2022 JCRC SB 890 Abortion Care Access Act.pdf
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Position: FAV

JCRC
JEWISH COMMUNITY RELATIONS COUNCIL

Government Relations • Israel Advocacy
Inter-Group Relations • Social Justice
Maryland • Virginia • Washington, DC • Since 1938

Testimony in SUPPORT of *Senate Bill 890 – Abortion Care Access Act*
Senate Finance Committee
February 23, 2022

The Jewish Community Relations Council of Greater Washington (JCRC) serves as the public affairs and community relations arm of the Jewish community. We represent over 100 Jewish organizations, synagogues, and social services agencies throughout Maryland, Virginia, and the District of Columbia. The JCRC is strongly committed to cultivating a society based on freedom, justice, and pluralism. We work throughout the region to advocate for our agencies that serve the most vulnerable residents and to campaign for important policy interests on behalf of the Jewish community and all Marylanders. The JCRC is focused on promoting social justice and intergroup relations and combating antisemitism and all forms of hatred.

In our ongoing effort to strengthen Maryland's reproductive freedom laws, the JCRC supports Senate Bill 890—Abortion Care Access Act. Our agency is committed to religious liberty and upholding one's constitutional right to reproductive freedom, that is, abortion and contraception. While the State of Maryland codified Roe v. Wade in 1992, not everyone in the state has access to safe and affordable abortion care. We need to truly ensure reproductive freedom for all Marylanders including accessibility, safety, and affordability.

Senate Bill 890 establishes the Abortion Care Clinical Training Program in the Maryland Department of Health and the Abortion Care Clinical Training Program Fund. The purpose of this program is to protect access to abortion care by ensuring that there are a sufficient number of health professionals to provide abortion care. In addition to expanding the pool of qualified practitioners, SB 890 ensures funding for provider training. It requires the Governor to include in the annual budget bill an appropriation of $3,500,000 to the Program.

The Bill also establishes certain requirements regarding abortion care services, including provision and coverage requirements on the Maryland Medical Assistance Program, and certain insurers, nonprofit health service plans, and health maintenance organizations. SB 890 requires the Maryland Health Benefit Exchange to adopt regulations to provide subsidies to cover the cost of insurance premiums for young adults; in so doing, it ensures insurance coverage regardless of payor --private and Medicaid. Although the State of Maryland already has codified reproductive freedom laws, we need to guarantee that this religious freedom is ensured for all. For these reasons, we ask the committee to give a favorable report on SB 890

RicarraSB890AbortionAccess.pdf
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Position: FAV

Testimony on SB890
Abortion Care Access Act
Position: **FAVORABLE**

To Chair Kelley & Members of the Senate Finance Committee,

My name is Ricarra Jones and I am the Political Director of 1199SEIU. We are the largest healthcare workers union in the nation, with over 10,000 members who work in Long Term Care Facilities and hospitals across Maryland & DC. Our union supports legislation that will make abortion more accessible and affordable to anyone who needs an abortion. We urge a **favorable** report on SB890: Abortion Care Access Act to provide more clinical training for healthcare workers to provide abortions and requiring the MD Health Benefit Exchange to adopt regulations to provide subsidies to cover costs of insurance premiums for abortions.

1199SEIU members know all too well that there is a massive shortage of health care workers. The short staffing crisis is true when it comes to abortion providers too. Two-thirds of Maryland counties do not have their own abortion care providers. Not only are there too few abortion care providers to serve Marylanders right now – if the Dobbs [1]decision is upheld in the Supreme Court, Maryland will likely have thousands of patients from out-of-state coming to Maryland to get an abortion. In September 2021 when Texas passed its vigilante anti-abortion law, Planned Parenthood health centers bordering Texas experienced a 1082% increase in patients with Texas zip codes seeking abortion compared to September 2019 and 2020. An influx from out of state coupled with the current short staffing crisis can lead to delays in accessing care. Abortion

[1] Dobbs v. Jackson Women's Health Organization is a pending U.S. Supreme Court case dealing with the constitutionality of a 2018 Mississippi state law that banned abortion operations after the first 15 weeks of pregnancy.

is a time-sensitive process and care gets more expensive with each passing week after the first 10 to 12 weeks gestation.

Abortions must not only be accessible, they must be affordable for everyone. In Maryland, Medicaid coverage for abortions only allows for care to be covered in certain circumstances. These limitations leave low-income Marylanders struggling to afford abortion care. Everyone should be able to rely on permanent coverage for abortions. We need to establish coverage through Maryland's Medicaid system because private insurance plans' coverage of abortion is extremely susceptible to attacks at the federal level.

Abortion is healthcare. All healthcare should be affordable and accessible. Please vote yes on HB890. Thank you.

Sincerely,
Ricarra Jones
Political Director
1199SEIU UHW E.

SB0890_RepRuppersberger_FAV
Uploaded by: Daniel Clayton
Position: FAV

C. A. DUTCH RUPPERSBERGER
2ND DISTRICT, MARYLAND
MEMBER OF CONGRESS

February 23, 2022

Chair Delores G. Kelley
Miller Senate Office Building
11 Bladen Street
Annapolis, Maryland 21401

Dear Honorable Chair Kelley:

I write today in strong support of Maryland's Abortion Care Access Package, Senate Bill 890, House Bill 937 and House Bill 952, which take critical steps to uphold the Supreme Court decision in Roe v. Wade and ensure bodily autonomy for Marylanders.

The Maryland Abortion Care Access Package expands abortion access in counties across Maryland – two thirds of which do not currently have access to abortion clinics – by repealing outdated restrictions on the provision of abortion care and providing clinical education opportunities. This legislation also ensures private insurance and the Maryland Medical Assistance Program provide equal abortion coverage without imposing harmful obstacles to care like cost-sharing and deductible requirements. Marylanders' access to legal abortion services should not be limited by lack of insurance coverage or healthcare provider services.

Should Roe v. Wade be overturned, 26 states are expected to ban or severely limit abortions – causing 36 million Americans to lose access to abortion. In 2021 alone, states across the nation enacted over 100 abortion restrictions. Restrictions in neighboring states could lead to an increase in patients traveling from out of state, delaying care for both Marylanders and those traveling to Maryland for services. It is crucial Maryland addresses this issue proactively.

As legislators, we should be focused on partnering at all levels of government to empower women to make healthcare decisions based on what is best for them. Reproductive healthcare is healthcare – and thus, a fundamental right.

I firmly believe the measures outlined in this important package of legislation are essential to protecting Marylanders' access to abortion services. I thank you for your consideration of this testimony, and I urge a favorable vote.

Sincerely,

C.A. Dutch Ruppersberger

C.A. Dutch Ruppersberger
Member of Congress

CADR:dc

SB0890 Abortion Care Access Act.pdf
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Position: FAV

Maryland Commission for Women

A Commission of the Maryland Department of Human Services

51 Monroe Street, Ste. 1034 – Rockville, Maryland 20850
301-610-4524
www.marylandwomen.org

February 18, 2022

The Hon. Delores G. Kelley, Chair
Senator Brian J. Feldman, Vice Chair
Senate Finance Committee
Miller Senate Office Building, 3 East
Annapolis, Maryland 21401

Re: SB0890 – Abortion Care Access Act

Dear Senator Kelley, Senator Feldman, and Members of the Senate Finance Committee:

In 1991, the Maryland General Assembly codified the legal right to abortion, as provided by Roe v Wade, and today Maryland is now considered a safe state for abortion rights even if the Supreme Court overturns Roe v Wade. However, the state has limited abortion care options for women. Two-thirds of Maryland counties do not have abortion providers.

SB0890 would protect and increase access to affordable abortion care, recognizing that advanced practice clinicians - nurse practitioners, certified nurse-midwives/certified midwives, and physician assistants - are qualified to provide abortion care. These clinicians are the key to ensuring access to abortion care in every region of the state. The bill provides state support for clinical training in abortion care.

For the protection and health of women in the state of Maryland, the Maryland Commission for Women recommends that the Senate support the Abortion Care Access Act of 2022. This bill will expand the number of healthcare professionals with abortion care training and, importantly, increase racial and ethnic diversity represented; support the identification, screening, and placement of qualified providers at training sites; and support an abortion care clinical training fund.

As you may know, the MCW was established in 1965 and was set in state law in 1971. An office of the Department of Human Services, the Commission is a 25-member advisory board whose duties outlined in its enabling legislation include: study the status of women in our state, recommend methods of overcoming discrimination, recognize women's accomplishments and contributions, and provide informed advice to the executive and legislative branches of government on the issues concerning the women of our state. It is to fulfill this mandate that the Commission writes to you today urging your support of SB0890.

(Please note that the positions expressed in this letter are those of the MCW and do not necessarily reflect the position of the Governor or the Department of Human Services.)

With very best regards,

Yun Jung Yang, Chair
Maryland Commission for Women

SB890 Testimony - ACLU-MD - Senate Finance - FAV (

Uploaded by: Frank Patinella

Position: FAV

FRANK PATINELLA
SENIOR EDUCATION
ADVOCATE

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GENERAL COUNSEL

Testimony for the Senate Finance Committee

February 23, 2022

SB 890 - Abortion Care Access Act

FAVORABLE

The ACLU of Maryland (ACLU) believes that women and others who can become pregnant have a fundamental right to make decisions about whether or not to have a child without political interference. Further, the ACLU is supportive of efforts to expand access to abortion services, especially for people of color and for those who are low-income. To that end, the ACLU supports SB 890 - Abortion Care Access Act.

Due to the more than 500 hundred medically unecessary, politically motivated restrictions on abortion that hostile states have enacted in the past decade, Maryland has been a destination and refuge for patients who have been forced to leave their home state to obtain abortion care. As surrounding states pass laws to make abortion more prohibitive, our state will see more out-of-state visitors in search of care. The influx of those seeking this essential health care will increasingly affect the availability of services for residents in Maryland. Access to abortion care is already limited due to provider shortages and restrictive polices in many insurance plans.

SB 890 would address these capacity issues by expanding access to abortion care in Maryland. Specifically, the bill would allow advanced practice clinicians (APCs), including nurse practitioners, physician assistants, and other qualified, licensed health care professionals, to provide a variety of procedural abortion services. Currently, only physicians licensed by the state are authorized to perform abortion services, even though APCs' scope of practice routinely authorizes them to provide identical care for miscarriage management. California, Hawaii, Maine, Massachusetts, and neighboring Virginia have enacted similar legislation[1].

SB 890 will also establish a clinical training program for clinicians interested in providing abortion care. This trailblazing measure will ensure that clincians in settings that prohibit comprehensive reproductive health services have the opportunity to receive training for a wide range of reproductive

[1] Ca. Bus. & Prof. Code § 2725.4; Act 3, Session Laws of Hawaii 2021; Me. Rev. Stat. tit. 22, § 1598; Mass. Gen. Laws ch. 112, §§ 12K-M (2020); Va. Code Ann. §18.2-72 (2021)

health services, including abortion care. In addition, it will help ensure a robust and diverse pipeline of qualified health care professionals who are able to provide culturally competent care to underserved communities.

By not taking action on this bill, the current strain on Maryland providers will be exacerbated. More importantly, people seeking abortion care will face even more barriers to receiving high quality, time sensitive, essential services. For these reasons, the ACLU asks for a favorable report on SB 890.

Alex Siebenhaar SB890 support.pdf

Uploaded by: Isabel Blalock

Position: FAV

SUPPORT – SB 890
Abortion Care Access Act

Honorable Chair Kelley,

I am currently an international graduate student at NUI: Galway studying Gender, Globalization, and Rights. I am originally from Glen Burnie, Maryland and completed my undergrad at University of Maryland, Baltimore County. I am a local reproductive justice activist and am proudly pro-abortion because I know abortion saves lives for every individual seeking the healthcare service. I am writing to you to share my support for **Senate Bill 0890.**

Maryland is one of the many states that protects the right to abortion with limited restrictions, and many out-of-state residents travel to Maryland to obtain an abortion. If the Supreme Court overturns *Roe v. Wade*, many more patients will be traveling from neighbor states to Maryland to access abortion care, creating a burden for in-state abortion providers and funds. This bill will expand abortion care throughout the state while caring for other out-of-state Americans and/or immigrants living in the United States who experience more strenuous external barriers when obtaining an abortion.

The bill will establish an Abortion Clinical Care Training Program that will help ensure there are more than enough health professionals who can provide abortion care, extending pass the norm of only OB/GYNs performing abortions. The bill defines "qualified provider" by physician, nurse practitioner, nurse-midwife, licensed-certified midwife, physician assistant, and any other medical professional who is able to practice abortion care; the bill will destigmatize abortion care and will equate abortion as a natural process by widening the definition of "qualified provider."

As an advocate for cultural and racial inclusive abortion care, I specifically support this bill in which will ensure racial and ethnic diversity among abortion providers. Crisis Pregnancy Centers (CPCs) or fake abortion clinics target Latinx populations and exploit the language barriers in healthcare to dissuade Latinas and/or Latinx people from having abortions. I, myself, have learned first-hand the harm CPCs have on those seeking abortion care and I have been shamed for having premarital sex by those who volunteer at CPCs.

I'm sharing this personal story because I want to bring to light that CPCs target vulnerable populations and mislead patients into thinking they are accessing comprehensive reproductive healthcare and accurate information on abortion, especially non-English speakers. This bill will counteract the deception in abortion care by providing immigrants and non-English speaking patients with comprehensive cultural and racial inclusive abortion care in their native language.

For these reasons, I support **Senate Bill 0890- Abortion Care Access Act** I would like to thank you for considering your support for this bill and hope that you can join me in mine. Thank you.

Sincerely,
Alexandra Siebenhaar
Glen Burnie, Maryland 21061

Allison Claytor_SB890_support.pdf
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Position: FAV

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

February 23, 2022

SUPPORT – SB 890
Abortion Care Access Act

Dear Honorable Chair Kelley:

My name is Allison Claytor, and I am a billing specialist at Potomac Family Planning Center, an abortion clinic in Montgomery County that provides abortion care up to 17 weeks gestation and accepts Maryland Medicaid. I'm writing in support of Senate Bill 890, Abortion Care Access Act.

When I learned how to verify and bill Maryland Medicaid insurances, I truly didn't realize the impact it would make on my patients. Every appointment I make, I always make sure patients know that we take insurances. Many patients don't know Maryland Medicaid will cover for abortion services. There was a time after verifying a patient's insurance, the patient disclosed to me, "To get this appointment, I would have had to spend the money on the abortion instead of Christmas gifts for my kids. But now I can use my insurance and still have Christmas." Maryland Medicaid has helped so many of our patients, and I hear all the time just how blessed these patients are to have this insurance, especially one including abortion coverage, which is a necessity in women's healthcare.

In the cases where Maryland Medicaid does not cover abortion services, it is so detrimental to the patient to find funding fast. This is a difficult and confusing process for some patients, especially if there is an issue with the insurance, such as having an old secondary insurance still on the Medicaid account. For the patients who cannot get the care they need with their Medicaid coverage, sometimes it's impossible to pay out of pocket for abortion care – they simply don't have the resources. While Medicaid is a great resource, there are some changes that need to be made to make this work for all patients and ensure Marylanders collective right to bodily autonomy.

Thank you for your consideration of my testimony. I urge a favorable report on SB 890. If you have any further questions, you can reach me at aclaytor@potomacfamilyplanning.com.

Sincerely,

Allison Claytor
Billing Specialist
Potomac Family Planning Center

APC_Cluster_SB890_support.pdf
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Position: FAV

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

SUPPORT – SB 890
Abortion Care Access Act

Dear Honorable Chair Kelley,

The Advanced Practice Clinician (APC) Cluster, a collaborative initiative of the Reproductive Health Access Network, Nurses for Sexual and Reproductive Health, and the National Abortion Federation, strongly supports Senate Bill 890, the Abortion Care Access Act, which would establish the Abortion Care Clinical Training Program and affirm abortion care as within the scope of practice of advanced practice clinicians. This legislation also ensures that abortion care is covered like any other health care service by both private insurance and Medicaid so as to provide equal abortion coverage without obstacles like cost-sharing and deductible requirements.

Our APC Cluster represents nearly 300 nurse practitioners, nurse-midwives, physician assistants, and students who support protecting and expanding access to reproductive health care across the country. As clinicians in reproductive health care, we know that patients' rights to receive abortion care are often nullified by the many barriers they face in accessing it. Maryland, a state where 75% of counties currently do not have abortion providers, will very likely become a haven for access to both abortion care and training by passing SB 890, particularly as it sees an influx of out-of-state patients in response to other highly restrictive regulations across state lines. This is because SB 890 would add Maryland to the list of fourteen other states that already affirm the provision of abortion care as within the scope of practice of advanced practice clinicians. It also establishes the Abortion Care Clinical Training Program to create a pathway for more providers to integrate this essential care into their practices and provide ongoing training for clinicians in abortion care.

Still, access cannot be realized without addressing inequity and discrimination in insurance, which is why SB 890 ensures that abortion care is covered like any other health care service by both private insurance and Medicaid. We know that low-income Marylanders are the least likely to be able to afford abortion care, and even those with insurance coverage are often required by cost-sharing and deductibles to pay entirely out-of-pocket for their care, which can make an abortion impossible for those in need. We need SB 890 to ensure that our patients can rely on permanent coverage.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Organizer Lily Trotta at lily@reproductiveaccess.org or 646-893-4356.

Sincerely

The Advanced Practice Clinician (APC) Cluster of the Reproductive Health Access Network, Nurses for Sexual and Reproductive Health, and the National Abortion Federation

ARSH_SB890_support.pdf
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Position: FAV

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

Dear Honorable Chair Kelley,

We are Advocates for Reproductive and Sexual Health, a student organization at Johns Hopkins University. We strongly support bill SB890 – Abortion Care Access Act. This bill will increase abortion access in Maryland by ensuring that Maryland has enough abortion providers and that abortion services are financially covered for everyone who needs them, regardless of their insurance status.

We are college students and come from diverse backgrounds: different states and different socioeconomic statuses. Hence, we all experience different barriers to accessing health care. For example, many of us are on an insurance plan provided by the university and would not be able to afford the high cost of an abortion. Many of us who are on our parents' insurance would not feel comfortable telling our parents we need an abortion due to the privacy surrounding a medical procedure.

Although we are an urban campus, we recognize that not all colleges in Maryland are located in cities. This represents a huge obstacle to the accessibility of abortions in Maryland because, if there are no qualified abortion providers in the area, college students like us would have to travel long distances to access healthcare that is very time-sensitive and spend money doing so. We have very busy, sporadic schedules and are already under significant stress in college. Most of us do not have cars with us. Therefore, this limitation caused by proximity to abortion providers is unjust. Due to these constraints on accessing abortion, a large proportion of pregnant college students will be subjected to carry to full term, at a time in their lives when they are not mentally or financially ready/capable. This would negatively affect the lives of both the college student and their child.

As college students who want to build a better future for our country, we strongly believe reproductive autonomy is a powerful tool to fight gender and income inequality. It gives people who can get pregnant the right to make decisions that will help them further their personal, academic and career goals. Without reproductive health there is no overall health and, without these bills, college students like us cannot have the full freedom to decide what's best for our futures.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Advocates for Reproductive and Sexual Health at arsh.jhu@gmail.com

Sincerely,

Advocates for Reproductive and Sexual Health at Johns Hopkins University

Barbara_Francisco_SB890_support.pdf
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Position: FAV

Support
SB 890 – Abortion Care Access Act
Senate Finance Committee
February 23, 2022

Dear Honorable Chair Kelley:

In the early 1990s, I had completed a second B.S. degree at the University of Maryland in elementary education and was early in my career as a 4th-grade teacher. My husband and I lived in a small house in Silver Spring with our two young children. My birth control failed, and we chose to abort the fetus because I would not have been able to work at my dream job and also be able to give a third child the kind of attention I gave – and wanted to give – to the first two.

I want all families and all people who can become pregnant to be able to weigh their choices the way I was able to do – including those who live in nearby states where the legislators may be working to limit those choices. Solving the problems of provider shortages and poor insurance coverage will be a help to many.

Thank you for your time. I urge a favorable vote on SB 890.

Most sincerely,
Barbara Francisco
Silver Spring, MD 20901

Chandler Jones_SB890_testimony.pdf
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Position: FAV

Chandler Jones
Reisterstown, MD 21136

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

February 17, 2022
Re: SB 890 – Abortion Care Access Act

Dear Honorable Chair Kelley,

My name is Chandler Jones. I am a resident of Baltimore County and a third-year law student at the University of Baltimore, School of Law. I **strongly support** Senate Bill 890 – Abortion Care Access Act. This bill would require abortion care be covered by the Maryland Medical Assistance Program and other state-regulated health plans, lift restrictions on certain qualified providers to provide abortion care, and establish a training fund for new abortion providers.

I am a woman of faith which has continued throughout my life from my early childhood being raised in the Christian Church and being educated in Christian private schools. My faith has persisted throughout my undergrad education at Salisbury University, even as a Philosophy major, having my religion and beliefs put up for debate and challenged by my peers in class discussion. And still my faith in Jesus Christ as my Savior persisted, even when His path for me led me to accessing abortion care.

In my household growing up, birth control was a taboo topic, and as a result, I was never well informed. “Saving myself for marriage,” was the only guidance I received. For most of my life I followed that advice, and then, I fell in love. My junior year of undergrad, I was a full-time student, double majoring in English Literature and Philosophy, serving as president of the Philosophical Society, teaching philosophy in local elementary schools as a volunteer, and working as an assistant manager at a pizza restaurant. Amid college exams, organizing community events, and all the other responsibilities I had taken on, I also decided that I would be applying to law school and God brought to me a young Christian, military man, also in undergrad, who I began a new relationship with – my first ever serious romantic relationship.

At this time in my life, I felt extremely blessed. I was doing well in school, an active member in the community with a sense of purpose for my future, and I was in a committed, supportive relationship. Then, I noticed a slight shift. I’ve always been well-attuned to my body, and I could sense a change. I had an indescribable feeling – I just knew I was pregnant. Personally, I believe the sense of knowing came from God, but others may describe it as women’s intuition. There was no physical change I could directly point to, but the nagging feeling persisted until ultimately, I decided to stop at a pharmacy on my way to work after classes. During my mid-shift break, I finally had a moment to myself.

