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THE SENATE OF MARYLAND  
ANNAPOLIS, MARYLAND 21401

**TESTIMONY OF SENATOR DELORES G. KELLEY**  
**REGARDING SENATE BILL 890-ABORTION ACCESS ACT**  
**BEFORE THE SENATE FINANCE COMMITTEE**  
**ON FEBRUARY 23, 2022**

**Colleagues:**

I am pleased to present to you, along with my co-sponsors Senators Feldman and Hettleman, the most important piece of legislation on reproductive health care in 30-years. Back in 1991, this body enacted legislation that codified Roe v. Wade. Maryland voters overwhelmingly ratified the legislation in 1992 when it was placed on the ballot as “Question 6.”

Many of us may think of Maryland as a “safe state” for abortion care. Our Committee knows very well, as we review countless pieces of legislation each

**session on health care, that access is far more complicated than the legal right to services. For any health care service, access means having enough providers, sufficient insurance, and the means to navigate barriers such as transportation, taking time off work, and child care.**

**Access to abortion care is more challenging than any other health care service because of the hostile environment faced by both patients and providers. Patients often have to walk past protestors who are increasingly aggressive, even sometimes taking photographs of license plates of people visiting the clinic. Providers report that patients sometimes think abortion is illegal – even in a state like Maryland – because of all the news reports about bans and restrictions in other states. Abortion care providers, unlike any other health care providers, face harassment, threats, and even violence at work and sometimes even at home.**

**What has been the impact of the environment on abortion care access in Maryland? We know from data from the Guttmacher Institute which surveys states every few years, most recently in 2017, that the number of abortion**

**providers in Maryland has fallen. Between 1991, when we codified Roe v. Wade, and 2017, the number of abortion providers fell from 52 to 44. Today, over two-thirds of counties in Maryland do not have abortion providers. This means that women outside of the Baltimore-Washington corridor must travel far – and sometimes even to neighboring states for abortion services.**

**When we compare Maryland to states in the Northeast, which have abortion rights laws similar to ours, Maryland is the worst state for abortion access geographically. Even in a very rural state like Maine, almost 70% of the counties have abortion providers. Maryland is the exact opposite, where about 71% of our counties do not have providers.**

**As policy-makers, our question is what are we going to do about abortion access and when should we take such steps. My fellow Committee members, I think we have no other choice but to take action now. In June, the U.S. Supreme Court will decide the Dobbs case, where the Mississippi Attorney General has formally asked the Court to overturn Roe v Wade. All the legal predictions are**

**that if Roe is not overturned, it will be severely damaged. Twenty-six states are poised to outright ban or severely restrict abortion. The impact will be devastating to women in those states and will have a severe impact on access in neighboring states.**

**We already have had a sobering preview of this reality. In the month after SB 8 went into effect in Texas, the number of abortions in Texas dropped by 50%. Women who were able to go out-of-state traveled hundreds of miles for services, sometimes even thousands as we saw women from Texas seeking services in Maryland. The states that surround Texas are 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. These numbers are deeply concerning, and we cannot ignore them. We need to think about what abortion care access will be like in Maryland after June’s Supreme Court decision. Marylanders are already underserved when compared to our Northern neighbors. We need to act now so that we can protect access for everyone who will need abortion care.**

**We cannot contend with the waiting times that women in the states around Texas have faced for abortion care services.**

**So, today I present to you a truly urgent bill – *SB 890 -Abortion Care Access Act*.**

**The provisions of this bill are not new or novel. The bill embodies the same tried and true strategies that we have used to address access issues for other health care services.**

**First, the bill includes strategies to increase the number of qualified abortion providers. Long ago, our state successfully embraced the strategy of utilizing nurse practitioners, nurse midwives, and physician assistants to increase access to primary care, specialty care, and pre-natal and delivery services. But Maryland has an outdated legal restriction on utilizing these same providers for abortion care. With this bill, we would lift that restriction and join the 14 other states that allow advanced clinicians to provide abortion care. Our physician community supports this bill, as you will hear from the Maryland Chapter of the American College of Obstetrics and Gynecologists. The bill also supports clinical training, as we know that physicians and nurse practitioners who move**

**to Maryland from states like Texas and Mississippi will not have had abortion care as part of their clinical education. We can also use this clinical training program to ensure our abortion provider community is as diverse as the communities they serve.**

**Second, the bill will ensure that all Marylanders, whether insured through private plans or Medicaid, have equitable access to abortion coverage. In private insurance, all plans, except those with legal exemptions, including religious exemptions, will cover abortion care without cost-sharing or deductible requirements. We know from research that women delay care when they have such cost-sharing requirements. SB 890 will make Medicaid coverage permanent and not subject to political debate in the budget bill every year. It is simply not fair or equitable to make health coverage for low-income individuals subject to such annual debate. We will also eliminate very outdated and stigmatizing policies that have been enshrined in our budget bill since 1979. For example, Maryland requires rape survivors to file police reports in order to get abortion coverage in Medicaid. Imagine the trauma experienced by an**

**eleven year old victim of rape and/or incest who is forced to file such a police report.**

**The provisions of SB 890 will protect access to abortion in Maryland. Passage of SB 890 will ensure that Maryland has sufficient numbers of licensed providers, and that Maryland has sufficient insurance coverage for patients needing abortion care. Access to abortion care has already been impacted by bans in other states, and the current Supreme Court is likely to make things worse when the Court acts in June it will likely abandon its decades old stance on *Rowe v. Wade*.**

**In light of all these concerns, I seek your expeditious support of Senate Bill 890, with the attached technical amendments.**