproductive health field, I have provided a wide range of services to patients, including gynecological exams, screenings and other diagnostic procedures, prescribing medications, and education and counseling. In addition, while working as a WHNP in California, I safely provided abortion care to my patients. Upon returning to Maine I signed onto the American Civil Liberties Union lawsuit to ensure that my patients there could receive the same care I was able to provide to patients in California.

Even though I safely provided abortion care in California, and regularly performed procedures in Maine that were comparable to first-trimester abortion in complexity and risk, and provided all of the in-clinic care for patients receiving a telemedicine abortion, Maine law banned me from performing abortions because I'm a nurse practitioner. As a result, I had been forced to send away patients in desperate situations, even though I was trained, qualified, and more than willing to provide the care they need. Abortion was the *only* health care service that Maine law singled out as being beyond my scope of practice, regardless of my rigorous training and extensive experience, and that is also the case for APCs in Maryland.

LD 1261 changed that and mooted our ACLU lawsuit. This commonsense legislation aligned with the vast body of medical evidence confirming the safety of APC provision of abortion care, and made a huge impact in the lives of Mainers. SB 890 would do the same for Marylanders.

The Maryland physician-only law is exceptional under Maryland law- for every other health care service, the Legislature sets broad authorities, and the Board of Nursing or Medicine fills in the details. APCs in Maryland have the advanced education, clinical experience, and broad authority to practice independently and prescribe medication; and are subject to numerous legal and professional obligations to ensure they provide quality care within their scope of practice; and abortion care IS within that scope of practice. APCs are clearly qualified to provide early abortion care—medical and public health authorities ranging from the American College of Obstetricians and Gynecologists, to the American Public Health Association, to the World Health Organization, have all concluded that laws prohibiting APCs like me from providing first-trimester abortion services are medically unfounded. And APCs have been safely providing abortion care in states across the country—from California to Montana to Illinois to New Hampshire, and now in Maine—for years (and in some cases, decades).

But the problem isn't just that this law was preventing me and my colleagues from providing services that were well within our scope of practice—it was also harming our patients. They are the reason I write to you today in support of SB 890, just as they were the reason that I agreed to sign on as the lead plaintiff in litigation brought by the ACLU and Planned Parenthood of Northern New England challenging Maine's ban on APC provision of abortion care.

Laws preventing Advanced Practice Clinicians from providing their patients with abortion care severely restrict where and when patients can obtain an abortion. Because of this restriction, patients must often needlessly travel for hours—and pay for transportation, childcare, and time off work that many low-income people cannot afford—rather than getting care from a trained and competent provider in their own communities. These harms are not hypothetical, they are very real and consequential, often resulting in delayed care or complete lack of access. While abortion is extremely safe, delaying this care increases the risks. The State simply has no justification for harming patients in this way.

I care about this issue dearly. Time and again, my life experiences have affirmed for me that people need to be able to make their own decisions about pregnancy and parenting—and have access to health care to see those decisions through. My own journey to parenthood was a difficult one that included multiple rounds of IVF, miscarriages, and more anxious and sleepless nights than I can count. That experience only strengthened my resolve that people should be able to control their reproductive destinies, no matter what decisions we make.

Whether a patient decides to become pregnant, to continue a pregnancy, or to seek abortion care, they should have access to quality care from a provider in their community. Thank you for your consideration of my testimony and I urge the committee to support SB 890.

Sincerely,

Julie A. Jenkins, BSN, RN, MSN, WHNP-BC

February 18, 2022

American College of Obstetricians and Gynecologists. (2014, November). *Abortion training and education*. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2014/11/abortion-training-and-education>

American Public Health Association. (2011). *Provision of abortion care by advanced practice nurses and physician assistants*. <https://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2014/07/28/16/00/provision-of-abortion-care-by-advanced-practice-nurses-and-physician-assistants>

Guttmacher data center. (2017, July 1). Guttmacher Institute.

Summit, A. K., Casey, L. M., Bennett, A. H., Karasz, A., & Gold, M. (2016). “I don’t want to go anywhere else”: Patient experiences of abortion in family medicine. *Family Medicine*, 48(1), 30–34.

The National Academies of Sciences, Engineering, and Medicine. (2018, March 16). *The quality of abortion care depends on where a woman lives, says one of most comprehensive reviews of research on safety and quality of abortion care in the U.S.* <https://www.nationalacademies.org/news/2018/03/the-quality-of-abortion-care-depends-on-where-a-woman-lives-says-one-of-most-comprehensive-reviews-of-research-on-safety-and-quality-of-abortion-care-in-the-us>

Weitz, T. A., Taylor, D., Desai, S., Upadhyay, U. D., Waldman, J., Battistelli, M. F., & Drey, E. A. (2013). Safety of aspiration abortion performed by nurse practitioners, certified nurse midwives, and physician assistants under a california legal waiver. *American Journal of Public Health*, 103(3), 454–461. <https://doi.org/10.2105/ajph.2012.301159>

World Health Organization. (2016). *Expanding health worker roles for safe abortion in the first trimester of pregnancy*. http://apps.who.int/iris/bitstream/handle/10665/206191/WHO_RHR_16.02_eng.pdf?sequence=1