I found out I was pregnant in a dingy, poorly lit employee bathroom at the back of the store. I wasn’t surprised when I saw the results, yet I still stared in disbelief. I had always wanted to be a mother, in that moment I still did, and to this day I still do. Sitting there in the bathroom, I allowed myself to imagine a possible future where I was a mother in college, working part-time, eventually graduating, and beginning law school. I tried so hard to fit a baby

into my already curated life plan. My boyfriend was graduating that year, but because of his military career, he was expected in Connecticut for Officer Candidate School, and then he would be stationed wherever the military sent him. I had a year left of undergrad and was preparing my application for law schools in Baltimore and D.C., so I had already began studying for the LSAT. Despite all the above, I thought maybe I could embrace my unexpected pregnancy and live my additional dream of being a mother, just a little earlier than I expected. A baby wouldn't come right away, I had time to plan and prepare. In that moment, my faith in God and His plan for my life allowed me to find a sense of peace. I prayed to Him for His guidance in the situation and to allow me to possess the discernment necessary to make the best decision for my life according to His plan. Lastly, I recited my favorite Bible verse in my mind as a meditation, "And we know that all things work together for the good of those who love Christ and are called according to His purpose," Romans 8:28.

My boyfriend picked me up from work that night since I did not have a car. He always insisted on driving me home when I worked late due to safety concerns about me walking home by myself in the dark, but also so we would have a chance to see each other during our busy weeks. I told him about the pregnancy. We talked. We laughed and cried. We indulged in my fantasies from earlier and we decided as much as we wanted to have kids together and to start a family with each other, now was not the time for either of us. He supported my dream of being a lawyer and I supported his dream of being a helicopter rescue pilot, two dreams we had already worked so hard to achieve but still had years of training and education to acquire before those dreams could be fulfilled. Our dream of having a family together was something we both wanted, but not until after we established more stability in our respective careers and personal finances.

Unfortunately, on the Eastern Shore, my options to obtain abortion care were extremely limited. I made an appointment with the on-campus student health center and tried to ask them how to access an abortion. I was met with a dead end and a nurse who thought it was appropriate to share her personal stance on abortion, urging almost pleading with me to reconsider my decision. "Abortion isn't your only option," she told me before I left. Then, I googled places near me to get abortions. The closest listing was a family planning center that I would come to find out was actually an anti-abortion pregnancy center. I called to schedule an appointment only to discover, despite the website's appearance, they did not actually offer abortion care, only counseling to help me make the decision. I had already made my decision and as uneducated as I was on abortion access, I knew there was a limited window for me to receive the care I needed. I knew that Planned Parenthood offered abortion care but the nearest one was in Easton, Maryland, an hour drive. As the closest available option, I called to make an appointment. Due to limited availability, the wait was long, too long for my comfort. The soonest appointment I could make was at a Planned Parenthood in Delaware, an hour and a half away. With no other options available, I scheduled the appointment, emailed my professors that I would not be attending classes that day, and texted a few co-workers to find someone to cover my shift.

I had a supportive partner. He had access to a car. We had access to enough funds to cover cost of care. If any one of those things weren't true, I would not be in law school today. Access to abortion care has allowed me to walk the path that I know is the right one for me.

Lifting restrictions on already qualified providers would increase the availability of abortion care, especially in places like the Eastern Shore, where I went to college. Future students like me wouldn't find themselves in need of a car or to cross state lines to access reproductive healthcare because, as a young, high school student choosing a college, I did not

– and no one should have to – consider whether I would be able to access necessary care. Requiring insurance plans to fully cover abortion reduces the financial burden on people seeking care. As an assistant manager at a pizza shop, I did not make enough money to cover the care, but I was fortunate enough to have access to additional funds. However, not everyone has the resources and opportunities God has blessed me with throughout my life.

My mother grew up in Indiana below the poverty line, she had her first child at seventeen, and dropped out after her junior year of high school. Fortunately, she was able to go back to school, eventually earning a master's degree in her early forties. By the time I was born, my mother already had her bachelor's in nursing and owned a house at the end of a cul-de-sac where I spent most of my childhood. However, my older half-sister, born before those opportunities had been realized, grew up on food stamps in a trailer park with a mother who was exhausted from working nightshifts and attending school part-time.

My mother escaped poverty through education, and she worked hard not only to support her children but to be an example of a possible future with less economic hardships. I witnessed my mother working full-time, attending graduate school part-time, and finally earning her master's degree in nursing during her late 30s and early 40s. My half-sister started college, but after a semester she dropped out because at 19 she was pregnant with my niece. My sister never returned to school to finish her degree, and throughout my life I witnessed her financial struggle with her partner to provide for their three children.

On my 20th birthday, I secretly celebrated the fact that I had escaped my teenage years without following in the footsteps of my mother and my older sister. I thanked God for helping to break what I felt at the time was a generational curse, but what I have now come to realize had actually been the result of a lack of resources, education, opportunity, and access to reproductive healthcare, including abortion care.

For the foregoing reasons, I urge a favorable report on SB 890. Thank you for the opportunity to submit testimony.

Sincerely,

Chandler Jones

Charlene_Rock-Foster_SB0890_support.pdf
Uploaded by: Isabel Blalock
Position: FAV

Charlene Rock-Foster
Baltimore, MD 21206

Support
SB 890 – Abortion Care Access Act
Senate Finance Committee
February 23, 2022

My name is Charlene Rock-Foster, and I support SB 890 – Abortion Care Access Act. This bill would require abortion care be covered by the Maryland Medical Assistance Program and other state-regulated health plans.

In September of 2009, I was informed by my Ob/Gyn that I was pregnant; this after I noticed a month without a menstrual cycle. At the time I was 42 years old, got married in July of that same year, which that union gave me two bonus children—one boy who had graduated from high school and was going away to college, and one girl who was in the 10th grade. My family was complete, with both children embracing me as their second mother.

We were dealing with the heavy financial responsibilities of getting one child through college with another one in high school, preparing to attend college, on top of running a household where at the time the recession impacted me and my husband's income. I told my husband of the news and we had a very long talk about our family planning. In the end, we choose not to have a third child. At the time I was referred to Planned Parenthood which was one of the medical services that was able to do the abortion surgery with me being eight weeks into my pregnancy. Also at time, my medical plan Blue Cross/Blue Shield did cover the costs of the abortion. My husband was with me for the surgery and was very supportive.

Over 10 years later after my abortion my children are grown, living very productive lives. My husband and I are officially empty nesters still in love with each other. I do not regret having to make the decision to have an abortion. In my reproductive years, I was treated for uterine cancer, something that is not often seen in women under 25 years old, and I had a miscarriage at 32 years old. I've by choice used various forms of birth control to manage my reproductive health. I'm sharing all of these things to support not only every woman's decision to choose abortion but to also have the medical coverage for this type of procedure to take place. It is my belief that society should not subject women in having to create nor add to a family when she knows she is not in the position to do so physically, mentally, or both

For the foregoing reasons, I urge a favorable report on SB 890. Thank you for the opportunity to submit testimony.

Diana_Simpson_SB890_support.pdf
Uploaded by: Isabel Blalock
Position: FAV

SUPPORT – SB 890
Abortion Care Access Act

Dear Honorable Chair Kelley,

As a Maryland resident and a long-time volunteer with an abortion fund that makes grants to eligible pregnant people seeking abortion care in Maryland, I strongly support SB 890, which will increase the number of health care practitioners offering abortion care in the state and reduce the often overwhelming financial burden of accessing such care by expanding insurance coverage of abortion services.

I know what it's like to have a pregnancy scare at a time in your life when you are unprepared or unwilling to carry that pregnancy to term. So many of your (often already tenuous) plans for your life seem to vanish in an instant, replaced instead with worries about financial security, health risks, relationship and family impacts, lost career or educational opportunities, or mental health stress. I have always been fortunate to have access to necessary reproductive care, but, as an abortion fund volunteer, I've spoken with hundreds of my fellow Marylanders who are not so lucky. These people struggle because their insurance doesn't cover the costs of an abortion procedure, they don't live near a clinic, or the cost of travel to the closest clinic option (as well as childcare costs and/or lost wages during travel) is prohibitive—and these burdens only compound over time because the amount of money needed to pay for an abortion increases the longer it takes you to figure out how to overcome these logistical challenges.

Maryland is far from the worst state in the country with respect to legal protections for reproductive rights, but that doesn't mean that all Marylanders have unfettered access to those rights. Every day in this state, pregnant people are denied access to the abortion care they need because they live too far away from D.C. or Baltimore and can't find a provider, or because their Maryland Medicaid coverage is too limited to meet their needs, or their private insurance charges an exorbitant copay. I talk to these people all the time. They come from all walks of life, but, as is often the case in public policy, the ones most harmed by barriers to care are people from marginalized groups and those experiencing difficult financial circumstances. We can do so much better for these people with such simple steps, including expanding the pool of authorized providers, making abortion care a clinical education priority, and expanding coverage for abortion care under Medicaid and private insurance plans.

I look forward to the day when abortion funds are a thing of the past—when it is no longer private citizens, banding together as volunteers, to take care of one another's basic healthcare needs—because the state has stepped in to provide a sufficient legal framework and other support to ensure that those needs are met as a matter of course for all Marylanders. Thank you for your consideration of my testimony, and I urge a favorable vote.

Sincerely,

Diana Simpson

Takoma Park, MD 20912

Dr Steven Ralston_SB890_support.pdf
Uploaded by: Isabel Blalock
Position: FAV

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

Dear Honorable Chair Kelley:

I am writing in support of SB 890 – the Abortion Care Access Act.

I am a practicing maternal-fetal medicine specialist in the state of MD. I feel fortunate to practice and live in a state that makes health care a priority for all its citizens.

For 30 years, I have taken care of pregnant women with medical problems and I specialize in the diagnosis and treatment of fetal abnormalities. In my line of work, it is normal, expected, and sometimes necessary to counsel women about abortion procedures for the numerous fetal abnormalities that are detected prior to birth and for significant medical issues that can affect maternal health. My academic niche is medical ethics and if I have learned anything during my practice it is that **the moral deliberations that patients face around reproductive decisions are best supported by having easy access to care providers who can privately counsel patients in a non-directive fashion and by removing the financial and logistical constraints that women face in obtaining reproductive care.**

The bills before the House and Senate will improve health care for women by improving access to reproductive care in Maryland. Allowing advanced practice providers to care for women seeking abortion care is not controversial: these are straightforward medical procedures that can be learned and performed ably by nurse practitioners, midwives, physician assistants, and the like. And removing barriers for reimbursement from both private and public insurances will help dismantle one of the clearest examples of structural inequity and disparity in our health care system: **women should have access to comprehensive reproductive care no matter who their insurance carrier happens to be**, something they have little control over.

Over the course of my career, I have practiced in several states: CT, MA, PA, NJ, MD, and DC. Each of these states has different laws surrounding pregnancy, health insurance, reproductive care, and abortion access. What has become clear to me over the course of my career is that women fare better where there are legal protections for their reproductive rights and where there is easy access to health insurance that provides all reproductive health options including abortion. **Women who face barriers to reproductive care are inevitably forced to delay their care; medically, this always means the care will be less safe. Reproductive care — like voting — should not be a luxury that some women can access easily and others cannot.**

Finally, as you are well aware, the passing of SB8 in Texas and other restrictive abortion laws in other states has already led to an influx of patients to neighboring states. Over the years, I have cared for many women who have traveled hundreds and sometimes thousands of miles to obtain reproductive

care from me they could not receive in other jurisdictions. Maryland should be prepared to help these women and to continue to provide the outstanding care we currently give to our own citizens.

Thank you for your consideration of my testimony, and I urge a favorable vote.

Sincerely,

Steven J. Ralston, MD, MPH
Maternal-Fetal Medicine

Gisell_Paula SB890 support.pdf
Uploaded by: Isabel Blalock
Position: FAV

Gisell Paula
Baltimore, MD 21223

Support
SB 890 – Abortion Care Access Act
Senate Finance Committee
February 23, 2022

My name is Gisell Paula, a resident of Baltimore, and I support SB 890 – Abortion Care Access Act. This bill would require abortion care be covered by the Maryland Medical Assistance Program and other state-regulated health plans.

I am the daughter of immigrants, and in more ways than one, I am my parents' and my ancestors' wildest dream come true. I travel around the country for work, am afforded the privilege of exploring my purpose in life, fiercely independent and contributor to my community. And none of this would have been possible if I didn't have access to abortion care.

When I was 20, living with my boyfriend at the time, I got pregnant. I knew having a child at my age would make both my life and the life of this possible child incredibly difficult. I knew it because I understood what it was like to grow up lacking and the toll that our lack took on my parents. I knew it because I witnessed how heart-breaking it was for my parents to yearn to provide us with things, experiences, and opportunities — but not have the time, money, energy, network or resources to do most of it. I knew I worked incredibly hard to attend a university that was way out of our reach, become a budding young professional, and began carving the etchings of the woman I've become. I knew how much my parents had sacrificed for their children. Mostly, I knew I wanted to make them proud. I want to be able to provide for them one day, but with a pregnancy lingering, I saw the chances of being able to pour back into them after having a child so young would be almost impossible.

My abortion day was not the best day of my life. However, I feel indebted to the team that was able to provide such beautiful and compassionate care to guide me through the entire process. I am appreciative that I was able to make, what was for me, a very tough decision with dignity. I am grateful that I was able to get safe care that allowed me to go to back into work the next day, with my life ostensibly uninterrupted, and with the privacy to process my decision in a way that allowed me to heal.

Contrary to some beliefs, the process of bringing an unplanned life into the world does not go from pregnancy to signed adoption papers. In practice, around 9 months of pregnancy have to happen. With that come social impacts on family, friends and career, the actual cost of giving birth, missing long periods of work, and the emotional heavy lifting that could come from having your child exist outside of you, but not having access to them.

The decision that I was able to make for myself is not one accessible to far too many Marylanders, and far too many Americans. The Abortion Care Access Act would remove barriers that almost—but not quite—existed for me. Everyone deserves access to the compassionate, respectful care I received, and the chance to make their own decisions about what path their future holds for them.

For the sake of my Maryland community, my nieces, nephews, colleagues, neighbors and friends, I urge a favorable report on SB 890. Thank you for the opportunity to submit my testimony.

Julie_Jenkins_SB890_support.pdf
Uploaded by: Isabel Blalock
Position: FAV

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

TESTIMONY ON SB 890

ABORTION CARE ACCESS ACT

Dear Honorable Chair Kelley, Vice-Chair Feldman, and Members of the Finance Committee:

As a Women's Health Nurse Practitioner and the former lead plaintiff in Jenkins V Lynch, a federal lawsuit to overturn the physician only law in Maine, I strongly support Senate Bill 890– Abortion Care Access Act. This bill would allow my fellow Advanced Practice Clinicians (APCs) in Maryland to provide the same care and services that LD 1261 (the Maine bill allowing APCs to provide abortion care services) enabled Maine APCs to provide.

In Maine LD 1261 meant the difference in patients being able to access abortion care in most Maine counties due to APC provision of care. Maryland currently lacks access to an abortion provider in 2/3 of its counties, with vulnerable populations and the rural poor often most affected by the lack of access to this essential healthcare service. Evidence shows improved patient satisfaction for patients receiving abortion care from their community providers, including APCs, rather than being forced to seek this care from an outside provider. Senate Bill 890 would allow APCs to practice to their full scope of care, providing care to patients and communities from a trusted provider, and increasing health equity and access to care.

In my 30 years of work in the reproductive health field, I have provided a wide range of services to patients, including gynecological exams, screenings and other diagnostic procedures, prescribing medications, and education and counseling. In addition, while working as a WHNP in California, I safely provided abortion care to my patients. Upon returning to Maine I signed onto the American Civil Liberties Union lawsuit to ensure that my patients there could receive the same care I was able to provide to patients in California.

Even though I safely provided abortion care in California, and regularly performed procedures in Maine that were comparable to first-trimester abortion in complexity and risk, and provided all of the in-clinic care for patients receiving a telemedicine abortion, Maine law banned me from performing abortions because I'm a nurse practitioner. As a result, I had been forced to send away patients in desperate situations, even though I was trained, qualified, and more than willing to provide the care they need. Abortion was the *only* health care service that Maine law singled out as being beyond my scope of practice, regardless of my rigorous training and extensive experience, and that is also the case for APCs in Maryland.

LD 1261 changed that and mooted our ACLU lawsuit. This commonsense legislation aligned with the vast body of medical evidence confirming the safety of APC provision of abortion care, and made a huge impact in the lives of Mainers. SB 890 would do the same for Marylanders.

The Maryland physician-only law is exceptional under Maryland law- for every other health care service, the Legislature sets broad authorities, and the Board of Nursing or Medicine fills in the details. APCs in Maryland have the advanced education, clinical experience, and broad authority to practice independently and prescribe medication; and are subject to numerous legal and professional obligations to ensure they provide quality care within their scope of practice; and abortion care IS within that scope of practice. APCs are clearly qualified to provide early abortion care—medical and public health authorities ranging from the American College of Obstetricians and Gynecologists, to the American Public Health Association, to the World Health Organization, have all concluded that laws prohibiting APCs like me from providing first-trimester abortion services are medically unfounded. And APCs have been safely providing abortion care in states across the country—from California to Montana to Illinois to New Hampshire, and now in Maine—for years (and in some cases, decades).

But the problem isn't just that this law was preventing me and my colleagues from providing services that were well within our scope of practice—it was also harming our patients. They are the reason I write to you today in support of SB 890, just as they were the reason that I agreed to sign on as the lead plaintiff in litigation brought by the ACLU and Planned Parenthood of Northern New England challenging Maine's ban on APC provision of abortion care.

Laws preventing Advanced Practice Clinicians from providing their patients with abortion care severely restrict where and when patients can obtain an abortion. Because of this restriction, patients must often needlessly travel for hours—and pay for transportation, childcare, and time off work that many low-income people cannot afford—rather than getting care from a trained and competent provider in their own communities. These harms are not hypothetical, they are very real and consequential, often resulting in delayed care or complete lack of access. While abortion is extremely safe, delaying this care increases the risks. The State simply has no justification for harming patients in this way.

I care about this issue dearly. Time and again, my life experiences have affirmed for me that people need to be able to make their own decisions about pregnancy and parenting—and have access to health care to see those decisions through. My own journey to parenthood was a difficult one that included multiple rounds of IVF, miscarriages, and more anxious and sleepless nights than I can count. That experience only strengthened my resolve that people should be able to control their reproductive destinies, no matter what decisions we make.

Whether a patient decides to become pregnant, to continue a pregnancy, or to seek abortion care, they should have access to quality care from a provider in their community. Thank you for your consideration of my testimony and I urge the committee to support SB 890.

Sincerely,

Julie A. Jenkins, BSN, RN, MSN, WHNP-BC

February 18, 2022

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Layla_Houshmand_SB890 support _.pdf
Uploaded by: Isabel Blalock
Position: FAV

SUPPORT – SB 890
Abortion Care Access Act

Honorable Chair Kelley:

My name is Layla Houshmand, and I am a resident of Montgomery County. I work in the medical device industry, and I have a PhD in biomedical engineering. I'd like to share my experience with obtaining an abortion due to a medical emergency during a planned and wanted pregnancy last year. **What my experience taught me is that even in Maryland, nobody should feel secure in their ability to obtain an abortion, even in a life-threatening situation, and it is critical that abortion access be expanded and de-stigmatized. For these reasons and more, I support SB 890 and urge for a favorable report.**

My husband and I were hoping to start a family last year. By May 11, I was 8 weeks pregnant after a miscarriage, and we were cautiously optimistic when we saw the first ultrasound that day. Like all new parents, we were excited but worried about my and the baby's health. I was already fighting intense nausea, fatigue, and what I thought was a migraine that day.

The following morning, I awoke to the most severe migraine of my life and severely distorted vision in my right eye, as though a layer of petroleum jelly covered my central view. Because of my background, I knew that one-sided vision problems meant I needed an eye exam, not a neurological assessment in the ER, and that time was critical. An optometrist friend found me an emergency ophthalmologist appointment immediately.

The appointment was brutal. I violently vomited 20 times in between imaging sequences. I lost consciousness briefly. The ophthalmologist told me that pregnancy caused a stroke in my optic nerve. She thought the vision loss was unlikely to worsen but might be permanent. I was stunned when she said, "There's nothing I can do for you because you're pregnant". My vision loss was caused by pregnancy, but I could not get any treatment or appropriate diagnostics *because* I was pregnant. My 8-week embryo was prioritized over me.

What if I was in more danger than the ophthalmologist thought? How could I recover any vision if I stayed pregnant and miserably sick? Still in the first trimester, I was acutely aware of the fact that there was no guarantee that the pregnancy would go to term. Forced to choose between my vision and my pregnancy, I chose my vision, and I said so repeatedly. She sent me home anyway and asked me to return in a week.

I needed my OB/GYN to help me coordinate an abortion, so I composed myself and called the urgent line. Despite my pleas, the medical assistant (not a licensed healthcare provider) who answered was reluctant to discuss abortion and refused to notify my OB/GYN of my condition. She did not tell me she was sorry for what I was going through. She did not offer to have my doctor call me. She would not recommend the names of any abortion clinics. She did not offer to call any clinics to get me an emergency appointment or coordinate one in an ER. On the most vulnerable and devastating day of my life, she felt empowered to make me feel like a criminal.

I hung up and frantically searched for abortion clinics, knowing that an abortion in the ER was only an option if I was miscarrying. Desperate, I considered how to trigger a miscarriage myself if I could not find an appointment. Miraculously, a clinic scheduled me for the next morning; it would cost almost $1,000,

and there was substantial paperwork to complete, a challenging task in between vomiting and with one functional eye. Before that appointment, the ophthalmologist called to ask me to go to the ER and request specific eye specialists. She hoped I wasn't having the abortion "because of the eye".

The healthcare providers at the abortion clinic were compassionate and determined that a procedural abortion would be safest in my precarious condition. They held my hands during the procedure and comforted me as I said goodbye.

