

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

Dear Honorable Chair Kelley,

The Center on Applied Feminism at University of Baltimore School of Law **strongly supports** Senate Bill 890 – Abortion Care Access Act. This bill will permit qualified health care providers, rather than solely physicians, to provide abortion care. This bill will reduce the strain on qualified providers of abortion care, creating greater access to the care. The bill will ensure abortion care coverage under private insurances and Medicaid. This bill will minimize strain on health care facilities, provide access to more Maryland counties, and minimize financial hardships from paying out-of-pocket for abortion care.

The Center on Applied Feminism seeks to apply feminist insights to legal practice and the policy arena. In particular, the center examines how feminist theory can benefit legal practitioners in representing clients, shape legal doctrine and play a role in policy debates and implementation. The center holds conferences and regular colloquia on emerging legal areas that intersect with feminism, and helps students plan for careers in feminist advocacy.

The Center on Applied Feminism supports this bill because increasing access to abortion care will help decrease gender inequity. Maryland needs more abortion care providers to increase access to abortion care. Currently, Maryland’s abortion providers are largely located in the greater Baltimore and D.C. metropolitan areas. In fact, the Guttmacher Institute reports that two-thirds of Maryland counties do not have an abortion provider. This proposed bill helps increase the number of abortion care providers by expanding which medical care providers can provide abortion care and providing abortion care training to medical providers.

As a Center focused on intersectional gender justice, the Center supports this bill because abortion access is not only a gender justice issue, but also intersects with economic and racial justice. Limited access to abortion care disproportionately affects low-income and minority Maryland residents. Currently, Maryland Medicaid’s coverage of abortion is subject to debate each year and only allows for care to be covered in certain circumstances. This bill would help ensure that abortion care is comprehensively covered by Maryland’s public and private insurance providers. Low-income Marylanders – those who are least likely to afford abortion care on their own – should be able to rely on permanent coverage. Research from the Turnaway Study showed that 40% of people cited getting an abortion because they could not afford to have a child or another child (Biggs et al., “Understanding why women seek abortions in the U.S.,” 2013).

To understand the importance of this bill for improving access to abortions in Maryland, we spoke with people who shared their experiences of obtaining an abortion in Maryland. For example, a young female told us she was 25 years old when she had an abortion. She had been on birth control for the purpose of preventing pregnancy, but it was ineffective. At the time, she believed that she was not financially or emotionally sound enough to care for a child. She also described the thought of an unwanted pregnancy as “traumatizing,” which would only have furthered her weakened emotional state. When she learned of her pregnancy, she was making less than \$38,000 a year and was still under her parents’ health insurance.

She was lucky enough to live in a Maryland county with several abortion care facilities, including two Planned Parenthood locations within a 20-mile distance. Despite the access to two clinics, because there were not enough abortion care providers, she had to wait an agonizing length of time before she was able to obtain the abortion. From the time she made the appointment, she had to wait three weeks. She feared that the lack of availability of appointments would cause her to pass the time of viability. Once her appointment came, she did not have the option of selecting which physician would administer the care, because only one physician was available at the clinic. While she was relieved to have any physician provide the care, she would have preferred to have more options among the providers to ensure that she felt safe and comfortable with the one providing her care. The passing of SB 890 would create opportunities for women to have a choice in who provides their care. The availability of a wider variety of qualified medical providers would reduce the length of time that women must wait for access to abortion care, thus reducing the stress of approaching the time of viability.

In our efforts to mitigate legal barriers, we must also address additional barriers females face in their everyday lives outside of legal issues. The lack of abortion access affects all of Maryland’s female population.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Neha Khan ([neha.khan@ubalt.edu](mailto:neha.khan@ubalt.edu)), Katherine Simon ([katherine.simon@ubalt.edu](mailto:katherine.simon@ubalt.edu)), and Chandre Jones ([chandre.jones@ubalt.edu](mailto:chandre.jones@ubalt.edu)).

Sincerely

University of Baltimore School of Law Center on Applied Feminism