



Planned Parenthood of Metropolitan Washington, DC

February 21, 2022

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

Dear Honorable Chair Kelley,

As Medical Director and Vice President of Medical Affairs for Planned Parenthood of Metropolitan Washington, DC (PPMW), I am proud to submit testimony with PPMW's strong support of Senate Bill 890, Abortion Care Access Act. The right to an abortion is hollow when there is no access — this bill would improve access in Maryland by supporting more opportunities for clinical education in abortion care and by updating its outdated law to allow qualified nurse practitioners, nurse-midwives, licensed midwives, and physician assistants to provide abortions. This bill also would improve access to abortion — and in particular it would support more equitable access — by improving insurance coverage for Marylanders seeking abortion.

I am a practicing OB/GYN in Maryland, as well as Washington, D.C. and Virginia, and for more than 15 years, I have been honored with the trust of patients seeking a broad spectrum of health care, including abortion.

PPMW is privileged to provide high quality, comprehensive reproductive health care, including abortion, at health centers in Suitland and Gaithersburg, as well as provide high quality sexual health education across Prince George's and Montgomery Counties. PPMW has been proud to provide this care for over 80 years on the principle that everyone deserves equal access to health services. We commit to caring for your constituents by providing contraceptives, tests for sexually transmitted infections, and lifesaving cancer screenings such as breast exams, as well as gender-affirming care, and abortion.

I see firsthand the need to improve access to abortion in Maryland. Abortion is common, essential health care but it is time-sensitive care that gets more expensive with each passing week after the first 10 to 12 weeks gestation. Yet, the Guttmacher Institute reports that two-thirds of Maryland counties do not have an abortion provider, forcing patients to travel great distances, take off work, and secure care for loved ones to access these services. This lack of access disproportionately harms Black, Latino, and Indigenous communities, people with disabilities, people in rural areas, young people, immigrants, and those having difficulty making ends meet.

Furthermore, in September 2021, Planned Parenthood health centers in surrounding states saw a 1082% increase in patients with Texas zip codes seeking abortion compared to September 2019 and 2020. Depending on the Supreme Court's decision in *Dobbs v Jackson Women's Health Organization* in June, it is very possible that Maryland will see an increase in patients as well. Without expanding access in our state now, both Marylanders who need care, as well as those traveling from out-of-state, could face serious delays in obtaining health care.

Simply put, Maryland needs more abortion providers. Marylanders should be able to turn to qualified and trusted providers — including, as this bill would allow, nurse practitioners, nurse-midwives, licensed midwives, and



Planned Parenthood of Metropolitan Washington, DC

physician assistants — for abortions, as recommended by the American College of Obstetrics and Gynecologists. Numerous other states recognize that these practitioners can provide high-quality and safe abortions. More health care practitioners would offer abortions if they had ongoing opportunities for training in abortion care. Those opportunities are shrinking, especially for practitioners educated in states like Texas. Maryland is behind the curve, and as an abortion provider in Maryland, I and PPMW join the calls on the state to take action by swift passage of SB 890.

I also see firsthand how lack of insurance coverage can impact someone's ability to access abortion. Without insurance coverage, some individuals are forced to postpone abortion until they can scrape together the funding to pay out-of-pocket. This delay results in the abortion occurring later in pregnancy — and while abortion is a very safe procedure, delaying abortion increases health risks, and also, as aforementioned, adds additional cost as procedures become more expensive later in pregnancy. When people must postpone abortions because they are unable to pay for them, their health is unnecessarily being put at risk and the financial barrier becomes even greater.

Currently, Maryland does not have equitable access to abortion coverage. For example, Maryland Medicaid's coverage of abortion is subject to debate each year as part of Maryland's state budget process, and only allows for care to be covered in certain circumstances. Marylanders with low incomes — those who face the greatest challenges covering the cost of abortion — should be able to rely on permanent coverage. Private insurance plans' coverage of abortion is extremely susceptible to attacks at the federal level. Even if people do have insurance coverage, cost-sharing and deductibles often require people to pay amounts that can put abortion out of reach.

Abortion access is an economic justice, racial justice, and gender justice issue. Abortion access should never depend on someone's insurance status. Both private insurance and Medicaid should provide equitable abortion coverage without imposing obstacles like cost-sharing and deductible requirements.

In closing, I became an OB/GYN because I wanted to serve individuals in need and I wanted to support people during life's most important moments. I trained for many years to become the best possible physician, and to advocate for all of my patients. I understand fully the complexity that surrounds abortion care, but I to urge you to support SB 890 so that we can meet the needs of our diverse communities.

Thank you for your consideration of this testimony in support of SB 890. If we can provide any further information, please do not hesitate to contact me at serina.floyd@ppmw.org.

Sincerely,

Serina Floyd, MD MSPH FACOG
Medical Director/Vice President of Medical Affairs
Planned Parenthood of Metropolitan Washington, D.C.