It turned out that I was right: I *was* in more danger than the original ophthalmologist thought. I was later admitted to the hospital with a rare viral infection in the back of my eye, millimeters from my brain. The immunosuppression of pregnancy reactivated the very common virus that causes cold sores (HSV1). Left untreated, I risked complete blindness and death. A doctor at the hospital, trying to reassure me, said, "If you were still pregnant, I couldn't touch you." I was discharged legally blind in one eye and traumatized. I took two months off from work. I will need several surgeries to hopefully restore some central vision, but it will never be the same. Neither will I.

And I am one of the lucky ones. I am medically literate, financially secure, work for a supportive employer, able to consult experts, and I live in a state without any mandatory abortion waiting periods. I am so fortunate that a clinic scheduled me within 24 hours – this would have been impossible for most Marylanders and most Americans. I needed an emergency abortion that same day, but without a doctor's support and coordination, I was on my own.

Please imagine a pregnant patient who lives in a MD county without an abortion provider or a patient whose Medicaid would not cover their abortion in my situation. The delays they would face would cause permanent blindness or worse. Though my condition is rare, any pregnancy carries significant health risks. Pregnancy itself is unsafe without an obligation to prioritize the patient over the fetus or without fast, easy abortion access. Everyone deserves the right to full bodily autonomy, to be safe in their own body. To protect Marylanders and those seeking abortions from out-of-state, Maryland must pass HB 937, HB 952, and SB 890 to expand the number of abortion providers and eliminate insurer restrictions to cover abortion costs.

Thank you for your consideration. I urge for a favorable report of SB 890.

Sincerely,

Layla Houshmand

Lorraine_Layman_SB890_support.pdf
Uploaded by: Isabel Blalock
Position: FAV

Lorraine Layman
Baltimore, MD 21223

Support
SB 890 – Abortion Care Access Act
Senate Finance Committee
February 23, 2022

My name is Lorraine Layman, a resident of Baltimore, and I support SB 890 – Abortion Care Access Act. This bill would require abortion care be covered by the Maryland Medical Assistance Program and other state-regulated health plans.

About 15 years ago, I was pregnant, and initially, I was excited. I posted the sonogram to social media. I told family members. But something wasn't right.

That something was my abusive partner. When you're in a relationship, you can't always see the big picture. When I posted those photos, when I was telling family, I wasn't seeing the big picture. Then I had the opportunity to think about it.

If this is the way he treated me, how was he going to treat a child? I couldn't bring a child into the world just to suffer the abuse I was suffering.

Thankfully, reproductive coercion wasn't one of the ways he was abusive. He even went so far as to recommend an abortion clinic and pay for the procedure. How did he know about the provider? He had impregnated someone else recently and paid for her procedure, as well.

Not every abuse victim has the outlets I had. It's not hard for me to imagine a world where my former partner's abuse extended to reproductive coercion. It's not hard for me to imagine a world where he withheld money. This is the sad reality for too many Marylanders.

We need to live in a Maryland where abuse victims don't have to rely on their abusive partners to pay for their health care. Where their abusive partners have financial control over them. Ensuring that abortion is covered by medical assistance and fully covered by other state-regulated health plans means people living in such relationships can freely choose not to tie themselves to their partners.

For the foregoing reasons, I urge a favorable report on SB 890. Thank you for the opportunity to submit testimony.

MD_Med_Students_for_Choice_SB890_support.pdf
Uploaded by: Isabel Blalock
Position: FAV

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

SUPPORT
SB 890 – Abortion Care Access Act

Dear Honorable Chair Kelley,

On behalf of the Medical Students For Choice Chapter at the University of Maryland School of Medicine I strongly support SB 890 – the Abortion Care Access Act. This bill will help ensure that Maryland has enough abortion providers by updating the Maryland law on provision of abortion care so other non-physician providers (nurse practitioners, nurse-midwives, licensed midwives, and physician assistants) can provide abortion care. Also, this bill will ensure abortion care is covered like any other health care service by requiring private insurance and Medicaid to provide equal abortion coverage without imposing obstacles such as cost-sharing and deductible requirements.

As part of Medical Students for Choice, we believe that all people should have access to health services that allow them to lead safe, healthy lives including all aspects of sexual and reproductive health consistent with their own personal and cultural values. However, currently in Maryland there is a lack of access with two-thirds of Maryland counties lacking abortion providers. This limits people's ability to access care. Especially since 75% of people who access abortion care are low-income they may lack the resources to access abortion in a timely and affordable manner with transportation obstacles and minimal insurance coverage. Furthermore, abortion care only gets more expensive with each passing week after the first 10-12 weeks gestion. These are limiting factors that impact people's health and livelihood. Therefore, we are urging Maryland's Legislative House to expand provider access and training in Maryland to expand abortion care providers so more people can access the care they need.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Hannah Palmer at hpalmer@som.umaryland.edu

Sincerely,

Hannah Palmer

Co-President of the Medical Students For Choice Chapter at the University of Maryland School of Medicine

MoCo_Commission_for_Women_SB890_support.pdf
Uploaded by: Isabel Blalock
Position: FAV

COMMISSION FOR WOMEN

February 23, 2022

The Honorable Dolores Kelley, Chair
The Honorable Brian J. Feldman, Vice Chair
Senate Finance Committee
Miller Senate Office Building, 3 East Wing
11 Bladen St., Annapolis, MD 21401 - 1991

RE: Letter in Support of SB 890

As a Commissioner of the Montgomery County Commission for Women, I write to express our strong support of SB 890, the Abortion Care Access Act of 2022, and urge the Committee to issue a favorable report on this bill. The Commission is a 15-member advisory board appointed by the County Executive to advise it, the County Council, and county, state and federal government on matters affecting women and girls. We represent the interests of all the women in our County who constitute more than half of the residents of Montgomery County. Support for this legislation falls squarely within the Montgomery County Commission for Women's strategic priority of supporting and increasing financial security for women.

Several years ago, I helped a lifelong friend through a very traumatic event in her life which resulted in an abortion. We had to drive many miles to find a physician who would actually perform the abortion without fear of reprisal. Her abortion could have easily been performed near her home had we had access to a qualified advanced practice clinician other than a physician. In fact, fewer than half of all Maryland jurisdictions currently have an abortion care provider because Maryland has an antiquated physician-only law that prohibits advanced practice clinicians such as nurse practitioners, midwifes and physician assistants from providing abortions.

Advanced Practice Clinicians (APCs) already provide a large portion of primary health care to reproductive-aged women and to families as a whole. They are in medical practices throughout the state of Maryland. They care for patients in diverse settings and more likely to provide care in rural and undeserved populations. It goes without saying that APCs are extremely critical to the expansion of health care access in Maryland.

Access of safe, legal abortion care is also impacted by poor insurance coverage that makes abortions just plain unaffordable with very high deductibles and skyrocketing out-of- pockets costs to the women. Maryland is one of the few states that covers abortion through state Medicaid but it

is not guaranteed and only for certain women receiving Medicaid. Medicaid and private insurance should offer equal coverage of abortion so that all people—including those who are low-income—can access comprehensive and compassionate care.

As the nation awaits a U.S. Supreme Court ruling that could significantly erode abortion rights, state laws on the issue have taken on a whole new meaning. And in Maryland, it is even more critical that SB 890 is passed this year.

Sincerely,

Jan Molino
Montgomery County Commission for Women

Rep. Raskin Written Testimony in Support of Aborti

Uploaded by: Jamie Raskin

Position: FAV

HOUSE JUDICIARY COMMITTEE

SUBCOMMITTEE ON CONSTITUTION, CIVIL RIGHTS AND CIVIL LIBERTIES

SUBCOMMITTEE ON ANTITRUST, COMMERCIAL AND ADMINISTRATIVE LAW

HOUSE COMMITTEE ON RULES
CHAIR, SUBCOMMITTEE ON EXPEDITED PROCEDURES

JAMIE RASKIN
CONGRESS OF THE UNITED STATES
8TH DISTRICT, MARYLAND

HOUSE COMMITTEE ON OVERSIGHT AND REFORM

CHAIR, SUBCOMMITTEE ON CIVIL RIGHTS AND CIVIL LIBERTIES

SUBCOMMITTEE ON GOVERNMENT OPERATIONS

COMMITTEE ON HOUSE ADMINISTRATION

SELECT SUBCOMMITTEE ON THE CORONAVIRUS CRISIS

February 22, 2022

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

Dear Honorable Chair Kelley,

Greetings to you and all my wonderful former colleagues in the Senate. I write simply to say I wholeheartedly support your legislative efforts to protect women's right to comprehensive health care, including abortion access, in Maryland.

Since 1973, American women have had the constitutional right to seek an abortion in consultation with their physician. That fundamental right is now threatened by extremist judges and right-wing lawmakers. In the pending case *Dobbs v. Jackson Women's Health Organization*, the Supreme Court's ruling faction is poised to jettison nearly five decades of constitutional precedent affirming women's rights of reproductive freedom. Last year, Texas enacted its infamous anti-abortion bounty hunter law, and – with the tacit blessing of the anti-choice justices who appear eager to dismantle women's rights – other states are not far behind.

As the Republican onslaught against abortion access intensifies and women's freedom and bodily autonomy hang in the balance, we must ensure that Maryland prepares to defend women's right of access to comprehensive care. Marylanders have long stood strong for human rights and reproductive freedom but, as you know, we now have urgent work to do. When more states inevitably enact draconian abortion bans and restrictions, more women will be forced to cross state lines to seek care in Maryland. However, there are already insufficient abortion providers in Maryland, and significant areas of our state have none at all. We must also strengthen our insurance coverage requirements, especially to protect low-income Marylanders.

Given these multiple pressing challenges, I deeply appreciate and strongly support your careful and timely work to bolster our abortion care workforce and ensure that all women in Maryland can access safe and affordable health care, including abortion care. Thank you for your consideration of my testimony, and for your crucial and historic efforts to protect abortion access in Maryland.

Very Truly Yours,

Jamie Raskin
Member of Congress

MLAW Testimony - SB890 - Abortion Care Access Act.
Uploaded by: Jessica Morgan
Position: FAV

Bill No:	SB890
Title:	Abortion Care Access Act
Committee:	Finance
Hearing:	February 23, 2022
Position:	FAVORABLE

The Maryland Legislative Agenda for Women (MLAW) is a statewide coalition of women's groups and individuals formed to provide a non-partisan, independent voice for Maryland women and families. MLAW's purpose is to advocate for legislation affecting women and families. To accomplish this goal, MLAW creates an annual legislative agenda with issues voted on by MLAW members and endorsed by organizations and individuals from all over Maryland. **SB890 – Abortion Care Access Act** is a priority on the 2022 MLAW Agenda and we urge your support.

SB890 will protect and increase access to affordable abortion care in Maryland. 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 overwhelming supported the measure with 62% of the vote. Maryland is now considered a safe state for abortion rights even if the Supreme Court overturns Roe v Wade.

The current question for pro-choice Marylanders is: Does the right to an abortion mean women can access abortion care? Unfortunately, no. Even in states like Maryland, access is being chipped away by a shortage of trained providers, poor insurance coverage, and anti-abortion rules imposed at the federal level every time there is a shift in power. Abortion access is not safe in Maryland- only 7 of 24 Maryland jurisdictions currently have an abortion care provider. With Texas effectively overturning Roe within its borders and at least 17 other states on the brink of total bans on abortion, Maryland needs to be ready. Women in Maryland need us to protect abortion access, and so do the women who will soon by forced to travel hundreds of miles for health care.

The bill recognizes that advanced practice clinicians - nurse practitioners, certified nurse-midwives/certified midwives, and physician assistants - are qualified to provide abortion care. These clinicians are the key to ensuring access to abortion care in every region of the state. The bill also provides state support for clinical training in abortion care. Health care professionals will be able to get the training they need – including health care practitioners graduating from programs in states that ban abortion. In addition, it strengthens and streamlines insurance coverage for abortion care.

Communities of color are particularly impacted by limitations on abortion access. As we know, significant racial and ethnic disparities persist for a wide range of health outcomes, from diabetes to heart disease to breast and cervical cancer to sexually transmitted infections (STI), including HIV. This is also true for unintended pregnancies. Unnecessary barriers to abortion care increase costs and wait times, further exacerbating existing health disparities and economic injustices. This legislation eliminates unnecessary barriers and will make health care more accessible and affordable.

For these reasons, MLAW strongly urges the passage of SB890.

Maryland Legislative Agenda for Women
305 W. Chesapeake Avenue, Suite 201 ▪ Towson, MD 21204 ▪ 443-519-1005 phone/fax
mdlegagenda4women@yahoo.com ▪ www.mdlegagendaforwomen.org

MLAW
Maryland Legislative Agenda for Women

MLAW 2022 Supporting Organizations

The following organizations have signed on in support of our 2022 Legislative Agenda:

Allegany County Women's Action Coalition
American Association of University Women - Anne Arundel County
American Association of University Women - Maryland
American Association of University Women - Garrett Branch
Anne Arundel County Commission for Women
Anne Arundel County NOW (National Organization for Women)
Baltimore County Commission for Women
Baltimore Jewish Council
Baltimore NOW (National Organization for Women)
Business and Professional Women of Maryland
For All Seasons, Inc.
Forward Justice Maryland
Indivisible Central Maryland
Make A Difference Monday
Maryland NOW (National Organization for Women)
Maryland Network Against Domestic Violence
Maryland Women's Heritage Center
MoCoWoMen
MomsRising
Montgomery County NOW (National Organization for Women)
Montgomery County Commission for Women
Montgomery County Women’s Democratic Club
National Coalition For Sexual Freedom
National Organization for Women
NCBW Anne Arundel County Chapter
Prince George's County Alumnae Chapter
Prince George's County Drug Policy Coalition, Inc.
Reproductive Justice Inside
South Prince George’s Business and Professional Women
WISE - WISE Women of Maryland
Women's Equality Day Celebration across Maryland
Women's Law Center of Maryland
Yellow Rose Foundation
Zonta Club Mid Maryland
Zonta Club of Annapolis

Maryland Legislative Agenda for Women
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BaltimoreCounty_FAV_SB0890-.pdf
Uploaded by: Joel Beller
Position: FAV

JOHN A. OLSZEWSKI, JR.
County Executive

JOEL N. BELLER
Acting Director of Government Affairs

JOSHUA M. GREENBERG
Associate Director of Government Affairs

MIA R. GOGEL
Associate Director of Government Affairs

BILL NO.: **Senate Bill 890**

TITLE: Abortion Care Access Act

SPONSOR: Senator Kelley

COMMITTEE: Finance

POSITION: **SUPPORT**

DATE: February 23, 2022

Baltimore County **SUPPORTS** Senate Bill 890 –Abortion Care Access Act. This legislation would expand the type of health providers who are able to administer an abortion and provide funds for expanded training for healthcare providers.

The COVID-19 pandemic identified great inequity and inaccessibility in the healthcare system. In response, officials at every level of government stepped up to amend many of the legislative barriers to care, including the expansion of rules for telehealth and granting more healthcare providers the ability to administer vaccinations. These provisions allowed many to access healthcare in ways they were never able to before. It is vital that leaders continue to remove legislative barriers to necessary and vital healthcare services.

Senate Bill 890 would continue this work by expanding those eligible to perform abortions to providers such as nurse practitioners, nurse-midwifes, licensed certified midwives and physician assistants for whom abortion services are within the scope of their license or certification. It would also increase the quality and safety of services by administering grants for abortion care training for health care providers. Therefore, this legislation will expand access and quality of healthcare services throughout the State.

Accordingly, Baltimore County requests a **FAVORABLE** report on SB 890. For more information, please contact Joel Beller, Acting Director of Government Affairs at jbeller@baltimorecountymd.gov.

ACAA-Senate.pdf
Uploaded by: Julie Jenkins
Position: FAV

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

TESTIMONY ON SB 890

ABORTION CARE ACCESS ACT

Dear Honorable Chair Kelley, Vice-Chair Feldman, and Members of the Finance Committee:

As a Women's Health Nurse Practitioner and the former lead plaintiff in Jenkins V Lynch, a federal lawsuit to overturn the physician only law in Maine, I strongly support Senate Bill 890– Abortion Care Access Act. This bill would allow my fellow Advanced Practice Clinicians (APCs) in Maryland to provide the same care and services that LD 1261 (the Maine bill allowing APCs to provide abortion care services) enabled Maine APCs to provide.

In Maine LD 1261 meant the difference in patients being able to access abortion care in most Maine counties due to APC provision of care. Maryland currently lacks access to an abortion provider in 2/3 of its counties, with vulnerable populations and the rural poor often most affected by the lack of access to this essential healthcare service. Evidence shows improved patient satisfaction for patients receiving abortion care from their community providers, including APCs, rather than being forced to seek this care from an outside provider. Senate Bill 890 would allow APCs to practice to their full scope of care, providing care to patients and communities from a trusted provider, and increasing health equity and access to care.

In my 30 years of work in the reproductive health field, I have provided a wide range of services to patients, including gynecological exams, screenings and other diagnostic procedures, prescribing medications, and education and counseling. In addition, while working as a WHNP in California, I safely provided abortion care to my patients. Upon returning to Maine I signed onto the American Civil Liberties Union lawsuit to ensure that my patients there could receive the same care I was able to provide to patients in California.

Even though I safely provided abortion care in California, and regularly performed procedures in Maine that were comparable to first-trimester abortion in complexity and risk, and provided all of the in-clinic care for patients receiving a telemedicine abortion, Maine law banned me from performing abortions because I'm a nurse practitioner. As a result, I had been forced to send away patients in desperate situations, even though I was trained, qualified, and more than willing to provide the care they need. Abortion was the *only* health care service that Maine law singled out as being beyond my scope of practice, regardless of my rigorous training and extensive experience, and that is also the case for APCs in Maryland.

LD 1261 changed that and mooted our ACLU lawsuit. This commonsense legislation aligned with the vast body of medical evidence confirming the safety of APC provision of abortion care, and made a huge impact in the lives of Mainers. SB 890 would do the same for Marylanders.

The Maryland physician-only law is exceptional under Maryland law- for every other health care service, the Legislature sets broad authorities, and the Board of Nursing or Medicine fills in the details. APCs in Maryland have the advanced education, clinical experience, and broad authority to practice independently and prescribe medication; and are subject to numerous legal and professional obligations to ensure they provide quality care within their scope of practice; and abortion care IS within that scope of practice. APCs are clearly qualified to provide early abortion care—medical and public health authorities ranging from the American College of Obstetricians and Gynecologists, to the American Public Health Association, to the World Health Organization, have all concluded that laws prohibiting APCs like me from providing first-trimester abortion services are medically unfounded. And APCs have been safely providing abortion care in states across the country—from California to Montana to Illinois to New Hampshire, and now in Maine—for years (and in some cases, decades).

But the problem isn't just that this law was preventing me and my colleagues from providing services that were well within our scope of practice—it was also harming our patients. They are the reason I write to you today in support of SB 890, just as they were the reason that I agreed to sign on as the lead plaintiff in litigation brought by the ACLU and Planned Parenthood of Northern New England challenging Maine's ban on APC provision of abortion care.

Laws preventing Advanced Practice Clinicians from providing their patients with abortion care severely restrict where and when patients can obtain an abortion. Because of this restriction, patients must often needlessly travel for hours—and pay for transportation, childcare, and time off work that many low-income people cannot afford—rather than getting care from a trained and competent provider in their own communities. These harms are not hypothetical, they are very real and consequential, often resulting in delayed care or complete lack of access. While abortion is extremely safe, delaying this care increases the risks. The State simply has no justification for harming patients in this way.

I care about this issue dearly. Time and again, my life experiences have affirmed for me that people need to be able to make their own decisions about pregnancy and parenting—and have access to health care to see those decisions through. My own journey to parenthood was a difficult one that included multiple rounds of IVF, miscarriages, and more anxious and sleepless nights than I can count. That experience only strengthened my resolve that people should be able to control their reproductive destinies, no matter what decisions we make.

Whether a patient decides to become pregnant, to continue a pregnancy, or to seek abortion care, they should have access to quality care from a provider in their community. Thank you for your consideration of my testimony and I urge the committee to support SB 890.

Sincerely,

Julie A. Jenkins, BSN, RN, MSN, WHNP-BC

February 18, 2022

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SB 890- Abortion Care Access Act.pdf
Uploaded by: Justin Hayes
Position: FAV

COMPTROLLER of MARYLAND
Serving the People

Peter Franchot
Comptroller

TESTIMONY OF COMPTROLLER PETER FRANCHOT

Support – Senate Bill 890 – Abortion Care Access Act
Finance Committee
February 23, 2022

Chair Kelley, Vice Chair Feldman, and members of the Committee, it is my pleasure to provide testimony in **support** of **Senate Bill 890 – Abortion Care Access Act.** I would like to thank the Chair for sponsoring this important legislation, and the Committee for providing the opportunity for my testimony to be heard.

Abortion care is critically important healthcare, but access to these services have come under increased threat in recent years. Both patients and providers are subject to a hostile environment and further politically driven restrictions. With a pending Supreme Court case, and legislation likely to fail in the U.S. Senate, we cannot wait for federal leadership on this issue. We must act now to ensure Marylanders have access to safe and affordable care.

Senate Bill 890 would help ensure better access to services by removing antiquated restrictions on nurse practitioners, nurse midwives and physician assistants providing abortion care to patients. Additionally, the bill would establish the Abortion Care Clinical Training Program to help increase the number and diversity of health professionals qualified to perform these services.

For the reasons stated above, and the protection of Marylander's access to care, I respectfully request a favorable report for Senate Bill 890. Thank you for your time and consideration.

###

LWVMD written testimony- SB890 Abortion Care Acces

Uploaded by: Keisha Walker

Position: FAV

TESTIMONY TO THE SENATE FINANCE COMMITTEE

SB890 Abortion Care Access Act

Position: Support

By: Nancy Soreng, President

Date: February 23, 2022

The League of Women Voters is a nonpartisan organization that works to influence public policy through education and advocacy. The League believes that a basic level of quality health care at an affordable cost should be available to all U.S. residents, including reproductive health. The League supports a woman's right to make her own decisions about her health care.

Access to abortion services in Maryland is limited by health care provider shortages and lack of insurance coverage. Barriers to access abortion services are expected to increase as pregnant people travel to Maryland for health care they are not able to obtain in their own state. States have enacted over 100 abortion restrictions in 2021. This is the highest number of restrictions passed since *Roe v. Wade* was decided by the U.S. Supreme Court in 1973.

