

Maryland needs to be ready for Roe v. Wade to be overturned.

Support Maryland's Abortion Care Access Package [SB890 | HB937 | HB952]

In 1991, the Maryland General Assembly codified the legal right to abortion, as provided by Roe v. Wade. Senate Bill 162 became a ballot measure and went into effect after Marylanders overwhelmingly supported the measure with 62% of the vote. Support for abortion care is even greater today. In a 2021 poll, 72% of Marylanders oppose overturning Roe and 79% support ensuring individuals have access to the full range of reproductive health care services.

Roe v. Wade is at high risk of being overturned. It could happen as soon as 2022. The Supreme Court is reviewing abortion bans in Texas and Mississippi, and there are at least two dozen other cases in the Supreme Court pipeline designed to overturn Roe.

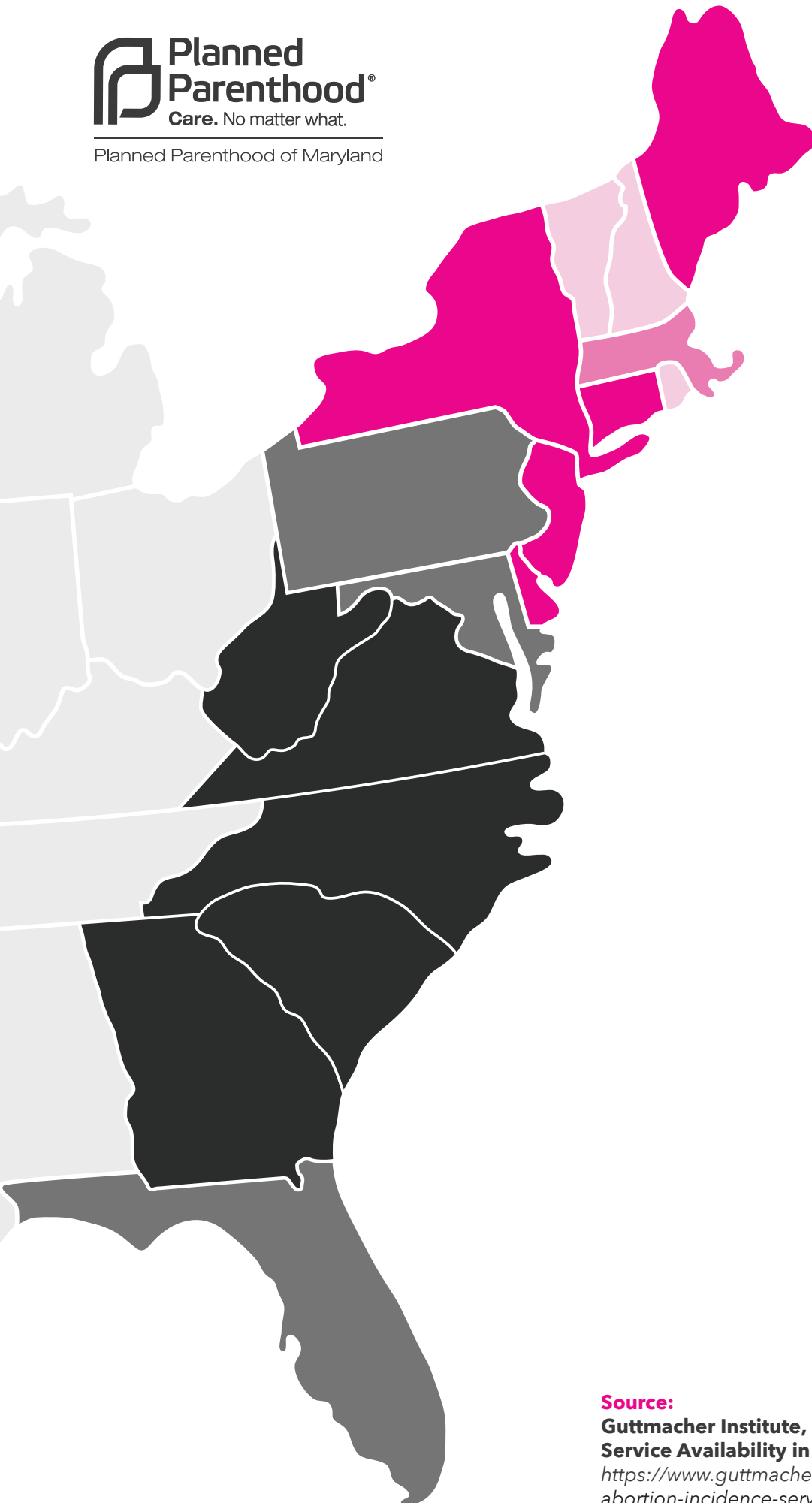
Twenty-six states are poised to ban or severely limit abortions. Thirty-six million people will be left without access to abortion care in their own states. We are on the brink of a public health disaster.

Is Maryland ready for Roe v. Wade to be overturned? The answer is no. Abortion access for Marylanders is already limited by provider shortages and poor insurance coverage. It will only get worse after the Supreme Court's decision in June. SB 8 in Texas has given us a sobering preview on abortion access after the Dobbs decision. A month after the 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.

How will Maryland's Abortion Care Access Package help?

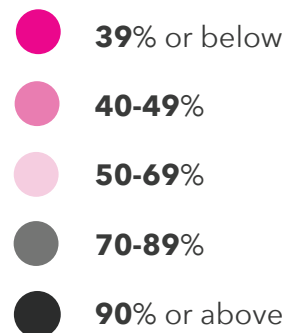
The legislation will:

- 1 Ensure Maryland has enough abortion providers.** Abortion access shouldn't depend on zip code, yet two-thirds of Maryland counties do not have abortion providers. To expand the provider community, we need to:
 - Update Maryland's law on the provision of abortion care. Maryland's outdated law only allows physicians to provide abortion care. But other pregnancy care is routinely provided by nurse practitioners, nurse-midwives, licensed midwives, and physician assistants. Marylanders should be able to turn to these trusted providers for abortion care, as recommended by the American College of Obstetrics and Gynecologists. Fourteen other states recognize that these practitioners can provide high-quality and safe abortion care. Maryland is behind the curve.
 - Support clinical education in abortion care. More health care practitioners would offer abortion care if they had ongoing opportunities for training in abortion care. Those opportunities are shrinking, especially for practitioners educated in states like Texas.
- 2 Ensure abortion care is covered like any other health care service.** Abortion access shouldn't depend on someone's insurance status. Both private insurance and Medicaid should provide equal abortion coverage without imposing obstacles like cost-sharing and deductible requirements.



% 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



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