



Maryland Section

TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee

FROM: Pamela Metz Kasemeyer
J. Steven Wise
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DATE: February 23, 2022

RE: **SUPPORT** – Senate Bill 890 – *Abortion Care Access Act*

The American College of Obstetricians and Gynecologists, Maryland Section (MDACOG), which represents the Maryland physicians who serve the obstetrical and gynecological needs of Maryland women and their families, **supports** Senate Bill 890.

We have seen state representatives across the nation attempting to limit the use of medical abortions, restrict access entirely to safe abortions, and even attempt to regulate circumstances for having an abortion. MDACOG applauds the bills' sponsors for introducing this legislation aimed at giving Maryland women permanent protections with regard to abortion access.

Senate Bill 890 expands the authority to provide abortion care to advanced practice clinicians (APCs). Maryland currently only authorizes a physician to perform an abortion. This law was passed before states were licensing providers like nurse practitioners, nurse-midwives, and physician assistants. Abortion is one of the safest medical procedures performed in the United States – safer than other routine medical procedures and substantially safer than childbirth. A report by the National Academies of Sciences, Engineering, and Medicine (NASEM)ⁱ comprehensively reviewed the state of science for all methods of abortion and confirmed once again that abortion is one of the safest medical procedures. In fact, it found that the biggest threats to the quality of abortion care in the United States are unnecessary and burdensome government regulations that undermine evidence-based care. Mandates that only physicians – or only board-certified ob-gyns – can provide abortion care, are one example of government restrictions that are not based on scientific evidence, improperly regulate medical practice, and impede patients' access to quality, evidence-based health care.

It is critically important that policies across the spectrum of public health are grounded in medical science and do not unduly interfere in the patient-clinician relationship. Patient care should never be legislated on false or inaccurate premises. ACOG's clinical guidance and policies on the provision of abortion care by APCs conclude that:

- Laws requiring that only physicians or ob-gyns provide abortion care diminish the number of qualified medical professionals who can provide abortion care and block women from obtaining safe, legal, and accessible abortion. The pool of clinicians who provide first-trimester medication

and aspiration abortion should be expanded to appropriately trained and credentialed APCs in accordance with individual state licensing requirements.ⁱⁱ

- In order to ensure access to safe abortion care, it is necessary to increase the availability of trained abortion providers, which includes expanding the pool of trained non ob-gyn physician providers. APCs possess the clinical and counseling skills necessary to provide first-trimester abortion safely, and there is no medical rationale or benefit to restricting early abortion care to physicians.ⁱⁱⁱ
- APCs who are properly trained have the clinical and counseling skills necessary to provide medication abortion. The safety and efficacy of medication abortion performed by APCs have been shown to be equivalent to physician provision through multiple randomized trials throughout the world.^{iv}
- Physician-only laws exacerbate health inequities for people who already face the most barriers to abortion care. Adolescents, people of color, those living in rural areas, those with low incomes, and people who are incarcerated can face disproportionate effects of restrictions on abortion access, including physician-only laws.^v

Senate Bill 890 includes requirements for appropriate training for any APC providing abortion care. Numerous training programs have shown great success in equipping the APCs and other health care practitioners with the necessary tools to provide safe and effective abortion care. The legislation creates the Abortion Care Clinical Training Program to support the provision of abortion care clinical training to qualified providers and the clinical care teams of the qualified providers. The objective of the program is to expand the number of health care professionals with abortion care training as well as increase the racial and ethnic diversity of health care professionals with abortion care training. The Program's training programs are to be consistent with evidence-based training standards and in compliance with State laws and regulations. An Abortion Care Clinical Training Program Fund is established with dedicated State funding to ensure the objectives of the program will be achieved.

Increased access to abortion care services is critical. Maryland currently has a shortage of abortion care providers. According to the Guttmacher Institute, approximately 70% of Maryland counties do not have abortion providers and approximately 30 % of Maryland women live in those counties. Maryland women who live outside of the Baltimore Washington corridor are having to travel further for abortion care – sometimes forcing them to unnecessarily delay care. There simply is no medical justification to limit abortion care to physicians. This is a restriction that prevents women from accessing abortion care in their own communities and imposes disproportionate harm on those in remote areas who may have to travel long distances to access gynecologic services.

Senate Bill 890 also seeks to address the delays in care that are frequently attributable to cost-sharing, copayments, and deductibles associated with insurance coverage that often subjects individuals to significant out-of-pocket costs for abortion care. The bill also addresses State imposed limitations on the provision of abortion care to Medicaid recipients reflected in yearly budget disputes regarding the budget language of the Medicaid program, including provisions such as: a requirement for a physician certification for abortions provided for physical or mental health reasons; language which limits the circumstances in which an individual can get abortion coverage – generally only for mental health reasons, despite the fact that other reproductive health choices such as using contraception, continuing pregnancy, and vasectomies do not require justification; and requirements for a survivor of rape or incest to secure a police or service agency report to receive abortion coverage. Passage of Senate Bill 890 will remove cost barriers for insured patients and eliminate the stigmatization of Medicaid recipients who seek abortion care.

MDACOG supports safe, legal, and accessible abortion services free from harmful restrictions. Some of the most marginalized patients, including those who live in rural areas or are low-income or uninsured, face extreme difficulties accessing abortion care. Abortion restrictions such as physician-only requirements exacerbate these inequities, are unjustified, and should be repealed. Similarly, barriers associated with benefit limitations under Medicaid and commercial insurance should be removed to minimize financial barriers to abortion care. MDACOG strongly urges a favorable report for Senate Bill 890.

For more information call:

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ⁱ National Academies of Sciences, Engineering, and Medicine. *The Safety and Quality of Abortion Care in the United States* (March 2018) at <https://www.nap.edu/read/24950/chapter/1>

ⁱⁱ Increasing access to abortion. ACOG Committee Opinion No. 815. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2020;136:e107–15 at <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/12/increasing-access-to-abortion>

ⁱⁱⁱ *Abortion Training and Education*. Committee Opinion No. 612. American College of Obstetricians and Gynecologists (Reaffirmed 2019). At <https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Abortion-Training-and-Education>

ⁱⁱⁱ National Academies of Sciences, Engineering, and Medicine. *The Safety and Quality of Abortion Care in the United States* (March 2018) at <https://www.nap.edu/read/24950/chapter/1>

^{iv} Medication abortion up to 70 days of gestation. ACOG Practice Bulletin No. 225. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2020;136:e31–47.

^v Increasing access to abortion. ACOG Committee Opinion No. 815. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2020;136:e107–15 at <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/12/increasing-access-to-abortion>