The U.S. Congress enacted the Hyde Amendment in 1976 to block federal funds from being used to pay for abortion. This result is limited coverage of abortion under Medicaid and other federal programs, including the military's TRICARE program and the Indian Health Service. The impact is greatest on low income people of color. Pregnant people must pay out-of-pocket for abortion services and the added expense of travel costs due to abortion restrictions and bans.

Access to abortion should not depend on where you live or the lack of health care providers in your community. Currently, the law in Maryland states that only physicians can provide abortion care. This law needs to change and include licensed advanced practice clinicians (APCs) such as nurse practitioners, physician assistants, and midwives. There are states, including New York, that already utilize APCs to provide facets of abortion care. The recommended change to the Maryland law is supported by the American College of Obstetricians and Gynecologists and the American Public Health Association.

SB890 establishes and alters certain requirements regarding abortion services, including requirements related to who performs abortions in Maryland. It also addresses the provision and coverage of abortion services by the Maryland Medical Assistance Program and certain insurers', non-profit health service plans, and health maintenance organizations.

The League urges a favorable report for SB890.

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Our Maryland SB 890 FAV Testimony 2-22-22.pdf
Uploaded by: Larry Ottinger
Position: FAV

Favorable Testimony in support of the Abortion Care Access Act (SB 890)

Senate Finance Committee
Hearing on February 23, 2022

Launched in 2017, Our Maryland is a nonprofit, multi-issue hub for promoting a just and sustainable future for all Marylanders. Our Maryland currently has close to 55,000 Facebook followers and 14,000 email subscribers living across the state. Our Maryland testifies in strong support of SB 890, the Abortion Care Access Act.

With the current US Supreme Court majority preparing to gut the landmark *Roe v. Wade* decision this term, it is critical that Maryland acts quickly to protect fundamental reproductive freedoms and expands abortion access for Marylanders and those having to travel here from out of state to receive abortion care.

Two-thirds of Maryland counties currently lack an abortion provider and 26 states are poised to ban or severely limit access to abortion care. Current state law only allows licensed physicians to perform abortions, which is outdated and overly restrictive. SB 890 would enable nurse practitioners and other advanced practice clinicians, who provide much patient care today, to provide abortion care. This reflects the expert recommendation of the American College of Obstetrics and Gynecologists. The legislation also would provide training to new providers to ensure high quality and safe care. Indeed, fourteen other states already authorize clinical practitioners to provide abortion care,

SB 890 also recognizes that essential health care, including abortion care, should not depend on a person's income or insurance status. Maryland's Health Benefit Exchange and both private insurance and Medicaid should provide equal coverage for abortion care without imposing additional cost-sharing and deductible requirements. The Guttmacher Institute reports that 75% of people getting abortion care are low income. People of color are disproportionately harmed by barriers to abortion care as well. In addition, approximately 60 percent of people getting an abortion are already a parent and are religiously affiliated. We must reduce these barriers.

Marylanders strongly support reproductive freedoms and access to abortion care. In a 2021 poll, 72% of Marylanders oppose overturning *Roe v. Wade* and 79% support ensuring individuals have access to the full range of reproductive health care services. We urge you to provide a favorable report for SB 890 at the earliest opportunity. Thank you.

Larry Ottinger, President
Our Maryland
7004 W. Greenvale Pkwy
Chevy Chase, MD 20815
lsottinger@gmail.com

Abortion Care Access - Providers and Health Ins -

Uploaded by: Lisae C Jordan

Position: FAV

MCASA
Maryland Coalition Against Sexual Assault

Working to end sexual violence in Maryland

P.O. Box 8782
Silver Spring, MD 20907
Phone: 301-565-2277
Fax: 301-565-3619

For more information contact:
Lisae C. Jordan, Esquire
443-995-5544
mcasa.org

Testimony Supporting Senate Bill 890
Lisae C. Jordan, Executive Director & Counsel
February 23, 2022

The Maryland Coalition Against Sexual Assault (MCASA) is a non-profit membership organization that includes the State's seventeen rape crisis centers, law enforcement, mental health and health care providers, attorneys, educators, survivors of sexual violence and other concerned individuals. MCASA includes the Sexual Assault Legal Institute (SALI), a statewide legal services provider for survivors of sexual assault. MCASA represents the unified voice and combined energy of all of its members working to eliminate sexual violence. MCASA urges the Finance and Budget & Taxation Committees to issue a favorable report on Senate Bill 890.

Senate Bill 890 – Abortion Care Access
This bill will ensure that all women have access to abortion care by authorizing advanced practitioners to perform abortion procedures and by codifying provisions mandating Medicaid coverage.

Access to abortion care is vital to survivors of rape.
The CDC reports that almost 3 million women in the U.S. experienced Rape-Related Pregnancy (RRP) during their lifetime. https://www.cdc.gov/violenceprevention/sexualviolence/understanding-RRP-inUS.html

A three year longitudinal study of rape-related pregnancy in the U.S., published in the American Journal of Obstetrics and Gynecology (1996, vol. 175, pp. 320-325), found:

> 5% of rape victims of reproductive age (age 12-45) became pregnant as a result of rape, with the majority of pregnancies in adolescents. Of these, <u>half terminated the pregnancy.</u>

Adolescents are more likely to become pregnant as result of rape because they are less likely to be on birth control or to seek emergency contraception following a rape. 29% of all forcible rapes occurred when the victim was less than 11 years old; 32% of all forcible rapes occurred when the victim was between the ages of 11 and 17.

Survivors of Reproductive Coercion Need Access to Abortion Care
Reproductive coercion is a form of intimate partner violence where a woman's partner tries to control reproductive decisions by preventing access to or tampering with birth control, or forcing sexual intercourse with the intent of causing pregnancy. Of women who were raped by an intimate partner, 30% experienced a form of reproductive coercion by the same partner**.** Specifically, about 20% reported that their partner had tried to get them pregnant when they did not want to or tried to stop them from

using birth control. About 23% reported their partner refused to use a condom.
https://www.cdc.gov/violenceprevention/sexualviolence/understanding-RRP-inUS.html
These survivors need access to abortion care if they become pregnant and choose not to continue the pregnancy.

Laws should not require survivors to disclose sexual assault or reproductive coercion in order to receive abortion care. Decisions about who to disclose sexual assault or reproductive coercion to should be left to the survivor. It is incorrect to assume that all health care providers will be supportive or that a survivor will want that person's support. Survivors should be free to choose whom to confide in and when to disclose assault.

Advanced Practitioners
Marylanders should be able to turn to the same practitioners that provide other pregnancy services such as prenatal, delivery, postpartum, and miscarriage management services. Maryland's law already recognizes that these pregnancy services can be provided by nurse practitioners, nurse-midwives, licensed certified midwives, and physician assistants. Fourteen other states already allow these advanced practice clinicians to provide abortion services. The American College of Obstetrics and Gynecology supports the provision of abortion care by these providers because they provide safe, effective, and high-quality care. https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2014/11/abortion-training-and-education

Medicaid Coverage
Maryland currently enshrines stigmatizing requirements for Medicaid abortion coverage every year in the annual budget bill. These requirements have been the same since 1979. Maryland requires survivors of sexual assault or incest to have filed a police or social service agency report to obtain abortion care coverage in Medicaid. Maryland's policies regarding abortion care coverage for sexual assault and incest survivors are stricter than even the federal Hyde Amendment, which does not require police or social service agency report. Maryland's current policies send the unmistakable message that survivors who disclose rape or incest should be viewed with suspicion. Senate Bill 890 will eliminate these disrespectful provisions and replace them with supportive policies that help survivors.

The Maryland Coalition Against Sexual Assault urges the Finance and Budget & Taxation Committees to report favorably on Senate Bill 890

MCASA
Maryland Coalition Against Sexual Assault

2022 BAF SB 890 Senate Side.pdf
Uploaded by: Lynn McCann
Position: FAV

SB890 Abortion Care Access Act

- Increasing availability of abortion care providers
- Link: https://mgaleg.maryland.gov/2022RS/bills/sb/sb0890F.pdf

My name is Lynn McCann and I am testifying on behalf of the Baltimore Abortion Fund (BAF), a community-centered nonprofit that provides financial and logistical support to anyone living in or traveling to Maryland for abortion care. BAF operates a confidential helpline where our case managers provide information and make financial commitments to help clients pay for their procedures.

The Baltimore Abortion Fund is in strong support of the Abortion Care Access Act.

Ensuring there are enough abortion care providers

The majority of Maryland's abortion clinics and providers are concentrated in metro Baltimore and Washington D.C. People living in rural areas – especially the Eastern Shore and Western Maryland – are often forced to travel long distances to access abortion care. These logistical barriers are a serious equity issue that most profoundly affects people of color and those working to make ends meet.

We expect that existing abortion care resources in Maryland will be increasingly strained if Roe v. Wade is weakened and nearby states enact planned abortion restrictions. The number of people forced to travel to Maryland for abortion care is already growing – from about 40% of our clients in 2020 to nearly 50% in 2022. Our organization is bracing itself for an influx of requests for support from out-of-state clients if Roe v. Wade is overturned.

It is vital that our state has enough providers to meet the growing demand for this essential form of health care, which is why we strongly support establishing the Abortion Clinical Care Training Program proposed in this legislation. Investing in abortion care training and allowing qualified health care professionals, such as midwives and nurse practitioners, to provide abortions is a crucial step to protect and expand the accessibility of abortion care in Maryland.

Abortions are time-sensitive health care that cannot be delayed. The Abortion Care Access Act will ensure that Maryland has the health care workforce to continue to provide vital abortion care to its residents.

Making sure insurance works and Medicaid coverage is equitable

Many of the people calling our helpline actually have health insurance – often through Maryland Medicaid or private carriers – but still face difficulties accessing abortion care.

Maryland Medicaid is intended to provide support for abortion procedures, but gaps in coverage currently prevent many people from actually accessing this benefit. On average, 5-10% of the clients who call our helpline are Maryland Medicaid enrollees – to whom we've provided nearly $36,000 in financial assistance over the last three years. Since we only speak to people who call our helpline, these figures represent only a small portion of Maryland Medicaid enrollees who are unable to use their insurance to pay for an abortion. It is unjust that people with private insurance can more easily afford an abortion, while this vital healthcare remains out of people for people on Medicaid.

Passing the Access to Abortion Care and Health Insurance Act would not only expand abortion access for Maryland Medicaid enrollees, but would also increase our organization's available funding and support for uninsured Marylanders, Marylanders with federal insurance – like military Tricare – that prohibits abortion coverage, and people forced to travel to Maryland for abortion care by anti-choice laws and restrictions.

Abortions are essential health care and should be fully covered by all health insurers, including Maryland Medicaid. The Access to Abortion Care and Health Insurance Act would expand abortion coverage through Maryland Medicaid and remove unjust and unnecessary barriers to care that currently harm people seeking abortions – especially people of color and those working to make ends meet.

SB 890_mgoldstein_fav 2022.pdf
Uploaded by: Mathew Goldstein
Position: FAV

Secular Maryland secularmaryland@tutanota.com

February 23, 2022

SB 890 - SUPPORT

Abortion Care Access Act

Dear Chair Kelley, Vice-Chair Feldman, and Members of the Finance Committee:

Secular Maryland supports laws that facilitate better access to abortions. According to the Guttmacher Institute, there are 44 abortion provider locations across Maryland. Most Maryland jurisdictions lack a provider. Less than half of U.S. medical schools offer students hands-on clinical abortion training. There is also a lack of such training during the residency period. Some health providers refuse to provide abortions, further limiting the learning and training opportunities. This bill proposes enabling nurse practitioners, nurse midwives, and physician assistants to qualify as abortion service providers. This bill would also support providing clinical training for physicians and nurses.

Respectfully,
Mathew Goldstein
3838 Early Glow Ln
Bowie, MD

SB 890_MNADV_FAV.pdf
Uploaded by: Melanie Shapiro
Position: FAV

BILL NO: Senate Bill 890
TITLE: Abortion Care Access Act
COMMITTEE: Finance
HEARING DATE: February 23, 2022
POSITION: **SUPPORT**

The Maryland Network Against Domestic Violence (MNADV) is the state domestic violence coalition that brings together victim service providers, allied professionals, and concerned individuals for the common purpose of reducing intimate partner and family violence and its harmful effects on our citizens. **MNADV urges the Senate Finance and Budget and Taxation Committees to issue a favorable report on SB 890.**

Between 6-22% of women terminate their pregnancies because they're in an abusive relationship.[1] One of the most common reasons why survivors struggle to leave their abuser is because they have children in common. When a survivor is denied an abortion, they remain tethered to their abusive partner, whereas survivors who choose to terminate an unwanted pregnancy have a reduced risk of experiencing violence over time.[2] Additionally, survivors frequently experience forms of abuse that put them at an increased risk for unintended pregnancy, such as birth control sabotage, sexual assault, and reproductive coercion.[3] 2.1 million women in the U.S. have become pregnant as a result of rape by an intimate partner,[4] and, in one study, 16% of survivors with rape-related pregnancies chose to get an abortion.[5] Access to abortions can be a matter of life or death for survivors of domestic violence because experiencing abuse while pregnant puts survivors at a much higher risk of being killed by their abuser.[6]

Senate Bill 890 will ensure that there are a sufficient number of health professionals to provide abortion care in Maryland. Also pursuant to this bill both private insurance and Medicaid will provide equal abortion coverage without imposing obstacles like cost-sharing and deductible requirements. Abortion access shouldn't depend on someone's insurance status. For the above stated reasons, the **Maryland Network Against Domestic Violence urges a favorable report on SB 890.**

[1] https://ncadv.org/blog/posts/ncadv-denounces-law-restricting-abortion-in-texas
[2] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4182793/

[4] https://www.guttmacher.org/gpr/2016/07/understanding-intimate-partner-violence-sexual-and-reproductive-health-and-rights-issue
[5] https://www.ojp.gov/pdffiles1/nij/grants/211678.pdf
[6] https://apps.who.int/iris/bitstream/handle/10665/70764/WHO_RHR_11.35_eng.pdf?sequence=1

For further information contact Melanie Shapiro • Public Policy Director • 301-852-3930 • mshapiro@mnadv.org

SB 890 - Abortion Care Access Act.pdf
Uploaded by: Michelle Siri
Position: FAV

Women's Law Center of Maryland
JUSTICE FAIRNESS EQUALITY
305 West Chesapeake Avenue, Suite 201 Towson, MD 21204
phone 410 321-8761 fax 410 321-0462 www.wlcmd.org

BILL NO:	Senate Bill 890
TITLE:	Abortion Care Access Act
COMMITTEE:	Finance
HEARING DATE:	February 23, 2022
POSITION:	**SUPPORT**

The Women's Law Center of Maryland is a non-profit legal services and advocacy organization dedicated to ensuring the physical safety, economic security, and bodily autonomy of women in Maryland. While our direct representation projects are limited to primarily survivors of domestic violence, our advocacy is in support of gender justice as a whole, because all women are entitled to access to justice, equality, and autonomy. We recognize that all the issues we fight for are interconnected. Women cannot have bodily autonomy unless they have physical safety. They cannot have physical safety without economic security. And they cannot have economic security without bodily autonomy.

We wholeheartedly support SB 890 as it aims to increase access to abortion care services and remove barriers to insurance coverage for abortion care. Both steps are critical to ensuring women in Maryland not only have a right to an abortion, but also have meaningful access to one when and where they need one. Abortion access should not be dependent on zip code or insurance status.

In 1992 Maryland voters approved a ballot question that led to a statutory right to an abortion. At the time of codification, the intent was to guarantee that the state would not interfere with a woman's right to an abortion, but it did not contemplate the myriad of ways the delivery of health care services, including abortion care would change in the coming decades. SB 890 focuses specifically on updating our outdated laws to reflect the recommendations of the American College of Obstetrics and Gynecologists, by allowing nurse practitioners, nurse-midwives, licensed midwives, and physician assistants to also provide abortion care, as they already do in 14 other states. This is particularly critical right now as states are seeing an increased demand for abortions as access is restricted in neighboring regions. Even within Maryland, most abortion providers are located in the greater Baltimore and DC metropolitan area, and two-thirds of counties in Maryland do not have a single abortion provider. It would further support practitioners' needs for on-going training in abortion care which is becoming increasingly more difficult to provide as restrictions continue to grow nationwide.

Additionally, SB 890 increases access to abortion care for women utilizing both private insurance and Medicaid, by removing obstacles such as deductible requirements, co-payments, or cost-sharing provisions, and would require insurers provide information to consumers regarding their coverage. This will likewise ensure that women would have meaningful access to abortion care, without financial or geographic barriers.

Access to reproductive health care, including and especially abortion care, is a critical component for both physical safety and economic security. Women who are victims of intimate partner violence are generally more likely to have unintended pregnancies and unsafe abortions[1]. According to the 2010 National Intimate Partner and Sexual Violence Survey, an estimated two million women in the United

[1]The Effects of Violence on Women's Reproductive Health, The Population Reference Bureau, 2011, https://www.prb.org/resources/the-effects-of-violence-on-womens-reproductive-health-fact-sheet/

States have become pregnant as a result of rape by an intimate partner and at least 7% of women seeking abortions are also victims of intimate partner violence.[2] At the same time, studies have proven that abortion access has a positive impact on women's economic positions, increasing their participation in the workforce overall. In fact, the benefits carry on through generations, with studies finding that children born to women with abortion access had lower rates of poverty and receipt of public assistance during childhood, primarily due to a reduction in living with single parents, and were more likely to graduate college, and were less likely to be single parents or receive public assistance as adults.

The Women's Law Center strongly believes that reproductive choice is essential for the health and well-being of women in Maryland. But the right to an abortion is meaningless without full access. For these reasons, the Women's Law Center urges a favorable report on Senate Bill 890.

The Women's Law Center of Maryland is a private, non-profit, legal services organization that serves as a leading voice for justice and fairness for women. It advocates for the rights of women through legal assistance to individuals and strategic initiatives to achieve systemic change, working to ensure physical safety, economic security, and bodily autonomy for women in Maryland.

[2] *Understanding Intimate Partner Violence as a Sexual and Reproductive Health and Rights Issue in the United States*, The Guttmacher Institute, Kinsey Hasstedt and Andrea Rowan, 2016, https://www.guttmacher.org/gpr/2016/07/understanding-intimate-partner-violence-sexual-and-reproductive-health-and-rights-issue

SB0890-FAV-DTMG-2-23-22.pdf
Uploaded by: Olivia Bartlett
Position: FAV

Olivia Bartlett, DoTheMostGood Maryland Team

Committee: Finance

Testimony on: SB0890 – Abortion Care Access Act

Position: Favorable

Hearing Date: February 23, 2022

Bill Contact: Senator Delores Kelley

DoTheMostGood (DTMG) is a progressive grass-roots organization with more than 3000 members in all districts in Montgomery as well as several nearby jurisdictions. DTMG supports legislation and activities that keep residents healthy and safe in a clean environment, uplift all residents, and promote equity across all our diverse communities. DTMG strongly supports SB0890 because it will protect and increase access to affordable abortion care in Maryland.

In 1991, the Maryland General Assembly codified the legal right to abortion, as provided by Roe v Wade. Marylanders overwhelmingly supported the ballot measure with 62% of the vote. Maryland is now considered a safe state for abortion rights even if the Supreme Court overturns Roe v Wade. However, that does not mean that all women can actually access abortion care. Access has been reduced by a shortage of trained providers, poor insurance coverage, and anti-abortion rules imposed at the federal level every time there is a shift in power. Furthermore, only 7 of Maryland's 24 jurisdictions currently have an abortion care provider.

SB0890 directly addresses these problems and will make sure that women in Maryland can access the care they need. SB0890 recognizes that advanced practice clinicians – including nurse practitioners, certified nurse-midwives/certified midwives, and physician assistants -- are qualified to provide abortion care and key to ensuring access to abortion care in every region of the state.

SB0890 will also increase the ability of health care professionals to get the training they need by providing state support for clinical training in abortion care and will strengthen and streamline insurance coverage for abortion care. These measures will improve access to abortion care for women across Maryland.

There is also an important equity component to SB0890. Communities of color are particularly impacted by limitations on abortion access. Many studies have documented that significant racial and ethnic disparities persist for a wide range of health outcomes, from diabetes to heart disease to breast and cervical cancer to sexually transmitted infections (STI), including HIV. This is also true for unintended pregnancies and abortion care. Unnecessary barriers to abortion care increase costs and wait times, further exacerbating existing health disparities and economic injustices. SB0890 eliminates unnecessary barriers and will make health care more accessible and affordable for all women in Maryland.

For all these reasons, DTMG strongly supports SB0890 and urges a **FAVORABLE** report on this bill.

Respectfully submitted,

Olivia Bartlett
Co-lead, DoTheMostGood Maryland Team
oliviabartlett@verizon.net
240-751-5599

SB0890_FAV_MDACOG_Abortion Bill.pdf
Uploaded by: Pam Kasemeyer
Position: FAV

ACOG
The American College of Obstetricians and Gynecologists

Maryland Section

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

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman

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:
Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
410-244-7000

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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

OAG_FAV_SB0890.pdf
Uploaded by: Patricia O'Connor
Position: FAV

BRIAN E. FROSH
Attorney General

ELIZABETH F. HARRIS
Chief Deputy Attorney General

CAROLYN QUATTROCKI
Deputy Attorney General

STATE OF MARYLAND
OFFICE OF THE ATTORNEY GENERAL

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February 22, 2022

To: The Honorable Delores G. Kelley
Chair, Finance Committee

From: The Office of the Attorney General

Re: Senate Bill 890 (Abortion Care Access Act): Support

The Office of the Attorney General supports Senate Bill 890 which would remove barriers to access to abortion services in Maryland, where two/thirds of counties have no abortion providers, according to Planned Parenthood of Maryland. In keeping with the Office's history of supporting reproductive freedom, we support the bill's goals of expanding access to abortion services and establishing the Abortion Care Clinical Training Program in the Maryland Department of Health.

We urge the committee to give Senate Bill 890 a favorable report.

cc: Sponsor

PPMW_SB890_support.pdf
Uploaded by: Rahula Strohl
Position: FAV

Planned Parenthood
Care. No matter what.

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
Care. No matter what.
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.

Rep_Sarbanes_SB890_letter_of_support.pdf
Uploaded by: Rahula Strohl
Position: FAV

JOHN P. SARBANES
3RD DISTRICT, MARYLAND
MEMBER OF CONGRESS

February 18, 2022

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

Dear Honorable Chair Kelley:

Thank you for providing the public with an opportunity to comment on Maryland's Abortion Care Access Package, SB 890, HB 937 and HB 952, which will ensure that Marylanders have meaningful access to abortion care services across the state.

Within the boundaries established under Roe v. Wade, a woman's decision about whether to carry her pregnancy to term is hers alone. Protecting that legal standard and the critical access that flows from it is paramount. Often, the powerful and wealthy can find their way around barriers to abortion care while marginalized communities that lack political power and similar levels of economic opportunity find themselves disproportionately impacted. That is why it is so important to promote the availability of high-quality, accessible and affordable reproductive health services in all communities.

In 1992, Maryland voters approved Question Six with nearly 62 percent of the vote, establishing our state as a leader in protecting access to abortion and promoting the efficient delivery of high-quality health care services. In my prior life as an attorney, I was privileged and inspired to work with the coalition that led the Question Six campaign. With the package of bills being brought forward in this year's session, the General Assembly has the opportunity to strengthen Maryland's longstanding commitment of access to abortion by removing barriers that prevent certain licensed health care providers from performing abortions, expanding training opportunities, ensuring that all recipients of Medicaid have access to abortion care and making sure that state-managed private insurance plans do not impose cost-sharing requirements on abortion care.

Again, thank you for gathering input on this important package of legislation and for your continuing efforts to protect the right to abortion care across Maryland.

Sincerely,

John P. Sarbanes
Member of Congress

Rev_McEvoy_SB890_support.pdf
Uploaded by: Rahula Strohl
Position: FAV

WESTMORELAND CONGREGATIONAL UNITED CHURCH OF CHRIST

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

Dear Honorable Chair Kelley:

I am writing as a Christian minister who serves people of faith in Maryland in strong support of Senate Bill SB890 – Abortion Care Access Act. In 2017, while pursuing my graduate studies in Theology at Union Theological Seminary in New York City, I made the decision to receive an abortion. As an ordained minister in the United Church of Christ (UCC) I prayed before, during, and after making the decision to protect my individual health and receive an abortion.

When I attempted to meet with a doctor to discuss my pregnancy options many OBGYN offices were at capacity and unable to schedule an appointment even though I was covered under private insurance. Eventually, Planned Parenthood was the care provider who enabled me to care for my body in a way that aligned best with my reality. As a person of faith who believes that all bodies are sacred, I deeply urge Maryland's legislative decision makers to step up and protect and support access to all forms of reproductive health care. Because of my personal experience with receiving abortion care, I strongly request leaders in Annapolis to support the many thousands of people in the state of Maryland, who like me, will become part of the 1 in 3 women who need an abortion during their life.

The congregation of people that I serve in Maryland are a part of the majority of people of faith in America who support the right to reproductive freedom, and specifically the right to access legal abortion in all or most cases. In contrast to a vocal minority of religious voices, our faith in the United Church of Christ teaches us that humans have been gifted with the ability to make decisions about their own lives from The Divine, and this includes decisions about reproductive healthcare.

As threats to federal abortion protection persist, Maryland needs to be ready to protect and expand abortion access. The number of abortion providers in Maryland must be expanded outside of metropolitan areas as currently two-thirds of Maryland counties do not have an abortion provider. Furthermore, public and private health insurance coverage must be improved to cover abortion care. When I received an abortion although I was covered under private insurance the financial hardship was still a burden for me as an unemployed graduate student. Maryland must consider those whose bodies are at risk and care for the most vulnerable in our society by endorsing Senate Bill SB890– the Abortion Care Access Act.

Thank you for your consideration of my testimony. It is with great pride that I urge a favorable vote. If I can provide any further information, please contact me at Rev. Kaeley McEvoy at kaeley@westmorelanducc.org. Blessings to you.

Sincerely,

Rev. Kaeley McEvoy
Westmoreland Congregational United Church of Christ

Bethesda, Maryland
Feb 2022

Rev_Sullivan_SB890_support.pdf
Uploaded by: Rahula Strohl
Position: FAV

Rev. Shannon E. Sullivan,
Trinity United Methodist Church
703 West Patrick Street
Frederick, MD 21701

February 23, 2022

Dear Honorable Chair Kelley,

I am writing to you as a bereaved mother and as a United Methodist pastor in support of SB 890 because improving access to abortion care by increasing the number of abortion providers in the state and improving public and private health insurance coverage of abortion is a way you can support families.

After my third miscarriage in 2018, I kept the abortifacient I had been prescribed. I didn't need much for my body to begin miscarrying and I thought, given the political climate, I might want to keep the rest of the prescription in case I needed to manage another miscarriage or abortion. While I was mourning the loss of a much-wanted baby, I also worried about my access to future medical care being affected by politics. I have balanced translocated chromosomes, which essentially means I have an 80 percent chance of becoming pregnant with a baby who is incapable of living outside of my uterus because of chromosomal abnormalities. Sometimes those babies are miscarried, but often those with balanced translocated chromosomes either need abortifacient to induce miscarriage or have to terminate for medical reasons. I desperately want children, but I am very aware because of my translocation that I need access to abortion to care for my own body and to care for my living child, and I need access to abortion as part of my attempts to get pregnant again. Again and again in churches I have served as a pastor and in the support groups for bereaved parents where I often end up serving as a chaplain, I have encountered families with similar stories of need to access abortions.

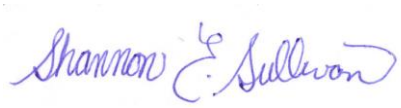
Many of us thought we would never have an abortion. Many of us spent enormous amounts of money for fertility treatments, even with the insurance coverage mandates we have in this state. Many of us overcame fears of needles and procedures, even fears of subsequent losses so we could have a chance at giving birth to a living child. But we also know there is more to parenting than giving birth. For some of us, the best way we could mother our baby who would not live much past birth was to end their suffering in the womb. For others, we knew that our living children would suffer if we continued another pregnancy because we would be unable to care for them if we were on bedrest or if we did give birth to a sibling for whom we would have to immediately put on indefinite hospice care, as can happen with some kinds of chromosomal abnormalities.

My guiding scripture verse as a pastor and a Christian comes from the Gospel of John 10:10, where Jesus is talking about himself as a gate protecting the sheep from harm, and he says, “I came that they might have life and have it abundantly.” People who are against abortion are often labeled as pro-life, but in my ministry and in my own fertility journey, I have learned that the decision to have an abortion is often about seeking that abundant life. Access to abortion, especially for those of us in the pregnancy-loss community, is about protecting women and families from further harm in terrible circumstances. Subjecting us to the hurdles, humiliation, and potential physical injury of restricted abortion care in a situation where many of us are already in shock and grief is immoral. The politicization of abortion only hurts families.

My most recent loss was at 19 weeks and 3 days, and it was caused not by my Balanced Translocation but by an incompetent cervix we did not discover in time. We chose not to abort right away, but I was grateful the option of abortion was available to me because I knew that the longer my cervix was open, the more exposed myself and my baby were to infection. I have a living child at home I needed to be healthy enough to care for, and I have known women who had to carry dead or dying babies too long, risking sepsis, or had other infections due to medical care that prioritized a baby who could not live anyway and not the mother carrying the child. Limiting access to abortion benefits no one; instead, it risks injury to women, mothers, their living children and families by treating a woman’s body, health, and well-being as though they are inconsequential.

Abortion care is life-giving and family-preserving care in so many ways. I have seen that as a pastor and experienced it for myself. Please consider my needs, the needs of the families in the communities I have served, and the needs of all women in Maryland and vote in favor of SB 890.

Sincerely,



Rev. Shannon E. Sullivan,

Roz_Jonas_SB890_support.pdf
Uploaded by: Rahula Strohl
Position: FAV

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

SUPPORT – SB 890
Abortion Care Access Act

Dear Honorable Chair Kelley:

My name is Rosalyn Levy Jonas, and I have been a Maryland resident for nearly 40 years. Though I did not live in Maryland at the time, I had a difficult and challenging experience in the state that predated my residency by more than 17 years.

In 1966, when I was just 20 years old, single, pregnant, and desperate, I stood alone on Eutaw Street in downtown Baltimore, waiting to be picked up by a man I'd never met, whose job it was to deliver me to the place where I was scheduled to have an illegal abortion.

My abortion was performed in a farmhouse somewhere in rural Baltimore County, by a man whose face I never saw. For his services, I paid him $600 in cash, and after a few hours, I was returned to Eutaw Street. I consider myself lucky; no complications prevented me from later choosing to bring children into the world. I have two adult daughters whose reproductive rights I am determined to protect. On their behalf and on behalf of the women in this state and across the country, I have served on the boards of state and national organizations tasked with preserving their rights.

I had my abortion seven years before *Roe v. Wade* gave women the right to control their own reproductive destinies. Seven years before women, desperate to control their bodies and their lives, could stop using coat hangers and knitting needles and stop drinking poison—and stop standing alone on Eutaw Street, hoping to meet a man who was actually a doctor. Seven years before girls and women could stop their search for the underground networks that existed to connect them with abortion providers. And seven years before desperate women had to come up with the cash equivalent of $5,200 today.

Today, women are facing the very real possibility that *Roe v. Wade* will be overturned. Even with abortion legal in our state, two-thirds of Maryland counties do not have access to an abortion provider. SB890, the Abortion Care Access Act, will ensure that Maryland has enough abortion providers by updating the state's law to include not just physicians but also nurse practitioners, nurse-midwives, licensed midwives, and physician assistants, as recommended by the American College of Obstetrics and Gynecologists. The proposed legislation will also

support clinical education and training in abortion care. By ensuring that Medicaid and private insurance companies comprehensively cover abortion care, barriers to access will be removed. Abortion care must be covered like any other health care service.

No woman should have to endure the fear, uncertainty, and financial hardship that I did in 1966. Maryland women deserve care that is accessible, available, and affordable. I urge this committee to act now to protect women, and support SB890, Maryland's Abortion Care Access Act. Thank you for giving me the opportunity to share my story.

Sincerely,

Roz Jonas
Bethesda, MD 20814

Sandy_B_SB890_support.pdf
Uploaded by: Rahula Strohl
Position: FAV

SUPPORT – SB 890
Abortion Care Access Act

Dear Honorable Chairperson Kelley:

Maryland women deserve access to accessible abortion care. The Abortion Care Access Act will help ensure that abortion is covered just like any other health care procedure. I wanted to share my own abortion story, and experience of having my abortion paid for by my insurance.

My first child was born when I was 3 months shy of 17, and my second at 18 ½. At 22, I became a single mom of two. When my first child was born, I refused birth control pills because it was a new product with no long-term studies and they had no idea what it might do to a person. After my second child was born, I knew I could not have another child with my spouse, and decided that even if it killed me, I would take the pill.

After about 10 years of taking the pill, I can't remember if it was suggested or something I read, but I decided to give my body a break and went off the pill. I used other methods of birth control, i.e. condoms and keeping track of ovulation, but they failed me. When I realized that I was pregnant, I knew that I could not have another child. The person I was in a relationship with did not have a steady job and I was pretty much living paycheck to paycheck. I felt it would be a disservice to the two children I already had to try and stretch things to another person, so I made the decision to abort. My partner never voiced an opinion about his feelings on the matter and willingly drove me to the clinic in Washington, DC. I was very fortunate that my employer provided me healthcare which covered the service.

From time to time in my life, I have thought about my decision, but I have never regretted it, and I am very grateful that it was readily available to me. I firmly believe that all women deserve that same circumstance, and have been working for years to see that they get it.

Sandy B.

Sign_on_SB890_support.pdf
Uploaded by: Rahula Strohl
Position: FAV

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

SIGN ON SUPPORTER LETTER
SB 890 – Abortion Care Access Act

Honorable Chair Kelley:

We, the undersigned, ask for a favorable report on Senate Bill 890, the Abortion Care Access Act.

Our organizations range widely in work and mission, but we are united in our belief of bodily autonomy and abortion as a fundamental human right. We understand that the legality of abortion isn't enough to guarantee access– especially for low-income people, Black, Indigenous, and people of color (BIPOC), and people living in rural areas.

Abortion access for Marylanders is already limited by provider shortages and poor insurance coverage. By removing the barriers which currently prevent advanced practice clinicians from providing procedural care, we will support access for Marylanders living in more rural areas of the state that are potentially hours away from their nearest abortion provider. The legislation will also establish and fund a clinical abortion training program: an effort which will be especially helpful for clinicians who trained in states that prohibit comprehensive reproductive health service provision and education.

Currently, Maryland Medicaid's coverage of abortion is subject to debate each year and only allows for care to be covered in certain circumstances. Low-income Marylanders – those who are least likely to afford abortion care on their own – should be able to rely on permanent coverage. For individuals with private insurance, cost-sharing and deductibles often require people to pay entirely out-of-pocket for their care, which can put abortion out of reach.

We stand in support of this legislation as a recognition that our movements are intersectional, and individuals in the communities that we serve have had—will continue to have —abortions. Indeed, everyone loves someone that has had an abortion.

We urge a favorable report on Senate Bill 890. Thank you for your time and consideration.

Sincerely,

The Advanced Practice Clinician (APC) Cluster of the Reproductive Health Access Network, Nurses for Sexual and Reproductive Health, and the National Abortion Federation

Greenbelt Alliance for Reproductive Freedom (GARF)

Medical Students for Choice – University of Maryland School of Medicine Chapter

Reproductive Health Access Project, Mid-Atlantic Cluster

Tamara_Robinson_SB890_support.pdf
Uploaded by: Rahula Strohl
Position: FAV

Tamara Robinson
Baltimore, MD 21207

Support
SB 890 – Abortion Care Access Act
Senate Finance Committee
February 23, 2022

My name is Tamara Robinson, I am a Baltimore City homeowner and resident, and I support SB 890 – Abortion Care Access Act. This bill would require the Maryland Medical Assistance Program and state-regulated health plans to cover abortion care without cost-sharing.

In 2015, I sought care at my local Planned Parenthood for counseling and health services when I found that my chosen form of contraception failed, leading to an unplanned pregnancy. Much like all of the major medical decision I've made in my life, I did not take that experience or the options for care before me lightly. As an employed professional, I was fortunate to have access to private insurance that allowed me to seek care at the provider of my choosing. That included the counseling I received from a licensed clinician and the abortion care I sought from my provider.

As some may know, an unplanned pregnancy can be accompanied by a great deal of fear and anxiety. The last thing that I would have wanted to tackle was figuring out how to pay for my abortion or dealing with an unmanageable bill after receiving care. Being able to access abortion care through my insurance provider was critical. To have access to a healthy, safe, and legal abortion meant that I could focus on getting the supportive care that I needed at that time, and I could not imagine what I would have done if my care and treatment had been limited by my ability to pay for health care out of pocket.

The reality is that I had health insurance coverage that included abortion care as an approved procedure, and I could focus on making a decision in full support of my physical, mental, and emotional health with the guidance of care providers that I trusted. For some, that is not the case.

It should not be acceptable that a pregnant person with insurance is unable to access the care that they need or make informed decisions about their bodies simply because abortion care is arbitrarily carved out of their coverage. Nor should it be that people with Medicaid coverage aren't allowed to access the full spectrum of care for a pregnant person. That does not allow for fair, equitable, and inclusive access to health care. This is not what I want for other Marylanders. My wish for Maryland is that insurance providers are required to cover care, including abortion.

I have spent much of the last few years helping support pregnant individuals without adequate coverage access funds to help them get care. It is no easy task to be in of need urgent care while also trying to scrape together the funds to pay for it. Too many people have to manage this burden, and that simply should not be.

For the foregoing reasons, I urge a favorable report on SB 890. Thank you for the opportunity to submit testimony.

UB_CAF_SB890_support.pdf
Uploaded by: Rahula Strohl
Position: FAV

UNIVERSITY OF BALTIMORE
School of Law
Center on Applied Feminism
1420 N. Charles St.
Baltimore, MD 21201-5779
T: 410.837.5706
F: 410.837.4776
law.ubalt.edu

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), Katherine Simon (katherine.simon@ubalt.edu), and Chandre Jones (chandre.jones@ubalt.edu).

Sincerely

University of Baltimore School of Law Center on Applied Feminism

UB_FLC_SB890_support.pdf
Uploaded by: Rahula Strohl
Position: FAV

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

Dear Honorable Chair Kelley,

The Bronfein Family Law Clinic at The University of Baltimore School of Law **strongly supports** Senate Bill 890 – Abortion Care Access Act. This bill would alleviate cost barriers on individuals by requiring abortion care be covered by the Maryland Medical Assistance Program and other state-regulated health plans.

The Bronfein Family Law Clinic (FLC) provides pro bono, client-centered representation to individuals in Baltimore and the surrounding counties who could not otherwise afford a lawyer. Student-attorneys in the FLC represent clients seeking assistance on family law matters who are low-income, Maryland residents. Many of our clients have experienced intimate partner abuse, and/or disproportionately face barriers in securing justice within the legal system due to economic discrimination, racial discrimination, and gender discrimination. As student attorneys we also work on issues of reproductive justice as it is also a family law matter.

In our efforts to mitigate the barriers to accessing legal representation, we must also address additional barriers our clients face in their everyday lives outside of our offices. The current threat to abortion access affects much of our client population.

According to data from the Guttmacher Institute on *Characteristics of U.S. Abortion Patients*, 75% of people who access abortion care are low-income and 59% of people who get abortions are already a parent. Additionally, research from the Turnaway Study found that 40% of people who access abortion care do so because they could not afford to have a child or to have an additional child. Our clients subsist on public benefits or are the working poor. Their finances are stretched to meet their daily needs and those of their children. They often are without cars, cannot afford taxis, and rely on public transportation. Without free access to abortion care, individuals like our clients would not be able to afford an abortion. And without access to physically proximate abortion care, individuals like our clients would struggle to get to an abortion care provider. No one should be denied the health care they need because they are materially poor, and that includes abortion care.

Securing access to abortion care through the proposed bill means one less barrier to the justice our clients and other Maryland residents deserve.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Chandler Jones (cjones@ubalt.edu), Neha Khan (neha.khan@ubalt.edu), and/or Katie Simon (katherine.simon@ubalt.edu).

Sincerely,

Bronfein Family Law Clinic
University of Baltimore School of Law

2021 ACNM SB 890 Senate Side.pdf
Uploaded by: Robyn Elliott
Position: FAV

AFFILIATE OF
AMERICAN COLLEGE of NURSE-MIDWIVES
With women, for a lifetime®

Committee:	**Senate Finance Committee**
Bill:	**Senate Bill 890 – Abortion Care Access Act**
Hearing Date:	**February 23, 2022**
Position:	**Support**

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) strongly supports *Senate Bill 890 – Abortion Care Access Act* which will:

- Remove an outdated restriction that only a licensed physician may perform an abortion. Fourteen other states have recognized that advanced practice clinicians may provide medication and in-office procedural abortion care.

- Provide that Medicaid have abortion coverage that is equitable to private insurance, and it would also ensure that all state-regulated plans cover abortion care without cost-sharing or deductible requirements.

This legislation is consistent with ACNM's position on protecting access to the full range of reproductive health care. In 2019 after state legislatures introduced a record-breaking number of anti-reproductive health measures, ACNM – National issued a statement that "reaffirms its commitment to individual patient autonomy across the spectrum of reproductive health, including abortion."[i]

We ask for a favorable vote on SB 890. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net.

---

[i] https://www.midwife.org/acnm/files/cclibraryfiles/filename/000000007327/ACNM%20Opposition%20Statement%20to%20Threats%20to%20Abortion%20Care%20March%202019.pdf

2022 MNA SB 890 Senate Side.pdf
Uploaded by: Robyn Elliott
Position: FAV

Committee: Senate Finance Committee

Bill Number: Senate Bill 890

Title: Abortion Care Access Act

Hearing Date: February 23, 2022

Position: Support

The Maryland Nurses Association (MNA) supports *Senate Bill 890 – Abortion Care Access Act* because it removes an outdated restriction that prevents nurse practitioners and certified nurse-midwives from practicing within their scope. Maryland law limits the provision of abortion care to licensed physicians. However, nurse practitioners, nurse midwives, licensed certified midwives, and physician assistants would otherwise be allowed to provide abortion care as long as they meet their certification or licensure requirements. Fourteen other states recognize that advanced practice clinicians can provide abortion care as recommended by the American College of Obstetrics and Gynecologists[i]. We ask the Committee to vote favorably on SB 890. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net.

[i] https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2014/11/abortion-training-and-education

2022 PPM SB 890 One-Pager Senate Side.pdf
Uploaded by: Robyn Elliott
Position: FAV

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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.

To find out how you can support the Abortion Care Access Package, email publicaffairs@ppm.care.

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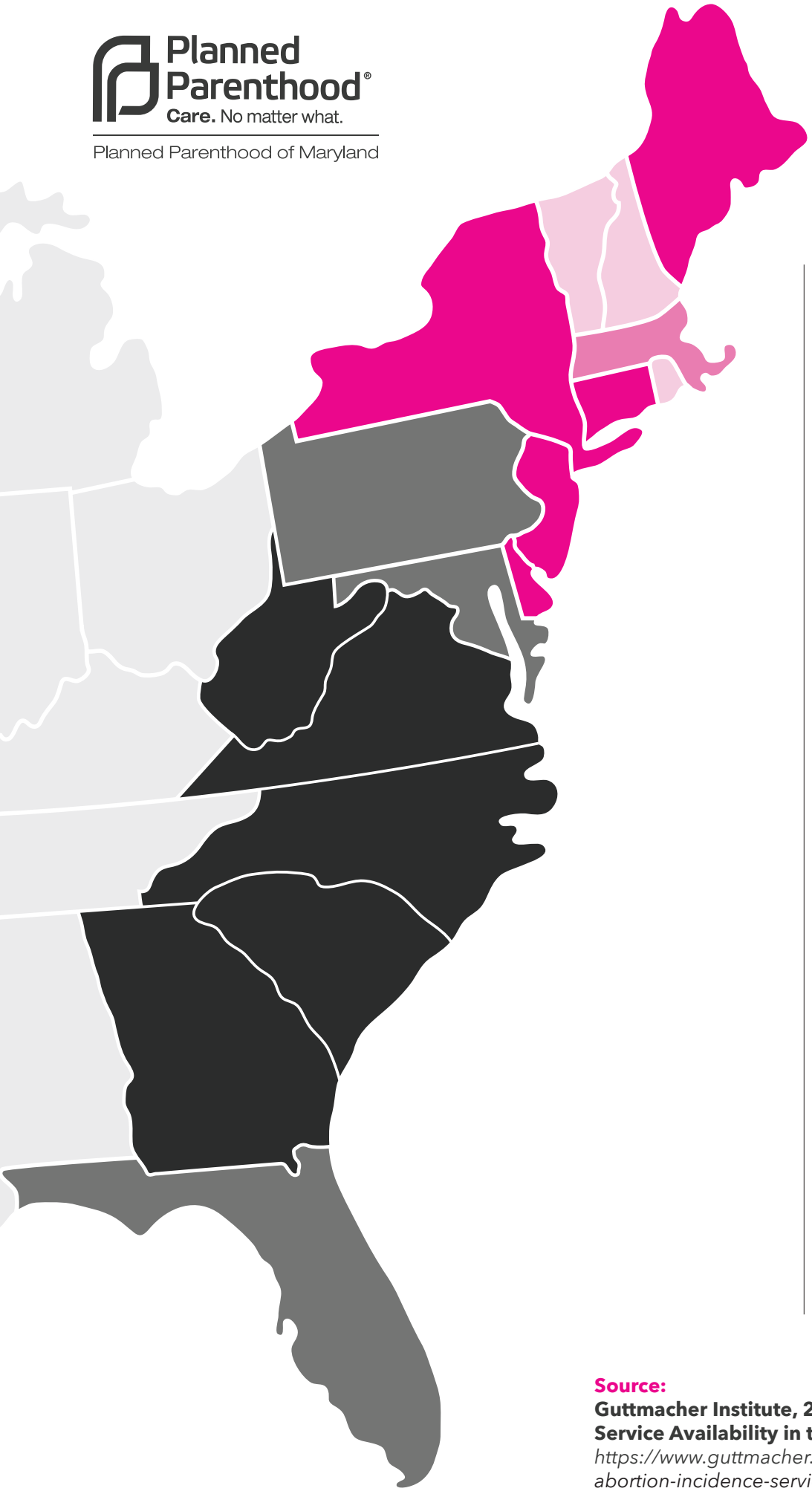

% of Counties Without Abortion Clinics

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

- **39**% or below
- **40-49**%
- **50-69**%
- **70-89**%
- **90**% or above

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

2022 PPM SB 890 Senate Side.pdf
Uploaded by: Robyn Elliott
Position: FAV

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Senate Finance Committee
Senate Bill 890 - Abortion Care Access Act
February 23, 2022
Support

Planned Parenthood of Maryland strongly supports *Senate Bill 890 – Abortion Care Access Act*. The bill improves access to abortion care by removing outdated restrictions on practice and supporting the training of more providers. Maryland does not have a sufficient number of abortion providers today, and the situation will worsen as abortion access continues to be restricted across the country.

We also support the bill because it recognizes that abortion care is health care. We support this bill because it ensures that abortion care is covered, whether through a private plan or Medicaid. Access to abortion care should not depend on insurance status.

What is the State of Roe v. Wade?

In December 2021, the U.S. Supreme Court heard the case of *Jackson Women's Health Organization v Dobbs* about a 15-week abortion ban in Mississippi. In the state's brief to the Supreme Court, Mississippi Attorney General Lynn Fitch made clear the state's intent was to overturn Roe in stating that, "*The Constitution does not protect a right to abortion.*[i]" All the legal predictions are that the Court's decision in Dobbs will severely erode abortion as a constitutionally protected right. If some tenants of Roe survive the Dobbs case, there are at least two dozen other cases designed to overturn Roe v Wade in the Supreme Court pipeline.

The U.S. is on the brink of a national crises in terms of abortion care access. Twenty-six states are poised to ban or severely restrict abortion which would leave 36 million individuals without access to abortion care in their own states.

What Does the Dobbs decision mean for Maryland?

With the implementation of SB 8 in Texas, we have been given a sobering preview on abortion access after the Dobbs decision. A month after 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.*[ii]

Maryland is already the worst state for abortion access geographically, when we are compared to other East Coast states with similar abortion rights protections (see attached map). Maine, the most rural state on the East Coast, has providers in 69% of its counties which is the exact opposite of Maryland where 71% of counties do not have a single abortion provider.[iii]

As we know from the Texas experience, when one state bans abortion, the impact is felt in the surrounding states and throughout the region. With 26 states poised to ban or severely limit access, the scale of the abortion access crisis could be immense, particularly in states, like Maryland, already facing access issues. When Marylanders live outside of the Baltimore-Washington corridor, they usually have to travel to obtain abortion care. This situation can be immensely challenging for those facing limited resources as they have to arrange for transportation, time off of work, and child care. After the Dobbs decision, they could very likely face the additional barrier of waiting times for services.

How does the Abortion Care Access Act help Marylanders?

The Abortion Care Access Act proposes traditional public health strategies – recognizing advanced practice clinicians and expanding clinical training opportunities - used to address access issues for other types of health care services:

1) **Advanced Practice Clinicians:** When facing a health care workforce shortage – whether in primary care, prenatal services, or maternity care – Maryland has turned to utilizing advance practice clinicians such as nurse practitioners, nurse midwives, licensed certified midwives, or physician assistants.

   Maryland is a forward-thinking state in terms of recognizing advance practice clinicians, yet Maryland is behind 14 other states in recognizing that these practitioner are also able to provide both medication and in-office procedural abortion care.

   Abortion care is within the existing scope of practice today for nurse practitioners, nurse-midwives, licensed certified midwives, and physician assistants. However, these practitioners are restricted because Health General Health General §20–208 only allows licensed physicians to perform abortions. Maryland made some progress when Attorney General Frosh issued a

2020 opinion that recognized nurse practitioners, nurse-midwives, and physician assistants could provide medication abortion. The Abortion Care Access Act would codify the findings of the Attorney General, making it permanent, and also remove the restrictions on advanced practice clinicians providing procedural care. To accomplish this, the bill removes the physician-only restriction and replaces it with recognizing qualified providers who are 1) licensed or certified or otherwise authorized to provide care in Maryland (e.g. a licensure compact); and 2) have abortion care within their scope of practice.

2) **Abortion Care Clinical Training Program:** More health care practitioners would offer abortion care if they had ongoing opportunities for training. Those opportunities are shrinking, especially for practitioners educated in states like Texas where abortion is banned or severely restricted. Some of these practitioners may move to Maryland; and they might be in the position to provide abortion care if they were supported with clinical training. The Abortion Care Access Act would address this issue by establishing an Abortion Care Clinical Training Program. With $3.5 million in annual funding, the training program:

   - Support community-based, hospital-based, and continuing education programs. This would support clinicians providing abortion care in a range of clinical settings with the goal of better integrating abortion care in the health care system throughout Maryland. Abortion care is health care, but the political landscape often makes integration into a range of settings more difficult; and
   - Support diversifying the abortion care provider community to ensure they reflect the racial and ethnic diversity of the communities they serve. Abortion care training would focus on the principle of culturally congruent care – meaning providers are aware and inclusive of their patients' cultural values, beliefs, and practices.

3) Ensuring abortion care coverage in private insurance works for Marylanders: Planned Parenthood of Maryland noticed a pattern with our patients with private insurance. Even though abortion care is often covered by private plans, patients sometimes have to pay significant out-of-pocket costs to meet deductible or cost-sharing requirements. This financial burden can cause distress for our patients and delay care while they gather resources.

To understand abortion coverage for state-regulated plans, we engaged a consultant who reviewed consumer-facing documents of qualified health plans under the Maryland Health Benefit Exchange. The review found that qualified health plans generally cover abortion care, but commonly enrollees had deductible and cost-sharing requirements. The review also found that abortion care coverage information was often confusing and did not use standard terminology to describe abortion care.

We also reviewed the peer-reviewed research about abortion coverage and out-of-pocket costs. In a 2014 study of the impact of out-of-pocket costs for abortion care, 25% of patients with private insurance had out-of-pocket costs of $200 or more. Fifty-four percent of patients, including those with private insurance, delayed care because to obtain the resources needed to cover out-of-pocket costs. [iv] Another study found that 29% of insured individuals had to rely on resources from others, most commonly the man involved with the pregnancy, to cover-out-of-pocket costs.[v]

Based on our research and the experiences of the provider community, we worked with the bill sponsor to identify policy changes that would make abortion coverage in private insurance more effective. We were very concerned with the researched findings that confirmed our experience as providers – individuals delay abortion care when having to identify the resources needed to meet cost-sharing and deductible requirements. We would note that individuals seeking abortion services may be younger, healthier, and less likely to have met their deductible requirements.

The bill includes the following primary provisions regarding private insurance:

- **Requires state-regulated private plans to cover abortions care**. Maryland law requires coverage of contraception, certain infertility treatment services, and maternity care. The bill would ensure that insurance covers all pregnancy options. There are several exemptions:
  - religious organizations utilizing the existing State exemption for Maryland's contraceptive coverage mandate;
  - one of two multi-state plans as required under the Affordable Care Act; and
  - high-deductible health plans with health savings accounts because of IRS rule
- **Requires abortion care coverage to be without cost-sharing or deductible requirements**; and

- **Requires the consistent use of terminology to describe "abortion care" coverage to consumers.**

4) **Providing Equity in Coverage for Medicaid:** The bill requires Medicaid to cover abortion care to be covered in the same manner as state-regulated plans. This means Marylanders, whether covered through private insurance or Medicaid, would have equitable coverage.

The bill's Medicaid provision would also eliminate outdated and stigmatizing policies currently enshrined in the annual budget bill. The annual budget bill language was developed in 1979, just a few years after the Hyde Amendment, and there have been no substantial changes to the language in 40 years.

The outdated and stigmatizing provisions include (see attached Medicaid form):

- A requirement that rape and incest survivors need to file a policy or social service agency report to get abortion coverage;
- Except for survivors of rape or incest, a requirement that individuals have a medical justification related to physical health, mental health, or fetal abnormality. There is no coverage for individuals who are choosing abortion care because it is the best option for their circumstances; and
- A requirement that a physician certify the individual's health condition. This has not been updated to reflect the Attorney General Frosh's opinion from 2020 that nurse practitioners, nurse-midwives, and physician assistants may provide medication abortion.
-

5) **Closing a Subsidy Loophole in the Young Adult Subsidy Program:** If private health plans cover abortion, federal law requires insurers to charge a minimum of $1 a month for abortion coverage and keep the premium funds in segregated accounts. Implementing this requirement can be complicated, especially for qualified health plans and health benefit exchanges because federal subsidies cannot be used to cover the $1 monthly premium.

Some very low-income individuals have the entire cost of their premiums, except for $1 a month, covered by federal subsides. Paying the $1 monthly premium may not be affordable; or even if it is affordable, it poses a significant administrative burden on both the insurers individual and the insurer. If individuals do not make this $1 payment, they may not complete their initial enrollment and they may be at risk for disenrollment under certain circumstances.

California just implemented an innovative program to address this $1 monthly gap for those who would otherwise have their premiums covered entirely by federal subsidies. The Governor included it in the 2021 budget because research demonstrated that zero-dollar coverage would increase enrollment among very low-income individuals.[vi]

The bill proposes to model the California program in Maryland's Young Adult Subsidy Program. The Maryland Health Benefit Exchange would study and report if the "last dollar coverage" initiative was successful in supporting more people in enrolling and staying in coverage. If successful, it could be extended to other low-income adults covered through qualified health plans.

-

Conclusion

Thank you for your consideration of this legislation. Maryland provides the legal right to an abortion, but a right is not the same as access. Maryland has made significant progress in expanding access to primary care, prenatal care, and postpartum services. The Abortion Care Access Act uses the same strategies to ensure there are a sufficient number of abortion care providers to meet the needs of Marylanders and that insurance coverage, whether private plans or Medicaid, is adequate. We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at reliott@policypartners.net.

[i] https://www.supremecourt.gov/DocketPDF/19/19-1392/184703/20210722161332385_19-1392BriefForPetitioners.pdf

[ii] https://sites.utexas.edu/txpep/files/2021/10/initial-impacts-SB8-TxPEP-brief.pdf

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

[iv] Roberts et al. Out-of-Pocket Costs and Insurance Coverage for Abortion in the United States. Women's Health Issues Journal. January 2014.

[v] Jones et al. At What Cost? Payment for Abortion Care by U.S. Women. Women's Health Issues Journal. March 2013.

[vi] Drake, Colman and Anderson, David. Terminating Cost-Sharing Reduction Subsidy Payments: The Impact of Marketplace Zero-Dollar Premium Plans on Enrollment. Health Affairs, No 1, 2020.

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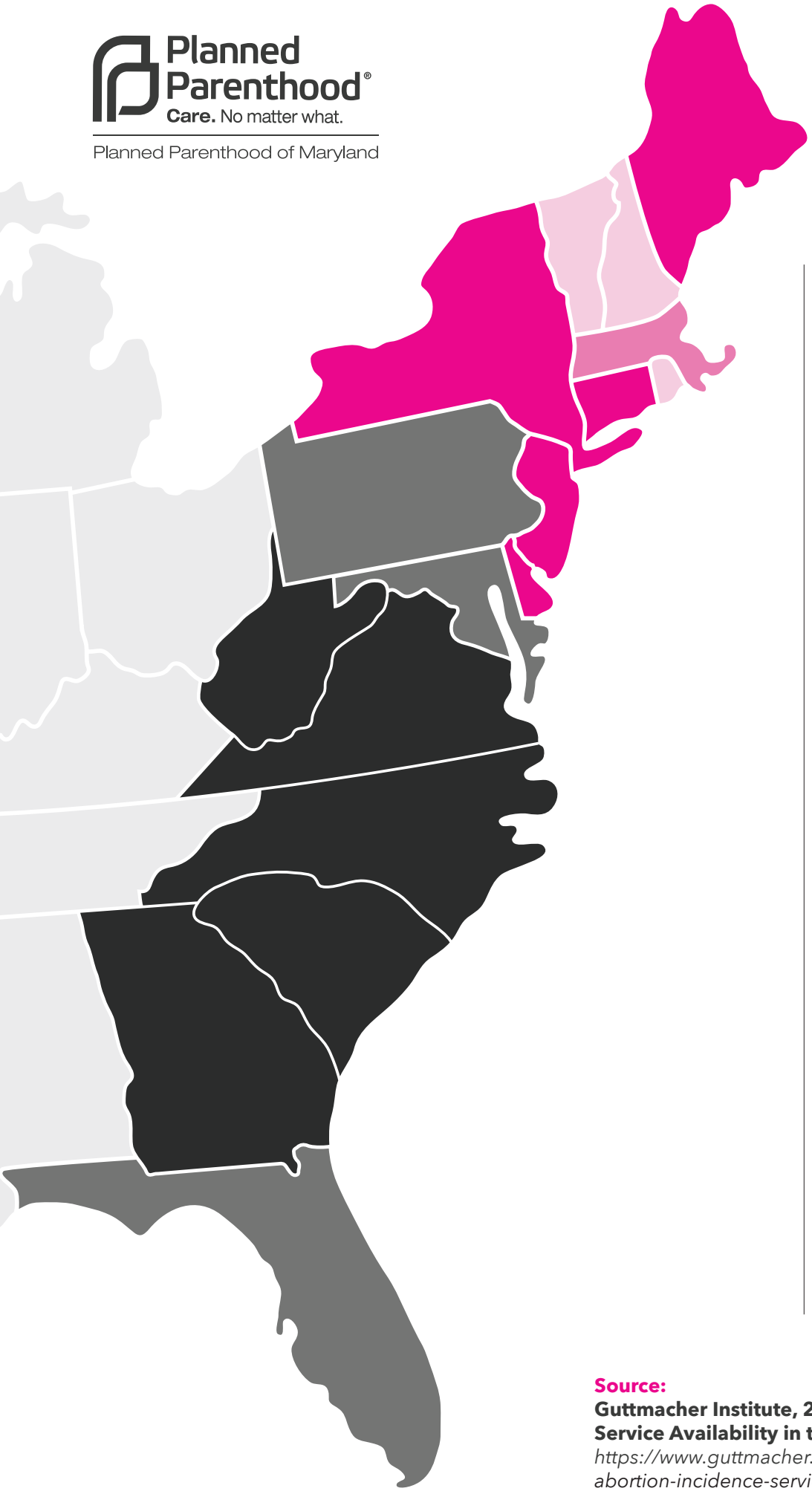

% of Counties Without Abortion Clinics

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

- **39**% or below
- **40-49**%
- **50-69**%
- **70-89**%
- **90**% or above

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

MARYLAND MEDICAL ASSISTANCE PROGRAM

CERTIFICATION FOR ABORTION

A COPY OF THIS FORM MUST BE ATTACHED TO ALL INVOICES FOR ABORTION SERVICES.

Please Print or Type

PATIENT'S NAME

PHYSICIAN COMPLETING FORM

PATIENT'S ADDRESS

PHYSICIAN'S MEDICAL ASSISTANCE PROVIDER NUMBER

PATIENT'S ADDRESS

PLACE OF SERVICE

PATIENT'S MEDICAL ASSISTANCE NUMBER

DATE OF SERVICE

PART I - Check one of the blocks if applicable and sign the certification.

☐ G. I certify that this abortion is necessary because the life of the mother would be endangered if the fetus were carried to term.

DATE

PHYSICIAN'S SIGNATURE

☐ I. Attached is a document submitted by an official of a law enforcement agency or public health service where the rape or incest was reported. The document includes the following information:

1. Name and address of victim;
2. Name and address of person making the report (if different from the victim);
3. Date of the rape or incest incident;
4. Date of the report (may not exceed 60 days after the incident);
5. Statement that the report was signed by the person making it;
6. Name and signature of person at law enforcement agency or public health service who took the rape or incest report.

DATE

PHYSICIAN'S SIGNATURE

PART II - You must check one of the following blocks and sign the certificate, unless you have checked "I" in Part I, above.

☐ R. I certify that this abortion is necessary because, based on my professional judgement, continuation of the pregnancy is likely to result in the death of the woman.

DATE

PHYSICIAN'S SIGNATURE

☐ S. I certify that, within a reasonable degree of medical certainty, based on my professional judgement, termination of pregnancy is medically necessary because there is substantial risk that continuation of the pregnancy could have a serious and adverse effect on the woman's present or future physical health.

DATE

PHYSICIAN'S SIGNATURE

☐ T. I certify that, in my professional judgement, there exists medical evidence that continuation of the pregnancy is creating a serious effect on the woman's present mental health and, if carried to term, there is substantial risk of a serious or long lasting effect on the woman's future mental health.

DATE

PHYSICIAN'S SIGNATURE

☐ V. I certify that, within a reasonable degree of medical certainty, based on my professional judgement, this abortion is necessary because the fetus is affected by genetic defect or serious deformity or abnormality.

DATE

PHYSICIAN'S SIGNATURE

☐ W. I certify that this procedure is necessary for a victim of rape, sexual offense, or incest, and the inciden has been reported to a law enforcement agency or to a public health or social agency.

DATE

PHYSICIAN'S SIGNATURE

DHMH 521 (9/80/25,000)

SB890_RepDavidTrone_FAV
Uploaded by: Sarah Roth
Position: FAV

DAVID TRONE
6TH DISTRICT, MARYLAND
APPROPRIATIONS COMMITTEE
VETERANS' AFFAIRS COMMITTEE
JOINT ECONOMIC COMMITTEE

UNITED STATES
HOUSE OF REPRESENTATIVES

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9801 WASHINGTONIAN BOULEVARD
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February 18, 2022

Senator Delores G. Kelley
Chair, Finance Committee
Miller Senate Office Building, 3 East Wing
11 Bladen St., Annapolis, MD 21401

Senator Brian J. Feldman
Vice Chair, Finance Committee
Miller Senate Office Building, 3 East Wing
11 Bladen St., Annapolis, MD 21401

Delegate Shane E. Pendergrass
Chair, Health & Government Operations
House Office Building, Room 241
6 Bladen St., Annapolis, MD 21401

Delegate Joseline A. Pena-Melnyk
Vice Chair, Health & Government Operations
House Office Building, Room 241
6 Bladen St., Annapolis, MD 21401

Dear Chair Kelley, Vice Chair Feldman, Chair Pendergrass, and Vice Chair Pena-Melnyk,

I write to you in support of Senate Bill 890 Abortion Care Access Act, House Bill 937 Abortion Care Access Act, and House Bill 952 Access to Abortion Care and Health Insurance Act. At a time when exercising the right to have an abortion is facing its greatest threat in half a century, we must take steps to protect the right to abortion care in the great state of Maryland.

These pieces of legislation will ensure that Maryland has enough abortion providers. Abortion care is a critical component of healthcare, and healthcare shouldn't be dependent on your zip code. Unfortunately, two-thirds of Maryland counties do not have abortion providers. Maryland is behind the curve - we must allow nurse practitioners, nurse-midwives, licensed midwives, and physician assistants to provide this critical care. We must also support clinical education in abortion care to increase the amount of providers in the field and reduce the stigma associated with abortion. Additionally, we have to ensure abortion care is covered like other essential healthcare services. No one should be prevented from receiving this care because of their insurance status.

In Congress, I am working with my colleagues to do my part to ensure abortion care is accessible and protected for all. I am an original cosponsor of H.R.3755, the Women's Health Protection Act, which

would prohibit government restrictions on abortion services, such as requiring unnecessary procedures and unwarranted provider credentialing. I am also an original cosponsor of H.R. 2234, the Equal Access to Abortion Coverage in Health Insurance (EACH) Act. This would require federally funded health insurance, including Medicaid, Tricare, and insurance for federal employees, to provide coverage for abortion services, essentially eliminating the Hyde Amendment, which has created unjust disparities in access to abortion. I also supported the House-passed FY22 funding bills, which - for the first time in decades - excluded the Hyde Amendment.

As I call on my colleagues in Congress to take action, I now call on my colleagues in the Maryland General Assembly to do their part. It is time for Maryland to take steps towards protecting this critical piece of healthcare. We must act now.

I fully support Senate Bill 890, House Bill 937, and House Bill 952, and urge the members of the Senate Finance Committee and the House Health & Government Operations Committee to give these bills all due consideration.

Sincerely,

David Trone
Member of Congress

SB 890_Abortion Access Acct.pdf
Uploaded by: Delores Kelley
Position: FWA

SENATOR DELORES G. KELLEY
Legislative District 10
Baltimore County

Chair
Finance Committee

Executive Nominations Committee
Rules Committee
Legislative Policy Committee

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

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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 overwhelming 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. <u>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.</u> 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.

SB0890-123025-01.pdf
Uploaded by: Delores Kelley
Position: FWA

SB0890/123025/1

AMENDMENTS PREPARED BY THE DEPT. OF LEGISLATIVE SERVICES

21 FEB 22
14:00:30

BY: Senator Kelley
(To be offered in the Finance Committee)

AMENDMENTS TO SENATE BILL 890
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in line 10, after "organizations;" insert "authorizing certain organizations to obtain from certain entities an exclusion from certain abortion care coverage and information requirements under certain circumstances;".

AMENDMENT NO. 2

On page 9, strike beginning with "**AN**" in line 19 down through "**(II)**" in line 21; in line 23, strike "**(III)**" and substitute "**(II)**"; and after line 27, insert:

"**(3) AN ORGANIZATION THAT IS ELIGIBLE TO OBTAIN AN EXCLUSION FROM THE COVERAGE REQUIREMENTS UNDER § 15–826 OF THIS SUBTITLE MAY OBTAIN FROM AN ENTITY SUBJECT TO THIS SECTION AN EXCLUSION FROM THE COVERAGE AND NOTICE REQUIREMENTS OF THIS SECTION IF THE REQUIREMENTS CONFLICT WITH THE ORGANIZATION'S BONA FIDE RELIGIOUS BELIEFS AND PRACTICES.**".

AMENDMENT NO. 3

On page 13, after line 12, insert:

"SECTION 5. AND BE IT FURTHER ENACTED, That this Act shall apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after January 1, 2023.";

and in line 13, strike "5." and substitute "6.".

SB0890-393720-01.pdf
Uploaded by: Delores Kelley
Position: FWA

SB0890/393720/1

AMENDMENTS PREPARED BY THE DEPT. OF LEGISLATIVE SERVICES

18 FEB 22
13:23:21

BY: Senator Kelley
(To be offered in the Finance Committee)

AMENDMENT TO SENATE BILL 890
(First Reading File Bill)

On page 4, in line 14, strike "**AND**"; in line 16, after "**REGULATIONS;**" insert "**AND**

C. FOCUS ON THE PROVISION OF CULTURALLY CONGRUENT CARE AND INCLUDE IMPLICIT BIAS TRAINING;".

On page 12, in lines 17 and 18, strike "for consideration for plan certification standards beginning in plan year 2024".

On page 13, in line 9, strike "2023" and substitute "2024".

Oppose SB0890 - CMonsour.pdf
Uploaded by: Catherine Monsour
Position: UNF

SB0890/ Abortion Care Access Act

Oppose

Catherine Monsour
3023 Palatine Dr.
Frederick, MD 21701

I am in opposition to this bill. Greatly Opposed!

Why are you calling it 'Abortion Care'? Let's call a spade a spade. There are two individuals involved and it is the death of one, and that is not 'Care'.

Why are we spending state money to destroy our states potential, its children?

This year the legislature seems overrun with bills pushing abortion. It is the deadliest form of 'health' care there is. Where is legislation to help avoid abortion? To make it easier for those who want to provide help?

Why are you proposing that non-doctors be allowed to provide abortion? And then sending money one this? How about spending this money on more pressing needs, like funding other types of health care personnel in general to alleviate the shortage we have in hospitals, etc… With Covid many cancer patients have gone without care due to shortages. Address this first, help the living, stop helping to kill the children.

MD SB 890 - Abortion Care Access Act.pdf
Uploaded by: Christina Francis
Position: UNF

AAPLOG

SB 890

Oppose

Christina Francis, MD

American Association of Prolife Obstetricians and Gynecologists (AAPLOG)

Thank you for the opportunity to submit testimony on behalf of the American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG), the largest nonsectarian professional medical organization representing prolife medical professionals, with more than 6,000 members, and for which I serve as the Chairman of the Board. I thank you for the chance to offer my expert analysis on the policies set for the in The Abortion Care Access Act (SB 890), a piece of legislation that, despite its name, would be devastating to women in communities across the state of Maryland for years to come.

Pregnancy is not a disease and abortion is not healthcare. Despite what proponents of the procedure may claim, elective abortion carries no maternal benefit and ends the life of a pre-born human being. As demonstrated by hundreds of studies and years of data collection, abortive procedures carry several deleterious effects for women, with a statistically greater impact on minority populations. The effects of abortive procedures are harmful to women throughout their lifespan, and are the catalyst for a myriad of fertility and health issues for women across demographics and social strata.

Abortion guarantees the ending of the life of one of our patients – and severely threatens the life and health of the other. Science is clear that a new, distinct, and living human being comes into existence at the moment of fertilization - thus I have two patients I'm caring for. Dr. Ward Kischer, the author of one of my medical school textbooks, said this: “Every human embryologist in the world knows that the life of the new individual human being begins at fertilization…It is a

scientific fact."[1] Abortive procedures are more than detrimental to the life of the pre-born child, though - they are also dangerous to the mother both in the short and long-term.

Abortion proponents often claim that women are dying because they can't readily access abortion and that by increasing access, we will lower maternal mortality rates. Extremely poor data collection on maternal deaths and their causes in the United States has led to claims that abortion is safer than childbirth.[2] These claims, like so many others from pro-abortion advocates, are based on inaccurate and poorly collected data.

One argument posed by those in favor of abortion expansion centers upon the need for increased access to abortion for minority communities. In taking a closer look at these claims, it is clear that this argument is not only disproven by science - it serves to further target minorities by creating even higher rates of elective abortion and will lead to greater rates of maternal mortality – something that is already unacceptably high in the US. It is noteworthy that there are significant differences in birth outcomes in Black women compared with non-Hispanic white women. The rates of natural losses are similar (16%), but 34% of pregnancies in black women end in induced abortion, compared to 11% for white women. [3]

Less than half of pregnancies in black women result in the birth of a live baby (48%). Induced abortion is 3.7 times more common in Black than in non-Hispanic white women, and Black women more commonly have later abortions (13%) compared with white women (9%). It is known that the risk of death from induced abortion increases by 38% for every week after eight weeks

[1] Kirscher, C. W. (2020, July 17). *When Does Human Life Begin? The Final Answer*. American Life League. https://www.all.org/learn/stem-cells/when-does-human-life-begin-the-final-answer/.

[2] Professional Ethics Committee of AAPLOG. (2019). *Induced Abortion & the Increased Risk of Maternal Mortality.* [Commitee Opinion]. American Association of Obstetricians & Gynecologists.https://aaplog.org/wp-content/uploads/2020/01/FINAL-CO-6-Induced-Abortion-Increased-Risks-of-Maternal-Mortality.pdf

[3] Ibid.

gestation.[4] It is possible that the higher rate of legal induced abortion may account for most of the racial disparity noted in pregnancy mortality. This data, especially in relation to abortion's effects on maternal mortality, unequivocally support banning elective abortions in the 2nd and 3rd trimester ("late term abortions").

When looking at countries where aggressive and transparent data collection is performed, a starkly different reality is presented. According to a 2016 study conducted in Finland, then published in the British Journal of Obstetrics and Gynecology, after termination of pregnancy (abortions), mortality rates were highest for all but medical causes. For example, the mortality rate for external causes was 8.1/100 000 among pregnant women and after pregnancies ending with delivery, whereas after termination of pregnancy, the mortality was sixfold higher (49.5/100 000). Importantly, for all pregnancy outcomes, in all age groups under 40, mortality rates were highest after termination of pregnancy.[5]

A study by Koch, et al, of maternal mortality data from 32 states in Mexico revealed that laws that restrict abortion do not lead to an increase in maternal mortality - a claim that is made by many who oppose state abortion restrictions. Koch's study showed that states with less permissive abortion legislation exhibited lower maternal mortality ratios (MMR) overall (38.3 vs 49.6; $p<0.001$), MMR with any abortive outcome (2.7 vs 3.7; $p<0.001$) and induced abortion mortality ratio (0.9 vs 1.7; $p<0.001$) than more permissive states.[6]

[4] Professional Ethics Committee of AAPLOG. (2019). *Induced Abortion & the Increased Risk of Maternal Mortality.* [Commitee Opinion]. American Association of Obstetricians & Gynecologists.https://aaplog.org/wp-content/uploads/2020/01/FINAL-CO-6-Induced-Abortion-Increased-Risks-of-Maternal-Mortality.pdf

[5] Karalis, E., Ulander, V. M., Tapper, A. M., & Gissler, M. (2017). Decreasing mortality during pregnancy and for a year after while mortality after termination of pregnancy remains high: a population-based register study of pregnancy-associated deaths in Finland 2001–2012. *BJOG: An International Journal of Obstetrics & Gynaecology*, *124*(7), 1115-1121.

[6] Koch E, Chireau M, Pliego F,et al. Abortion legislation, maternal healthcare, fertility, female literacy, sanitation, violence against women and maternal deaths: a natural experiment in 32 Mexican states.BMJ Open2015;5:e006013. doi:10.1136/bmjopen-2014-006013.

Geographically diverse countries - such as El Salvador, Chile, Poland, and Nicaragua - which prohibit abortion after having previously allowed it, have not seen their maternal mortality worsen. In fact, maternal mortality has improved. South Africa, on the other hand, has seen maternal mortality worsen after the legalization of abortion after its longstanding prohibition. [7]

The ramifications of abortions for women stretch beyond the short-term risks of the current pregnancy, and into later pregnancies through the rise of pre-term birth in women who have undergone abortive procedures. The Institute of Medicine has listed induced abortion as an *immutable* risk factor for preterm birth (PTB).[8]

This increased risk of preterm birth is especially impactful in the African American population which already has a 3-4x higher abortion rate and a 2x higher preterm birth rate than Caucasians.[9]

The abortion-PTB link has been proven by more than 160 studies over 50 years. This doesn't just impact the woman's future children, it also impacts her. Mothers who deliver preterm are at a higher risk of medical complications later in life, including cardiovascular disease and stroke.[10]

Non-Hispanic black race (compared with non-Hispanic white race) is a consistent risk factor for preterm birth and adverse pregnancy outcomes in the United States. The risk associated with race is significant; in a large systematic review of 30 studies, black women were found to have a 2-fold increased risk (95% CI: 1.8–2.2; pooled odds ratio) compared with whites.[11]

[7] Hogan MC, Foreman KJ, Naghavi M,et al. *Maternal mortality for 181 countries, 1980–2008: a systematic analysis of progress towards Millennium Development Goal 5.* Lancet 2010; 375: 1609–23
[8] Butler, A. S., & Behrman, R. E. (Eds.). (2007). *Preterm birth: causes, consequences, and prevention.* National Academies Press.
[9] Schaaf JM, Liem SM, Mol BW, Abu-Hanna A, Ravelli AC. *Ethnic and racial disparities in the risk of preterm birth: a systematic review and meta-analysis.* Am J Perinatol. 2013 Jun; 30(6):433-50.
[10] Manuck TA. *Racial and ethnic differences in preterm birth: A complex, multifactorial problem.* Semin Perinatol. 2017;41(8):511-518. doi:10.1053/j.semperi.2017.08.010
[11] Schaaf JM, Liem SM, Mol BW, Abu-Hanna A, Ravelli AC. *Ethnic and racial disparities in the risk of preterm birth: a systematic review and meta-analysis.* Am J Perinatol. 2013 Jun; 30(6):433-50.

Surgical abortions increase a woman's risk of preterm birth in future pregnancies by approximately 35% after one abortion and up to 90% after two abortions. Medication abortions that have to be completed surgically (up to 20% in some studies) increase a woman's risk of preterm birth by up to 300%.[12]

The National Academy of Science (NAS) report on abortion safety, which claimed no increased risk of preterm birth from induced abortion, chose only 5 studies to look at, despite the 160 statistically significant studies that show a link between induced abortion and preterm birth. Even by NAS's narrow inclusion criteria, 70 of these studies should have been included but weren't, and without explanation as to why.[13]

In addition to the physical ramifications of abortive procedures, there is also a direct relationship between abortions and mental health complications. As America battles its largest mental health pandemic to date, it is appalling that lawmakers would push legislation that further threatens the mental health of Americans.

From 1993 to 2018, there were 75 studies examining the abortion-mental health link, of which two-thirds showed an increased risk of mental health complications after abortion. The NAS report ignored the majority of these, choosing, instead, to review only 7 studies. 5 of these studies were derived from the same group of women - the Turnaway cohort. There are several well-known problems with the Turnaway cohort.

[12] Evidence Directing Pro-life Obstetricians & Gynecologists. (2019). *Abortion and Risks of Preterm Birth.* [Practice Bulletin]. American Association of Pro-life Obstetricians & Gynecologists. https://aaplog.org/wp-content/uploads/2019/12/FINAL-PRACTICE-BULLETIN-5-Abortion-Preterm-Birth.pdf

[13] National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Care Services; Board on Population Health and Public Health Practice; Committee on Reproductive Health Services: Assessing the Safety and Quality of Abortion Care in the U.S.. The Safety and Quality of Abortion Care in the United States. Washington (DC): National Academies Press (US); 2018 Mar 16. Available from: https://www.ncbi.nlm.nih.gov/books/NBK507236/ doi: 10.17226/24950.

First, the Turnaway studies were led by abortion activist Dr. Daniel Grossman, who has well-known extensive financial ties to the abortion industry. The cohort itself had poor participation rates and a high attrition rate - only 37% of women responded and an additional 44% dropped out - leaving a cohort of only 17% of those surveyed and increasing the risk of self-selection bias towards women less wounded by their abortions. The cohort also left out important demographic factors known to increase the risk of adverse mental health outcomes, such as gestational age at the time of abortion - a late term abortion is a significant risk factor for psychiatric distress after an abortion, supporting the calls for bans on abortions after the first trimester.[14]

If the 14 risk factors for adverse mental health outcomes determined by the American Psychological Association are applied to women seeking abortions, then the majority of women who abort are at risk for adverse mental health outcomes.[15]

The most comprehensive review of available literature by Coleman showed that 49/75 of the studies (65%) showed a positive correlation between abortion and adverse mental health outcomes. Abortion significantly increases the risk for depression, anxiety, substance abuse and suicidal ideation and behavior - even when compared to women with unintended pregnancies who carried to term.[16] The Finland study on maternal mortality showed an alarming 7x higher suicide rate after abortion when compared to giving birth - the mortality rate for suicides was 3.3/100 000 in ongoing pregnancies and pregnancies ending in birth while it was 21.8/100 000 after termination of pregnancy and 10.2/100 000 among non-pregnant women.[17]

14 Evidence Directing Pro-life Obstetricians & Gynecologists. (2019). *Abortion and Mental Health.* [Practice Bulletin]. American Association of Pro-Life Obstetricians & Gynecologists. https://aaplog.org/wp-content/uploads/2019/12/FINAL-Abortion-Mental-Health-PB7.pdf

[15] American Psychological Association, Task Force on Mental Health and Abortion. (2008). *Report of the Task Force on Mental Health and Abortion. Washington, DC: Author*. Retrieved from http://www.apa.org/pi/wpo/mental-health-abortion-report.pdf

[17] Karalis, E., Ulander, V. M., Tapper, A. M., & Gissler, M. (2017). Decreasing mortality during pregnancy and for a year after while mortality after termination of pregnancy remains high: a population-based register study of

[16] Evidence Directing Pro-life Obstetricians & Gynecologists. (2019). *Abortion and Mental Health.* [Practice Bulletin]. American Association of Pro-life Obstetricians & Gynecologists. https://aaplog.org/wp-content/uploads/2019/12/FINAL-Abortion-Mental-Health-PB7.pdf

There is consensus amongst most social science scholars that a minimum of 20-30% of post-abortive women suffer from serious, prolonged negative psychological consequences - yielding at least 260,000 new cases of mental health problems each year.[18] Given the current mental health crisis in the US, it is especially irresponsible for lawmakers to exacerbate the mental health pandemic by increasing access to procedures known to be harmful to patients regardless of race or social demographic.

Women seeking abortions deserve the same level of healthcare as any other woman. The cases of patient mistreatment, of physicians practicing outside of their area of expertise and of abandonment by abortion centers after the conclusion of the procedure is unacceptable, unethical, and irresponsible. The ramifications of these procedures are not felt by the providers of abortions, or by their clinics, but instead by the women undergoing the procedures who are left alone and in the dark as to how, when or where to seek treatment when complications unavoidably arise.[19]

A large component of this issue lies in the abortion industry, and medical organizations claiming to be working to provide the highest level of care for women in the United States. A glaring example of the politicization, and turning away from acceptable care can be found in the largest medical membership organizations in the United States for obstetricians and gynecologists, of which I was once a member.

pregnancy-associated deaths in Finland 2001–2012. *BJOG: An International Journal of Obstetrics & Gynaecology*, *124*(7), 1115-1121.

[19] Bri~~ef of Amicus Curiae American Association of P~~ro-Life Obstetricians and Gynecologists in Support of Rebekah Gee, Secretary, Louisiana Dept. of Health and Hospitals, Case Nos. 18-1323 & 18-1460. Accessible at: https://www.supremecourt.gov/DocketPDF/18/18-1323/126927/20191227154424488_AAPLOG%20Amicus%20Brief.pdf

[18] Evidence Directing Pro-life Obstetricians & Gynecologists. (2019). *Abortion and Mental Health.* [Practice Bulletin]. American Association of Pro-life Obstetricians & Gynecologists. https://aaplog.org/wp-content/uploads/2019/12/FINAL-Abortion-Mental-Health-PB7.pdf

While the American College of Obstetricians and Gynecologists (ACOG) claims to represent all OB/GYN's in the US and to be the standard setting organization for the practice of obstetrics, they have a clear double standard when it comes to abortion and they have never supported a single abortion restriction or safety regulation.[20]

The risks of abortion increase significantly the farther along in pregnancy a woman is, and so accurate assessment of her gestational age is crucial. In their Committee Opinion #815, titled "Increasing Access to Abortion", ACOG states that ultrasounds are "medically unnecessary" prior to abortions. [21] Yet, their own Committee Opinion on establishing due dates in pregnancy states that only approximately 50% of women will be able to accurately recall their last menstrual period - and a pregnancy without an ultrasound examination that confirms or revises the estimated due date before 7 weeks of gestational age should be considered sub-optimally dated.[22]

ACOG opposes mandatory waiting periods before abortions, and yet the data support that many women are either unsure of their decision or pressured into it.[23] A 2004 study that spoke with women who had undergone abortions in the US showed the importance of waiting periods, increased counseling and in person visits in order to screen for coercion[24]:

- 67% stated they received no counseling prior to their abortion
- Only 11% felt that the counseling they received prior to their abortion was adequate

[20] Ibid.

[21] Committee on Health Care for Underserved Women. (2020). *Increasing Access to Abortion.* [Committee Opinion]. American College of Obstetricians & Gynecologists. https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/12/increasing-access-to-abortion

[22] Committee on Obstetric Practice. (2017). *Methods for Estimating Due Date.* [Committee Opinion]. American College of Obstetricians & Gynecologists. https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2017/05/methods-for-estimating-the-due-date.pdf

[23] Committee on Health Care for Underserved Women. (2014). *Increasing Access to Abortion.* [Committee Opinion]. American College of Obstetricians & Gynecologists. https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/12/increasing-access-to-abortion

[24] Rue, V. M., Coleman, P. K., Rue, J. J., & Reardon, D. C. (2004). Induced abortion and traumatic stress: a preliminary comparison of American and Russian women. *Medical Science Monitor*, 10(10), SR5-SR16.

- Only 17% were counseled on alternatives
- 64% of women responded that they felt pressured to have the abortion
- 54% of women were unsure about their abortion decision at the time
- 30% of women who responded had health complications after their abortions
- 36% of women had suicidal ideations after their abortions and 54% felt bad about their decision
- 60% of women stated that they felt "part of me died"
- Only 4% claimed to feel more in control of their life after their abortion

As physicians, the right of conscience operates as the cornerstone of responsible practice. The right of physicians to choose rather or not to perform procedures based on not only our consciences, but also based on our best medical judgment, is pertinent to professional medical practice. As a physician that practices on the grounds of the Hippocratic Oath, I swore to protect all patients - and to not intentionally end the life of or harm my patients. Abortion is not a part of essential women's healthcare and physicians should not be forced to perform it.

The most recent survey of OB/GYN's in private practice indicates that only 7% perform abortions.[25] Abortion can't possibly be essential women's health care if more than 90% of women's health care specialties don't perform it. Furthermore, contrary to popular rhetoric from abortion activists, there is absolutely no need for abortions beyond viability - even to save the life of the mother.

In this case, we would just deliver the baby and care for both baby and mom. The sole intent of an abortion is to produce a dead fetus, not a live birth. A preterm (or even previable) delivery of

[25] Desai S, Jones RK, Castle K. Estimating abortion provision and abortion referrals among United States obstetrician-gynecologists in private practice. *Contraception*. 2018 Apr;97(4):297-302. doi: 10.1016/j.contraception.2017.11.004. Epub 2017 Nov 21. PMID: 29174883; PMCID: PMC5942890.

an intact fetus in order to save the life of the mother is not at all the same thing as intentionally ending the life of the fetal human being (often through the means of dismemberment).

Laws like the Abortion Care Access Act are not needed in order to allow physicians to save the life of the mother in the rare circumstances that this is needed. Establishing a right for all women to access abortions for any reason and at any time also necessarily requires that physicians and healthcare institutions provide abortions - which is in direct violation of federal conscience protections. We oppose any efforts that would force us to recommend or perform procedures that end the life of one of our patients and significantly harm the other.

Respectfully submitted,

Dr. Christina Francis
Chair of the Board
American Association of Prolife Obstetricians and Gynecologists (AAPLOG)

SB0890_Arlinghaus_unf.pdf
Uploaded by: Francis Arlinghaus
Position: UNF

SB0890

Oppose

Dr. Frank Arlinghaus

3010 Evergreen Way, Ellicott City MD 21042

I ask the members of the committee to oppose Senate Bill 890. It is an extreme bill that benefits abortion and the abortion industry at a time when we have much greater needs in other areas, and is fundamentally flawed.

The bill makes significant expenditures every year by establishing a training program for an industry that has no shortage of cash. Given the continuing and increasing shortage of other healthcare professionals like nurses, this seems to be a far less desirable use of the public's money. $3.5 million per year could be better spent elsewhere.

The bill also relaxes the physician requirement, expanding the number of potential providers in far too broad a way. If we are to believe abortion is health care,we need to treat abortion like we do other forms of health care. One aspect of this is to consider that the complications of either surgical or chemical abortion requires a properly trained physician, as a woman's life may depend on it. Mid-level practitioners may be able to handle routine cases, but when a complication occurs, the requirement of a physician suddenly becomes obvious.

The bill continues to make the mistake of allowing decisions on waiving parental notification to be made solely by one with a financial interest in the decision and (very unlike other health care scenarios) without consequences. Maryland's deliberate lack of record-keeping means we don't know how many abortions are done on minors without parental notification, nor do we know whether any abortion provider has turned a minor down or required parental notification.

The bill also forces insurance providers to cover abortion without a deductible or copayment. This is an unwarranted burden and interference in the insurance industry, not allowing the marketplace to support plans that either don't cover abortion or cover it as other health procedures, with a copay or deductible. It is a form of using the companies to supplement the

state budget with a tax hidden in insurance rates, borne by consumers who otherwise would be called taxpayers, many of whom don't seek insurance coverage for abortion.

From an individual insurance perspective, it fails to provide for the needs of individual consumers to purchase insurance that satisfies their conscience rights. Beyond this, it makes no distinction between early term abortions and late term abortions, expanding the category of those who would find the fully funded abortion provision objectionable. This is not merely a pedantic impractical distinction, for Maryland has an abortion clinic in Bethesda (CARE, medical director Leroy Carhart) that advertises third trimester elective abortions done up to 35 weeks,well past the 24 weeks often used as the marker for viability. Recent polls show that Americans are overwhelmingly against late term abortions such as these.

Requiring abortion coverage that is fully funded under any conditions with no deductible andno co-pay also places abortion into a special category different from common conditions that require daily monitoring and medication, such as diabetes.

I ask that you return an unfavorable report on Senate Bill 890 for the reasons outlined above.

Maryland Catholic Conference_UNFAV_SB890.pdf
Uploaded by: Jenny Kraska
Position: UNF

MARYLAND CATHOLIC CONFERENCE

ARCHDIOCESE OF BALTIMORE † ARCHDIOCESE OF WASHINGTON † DIOCESE OF WILMINGTON

February 23, 2022

Senate Bill 890

Abortion Care Access Act

Senate Finance Committee

Position: OPPOSE

The Maryland Catholic Conference represents the mutual public-policy interests of the three (arch)dioceses serving Maryland, including the Archdiocese of Baltimore, the Archdiocese of Washington, and the Diocese of Wilmington. We offer this testimony in opposition of Senate Bill 890.

SB 890 establishes the Abortion Clinical Care Training Program in the Maryland Department of Health and makes substantial changes regarding the requirements related to who my perform abortion is the State.

Given that abortion is ubiquitous in our state, Maryland women are not looking for abortion expansion, such as allowing non-physicians to perform abortions, as this legislation would do, but rather help with basic necessities they need to survive and thrive. National polling indicates that a majority of low-income women identify as prolife and 75% of Latinos and African Americans support abortion restrictions.

Offering abortion without providing alternatives is reproductive coercion. This type of bill rejects the self-determination ad bodily autonomy of women, especially low-income women, immigrants, and women of color. Our State should put more emphasis on providing quality prenatal health care to help women experience a healthy pregnancy. Maryland women want support to be able to achieve their dreams and raise their children. It is not more abortion that Maryland needs, but a clear understanding of the diverse demographic in our state and support and resources for growing families.

For these reasons, we urge an **UNFAVORABLE** report on Senate Bill 890.

10 FRANCIS STREET † ANNAPOLIS, MARYLAND 21401-1714
410.269.1155 • 301.261.1979 • FAX 410.269.1790 • WWW.MDCATHCON.ORG

SB 0890, Quinn (John), Unfavorable .pdf
Uploaded by: John Quinn
Position: UNF

Senate Bill 0890 - **Oppose**
Abortion Care Access Act

My name is John Quinn. I serve as the Business Operations Assistant with the DFLA Education Fund. As a resident of Maryland and a proud pro-life Democrat, I oppose Senate Bill 0890. As a Democrat, I value nonviolence and equality. This legislation advances neither of those values.

Without for a second denying the various financial, social, emotional, mental, and physical challenges of pregnancy, childbirth, and parenthood, we can question if abortion is a dignified and effective response to those challenges. Abortion deliberately ends the life of a preborn child and so abortion is properly understood as violence. Our system of government rightfully prohibits violence against our fellow human beings. Instead of diminishing the violence of abortion, this bill would augment it, and so must be opposed.

Furthermore, the violence of abortion fails to advance the equality of women in our society. If this legislation is passed, more preborn girls will lose their lives to abortion violence. Crucially, the aforementioned challenges that lead women to consider abortion will be left unaddressed. For example, the Maryland Department of Health currently prohibits grants to pregnancy centers which do not provide abortion but do provide pregnancy tests, ultrasounds, and other care and resources to mothers. The state of Maryland clearly communicates to its citizens that it will support them in terminating pregnancies, but will not lift a finger if they want to carry their child to term.

Our societal systems push women into abortion rather than providing robust investment in those women and their families. As this legislation furthers that harmful trend, I ask the Committee to table it.

John Quinn
4512 37th St.
Brentwood, MD 20722

Document 4 (1).pdf
Uploaded by: John Roswell
Position: UNF

John C. Roswell

6357 Old Washington

Elkridge, md 210075

2/22/2022

Ref: SB0890

Currently more than half of all Black babies are aborted and more Black people are therefore dying than are being born. This is genicide and what the eugenicist Margrete Sanger dreamed of when she boasted to the klue klux klan that she was going to get rid of black people. Should the state of Maryland be taking part in that genicide? I don't believe so!

Women have already been killed or severely injured in this state from abortions done by licensed OBGYNs, so why add to this carnage by letting less trained individuals to become involved in this practice.

Surveys have indicated that about 64 % of women that have an abortion have been pressured into it by family members or a boy friend.That is an abusive attack on the woman involved and the state encourages that abuse when it passes laws supporting abortion. I have frequently seen this type of abuse take place at planned parenthood in Baltimore. This type of abuse only adds to the suffering that many post abortive women feel for the rest of their lives.

Do you wonder why so much violence is occurring in our cities currently? When abortion is promoted, it is teaching that innocent life has no value. When life has no value it becomes endangered everywhere. If a mother can kill her child, what is there to keep children from killing each other?

Please do not vote for this bill or any other one promoting or funding abortion.

John C. Roswell

SB 0890, Quinn (Kathryn), Unfavorable.pdf
Uploaded by: Kathryn Quinn
Position: UNF

Senate Bill 0890 - **Oppose**
Abortion Care Access Act

My name is Dr. Kathryn Quinn. I work as an Emergency Medicine Physician and am a proud resident of Maryland.

I oppose this legislation because it is not an effective investment in Maryland's healthcare system. I can assure you these funds would be better invested in our emergency medicine and primary care systems. For example, the continued nationwide shortage of nurses is negatively impacting the care we are able to offer to our patients right now. Why not invest $3.5 million in the nursing education of Maryland residents? Our hospitals are doing everything they can to recruit and retain Maryland's excellent nurses, but we simply do not have enough money to return to pre-pandemic staffing levels on our own. If this $3.5 million could be re-routed towards nursing education, it could go a long way towards meeting our patients' stark healthcare needs.

I oppose abortion violence as a violation of the Hyppocratic oath and the sacred duty of the doctor to serve all her patients, both those born and preborn.These funds would go to train people in techniques that are disputed in the medical profession. Many physicians and citizens, myself included, do not consider abortion to be valid healthcare and do not want our hard-earned tax dollars subsidizing the abortion industry–which so frequently places abortion profits before the health of the women they should be serving.

These funds would be much better invested in pre-natal care for mothers and children rather than in abortion violence.

Thank you for reading my testimony.

Dr. Kathryn Quinn
4512 37th St.
Brentwood, MD 20722

SB 0980, Quinn (Kathryn), Unfavorable .pdf
Uploaded by: Kathryn Quinn
Position: UNF

Senate Bill 0890 - **Oppose**
Abortion Care Access Act

My name is Dr. Kathryn Quinn. I work as an Emergency Medicine Physician and am a proud resident of Maryland.

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Thank you for reading my testimony.

Dr. Kathryn Quinn
4512 37th St.
Brentwood, MD 20722

UNFAVORABLE.SB890.HB937.MDRTL.L.Bogley.pdf
Uploaded by: Laura Bogley
Position: UNF

Unfavorable
SB890/HB937 – Abortion Care Access Act
By Laura Bogley, JD
Director of Legislation, Maryland Right to Life

Abortion Access: Putting Profits Over Pregnant Patients

Maryland Right to Life (MDRTL) opposes SB890/HB937 Abortion Care Access Act. By enacting this bill, you would be putting abortion profits before patients. The bill commits additional public funding for abortion and diverts public funds from lifesaving alternatives to abortion including access to quality reproductive health care that includes the supervision of a *licensed medical physician*, as currently required under current Maryland law.

Bill Repeals Physician Requirement - One of the few health and safety protections for pregnant women in the Maryland Code is the legal requirement that only a licensed physician may perform abortions. But the abortion industry is asking the state to authorize them to put profits over pregnant patients and allow practically anyone to "perform" surgical abortions and "provide" dangerous chemical abortion pills.

We oppose introduction or passage of any bill that expands the 'scope of practice' of any health care provider or other worker without excluding abortion and abortion funding. Scope or independence of practice typically describes the procedures, actions, and processes that a health care practitioner is permitted to undertake in keeping with the terms of their professional license. This scope is often defined through bureaucratic process and health occupation boards with limited public input or reporting.

It has long been the strategy of the pro-abortion movement to use a broad definition of 'scope' of practice as a means of increasing the number of lower health care workers licensed to perform or provide abortion. Expanding the number of people who can provide abortion will increase the number of preborn children being killed and will put more women at risk of substandard medical care, injury and death.

9 out of 10 ob/gyn's refuse to commit abortions because they recognize the scientific fact that a human fetus is a living human being and they have sworn a Hippocratic Oath to first do no harm to patients. The abortion industry's solution is three-fold: (1) circumvent physician requirements in the law by authorizing lower-skilled health workers to perform or provide abortion; (2) authorize a wide variety of abortion providers to remotely prescribe and distribute abortion pills, including across state lines through interstate licensing agreements; AND (3) force taxpayers to fully fund abortion and to train and reimburse abortion providers to kill children.

"D-I-Y Abortion" Drugs - Reckless public health policies that authorize the unregulated proliferation of chemical abortion pills are brazenly removing abortion further outside the spectrum of "health care" as most women are now prescribed these lethal pills without the benefit of a physician's examination. Physicians now serve only a tangential role on paper, either as medical directors for clinics or as remote prescribers of abortion pills. These non-medical abortion providers will be eligible for Maryland Medicaid reimbursement as well as undisclosed gratuities from drug manufacturers.

The abortion industry itself has referred to the use of abortion pills as "Do-It-Yourself" abortions, claiming that the method is safe and easy. But chemical abortions are **4 (four) times more dangerous than surgical abortions**, presenting a high risk of hemorrhaging, infection, and even death. With the widespread distribution of chemical abortion pills, the demand on Emergency Room personnel to deal with abortion complications has increased 250%.

UNSAFE - The practice of abortion in America has become the **"red light district"** of medicine, populated by dangerous, substandard providers. With the proliferation of chemical abortion pills, the

abortion industry itself has exposed women to “back alley” style abortions, where they bleed alone without medical supervision or assistance.

UNENFORCED - The Maryland Department of Health has failed to ensure that existing abortion providers and facilities are complying with Maryland law. Women continue to be injured and killed in Maryland because of ineffective enforcement of existing abortion regulations. There are reports that unlicensed physicians continue to perform abortions in Maryland. The broad expansion of lower-skilled abortion providers, will create an enforcement nightmare for the Maryland Department of Health.

We must protect pregnant women in Maryland and other states by preserving the physician only requirement for all abortions (both surgical and chemical) and by making it clear that it is not within the scope or independence of practice of lower health care workers to provide or perform abortion.

First Amendment Conscience Rights - To ensure that the State of Maryland has a sufficient number of practicing medical professionals to meet the health needs of Maryland citizens, the legislature must not infringe on the Constitutional rights of Free Exercise of Religion and rights of Conscience of medical providers, and must ensure that conscience rights clauses are included in any legislation that attempts to expand or redefine the scope of practice.

NO PUBLIC FUNDING - Maryland is one of only 4 states that forces taxpayers to fund abortions. There is *bi-partisan unity* on prohibiting the use of taxpayer funding for abortion. 54% percent of those surveyed in a January 2022 Marist poll say they oppose taxpayer funding of abortion.

INVEST IN LIFE - 81% of Americans polled favor laws that protect both the lives of women and unborn children. Public funds should not be *diverted from* but *prioritized for* health and family planning services which have the objective of saving the lives of both mothers and children, including programs for improving maternal health and birth and delivery outcomes, well baby care, parenting classes, foster care reform and affordable adoption programs.

FUNDING RESTRICTIONS ARE CONSTITUTIONAL - The Supreme Court has held that the alleged constitutional “right” to an abortion “*implies no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds*.” When a challenge to the constitutionality of the Hyde Amendment reached the Supreme Court in 1980 in the case of *Harris v. McRae*, the Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that “*no other procedure involves the purposeful termination of a potential life*” -- and affirmed that *Roe v. Wade* had created a limitation on government, not a government funding entitlement.

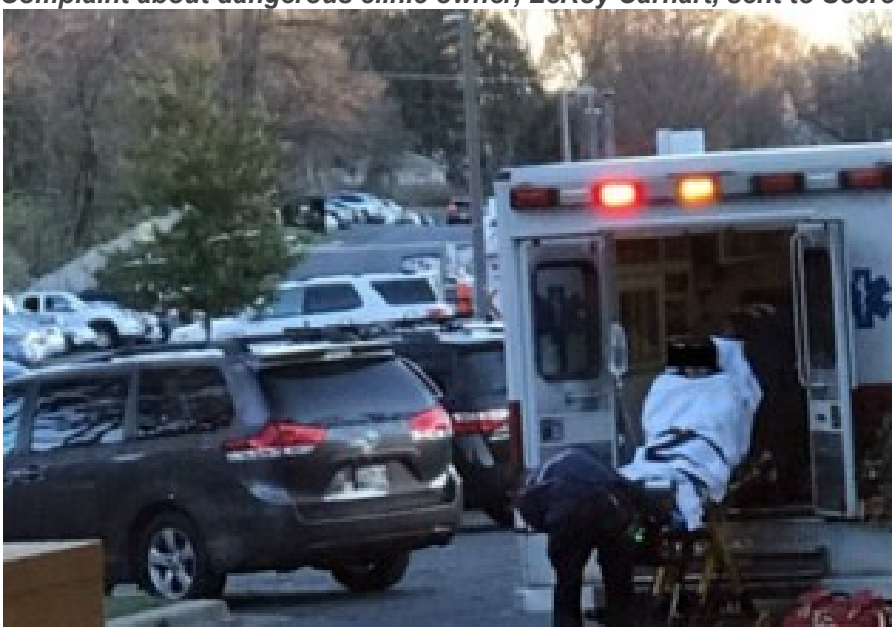
ABORTION IS NOT HEALTH CARE – Pregnancy is not a disease and abortion kills, not cures. The fact that 85% of OB-GYNs in a representative national survey will not participate in abortions is glaring evidence that abortion is not an essential part of women’s healthcare. Abortion is never medically necessary and poses risks to women’s physical and emotional health as well as to the health of future pregnancies. Women have better options for family planning and well woman care. For each Planned Parenthood in Maryland, there are 14 federally qualifying health centers and 4 pro-life pregnancy centers providing FREE services for women. The Maryland Department of Health must give women real CHOICE and protect women from abortion coercion, by providing information about and referrals to lifesaving alternatives to abortion.

For these reasons, we respectfully urge you to vote against this bill and any other measures to allocate public funds to abortion providers, services, education, training or promotion. We appeal to you to prioritize the state’s interest in human life and restore to all people, born and preborn, our natural and Constitutional rights to life, liberty, freedom of speech and religion.

Whistleblower: 2 Women Suffered Gruesome Injuries, Retained Baby Parts, Emergency Surgery after Late-Term Abortions in Maryland

June 18, 2020 By Operation Rescue 18 Comments

Complaint about dangerous clinic owner, LeRoy Carhart, sent to Secretary of HHS



By Cheryl Sullenger

Two women within nine days suffered life-threatening injuries that required emergency surgery and hospitalization after both received abortions at 25 weeks of pregnancy at a notorious late-term abortion facility in Bethesda, Maryland.

Owned and operated by nationally-known late-term abortionist LeRoy Carhart, the Bethesda facility is one of a handful of clinics that openly conduct abortions throughout all nine months of pregnancy. Formerly known as Abortion Clinics.org, it was recently renamed CARE, an irony-filled acronym for Clinics for Abortion and Reproductive Excellence.

A source familiar with the incidents came forward to blow the whistle on Carhart after witnessing the horrific injuries inflicted on the women and their unborn babies as the result of abortions conducted on May 12 and 21, 2020. The identity of the whistleblower will remain anonymous.

Operation Rescue obtained Incident Reports from the Montgomery County Maryland Fire and Rescue Service for both emergencies that verified ambulances were in fact summoned to provide emergency care at Carhart's clinic. Both women were transported to Shady Grove Adventist Hospital in Rockville, Maryland. Carhart holds no hospital privileges there or anywhere else in the U.S.

Both women had traveled to the Bethesda abortion facility from out of state, most likely due to the fact their pregnancies were entering the third trimester and their babies were considered viable. Most states limit third-trimester abortions. Eight states, including Maryland, have no gestational limits on abortions. "We have filed several complaints against Carhart in the past for injuring or killing women during abortions, but every complaint has been dismissed without action. It has become obvious political corruption is at work in Maryland and that Carhart is politically protected," said Troy Newman, President of Operation Rescue. "That is why we have decided to turn to the U.S. Department of Health and Human Services to see if the Federal side will take a greater interest in protecting women and their babies than the State of Maryland has." [See list of Maryland complaints.]

A letter has been sent to Secretary of Health and Human Services Alex Azar, seeking an investigation into 22 known serious injuries and one patient death at Carhart's two abortion facilities in Maryland and Bellevue, Nebraska, since 2012. Jennifer Morbelli, 29, died on February 7, 2013, after a mishandled 33-week Carhart abortion. The Maryland Board of Physicians failed to take disciplinary action in Morbelli's case as well as the ~~other seven complaints~~ filed against him.

Carhart was also involved in the abortion-related death of Christin Gilbert, 19, who died from complications to a 29-week botched abortion on January 13, 2005, while he was conducting late-term abortions in Wichita, Kansas – another tragedy that went without justice.

Operation Rescue spoke directly to the whistleblower about the most two most recent incidents in May. The descriptions of the horrific injuries are not for the faint of heart.

May 12, 2020
According to the Incident Report, on May 12, 2020, at 3:50 p.m. a 911 call requested an ambulance at 10401 Old Georgetown Road in Bethesda, the location of Carhart's abortion facility. An ambulance that was equipped to provide advanced life support (ALS) was dispatched along with a second unit in support.

The patient, was examined, given care, and transported to Shady Grove Adventist Hospital.
Once at the emergency room, the woman was evaluated and found to be in critical condition as the result of a serious complications to a Dilation & Evacuation dismemberment abortion at 25 weeks gestation.
She was bleeding heavily from a ruptured uterus and other internal injuries, in shock, and on the verge of unconsciousness, according to the whistleblower. She was also feverish – hot to the touch – and showing signs of sepsis.

Within minutes, the patient was rushed into the operating room for emergency surgery. Once her belly was opened, it was determined that her internal injuries were so severe that a call was made for a general surgeon.

The whistleblower described it as "the most horrific thing I have ever seen."
There was an enormous amount of blood due to a "huge" tear in the uterus and "mangled" tissue that was once a bowel. The woman required a transfusion of multiple units of blood.
Parts of the baby had been left inside, some of which had been shoved through the uterine tear and high into the abdominal cavity, including a severed leg that was intact from the hip down.

Because the surgeon was unable to completely repair the massive damage, so the woman's bowel was resected and she was given a colostomy that included an external bag. After the surgeon did as much for the patient as was possible at that time, the woman was sent to the Intensive Care Unit where she remained intubated for two days before being transferred to a standard room. She remained in the hospital and was discharged on the morning of May 21 — nine days after her near-fatal injuries.
According to the whistleblower, those involved in treating the woman were so upset by what they saw that the surgeon witnessed the need to send out an e-mail to the hospital staff acknowledging their trauma while caring for this woman.

May 21, 2020
According to the second Incident Report, an ambulance was once again called to Carhart's CARE abortion facility in Bethesda on May 21, 2020, at 1:05 p.m. for a woman suffering a botched abortion procedure.

An ambulance equipped for basic life support (BLS) arrived, examined and provided treatment, then transported her to Shady Grove Adventist Hospital.
The whistleblower indicated that Carhart had called ahead to notify the emergency room that he was sending another patient over with a perforated uterus.

This emergency was very similar to the previous one from May 12, but according to the whistleblower, it was actually much worse. The woman arrived in "very critical" condition due to injuries received during a Dilation and Evacuation abortion done at 25 weeks of pregnancy.

Again, a surgeon was called and this time the hemorrhaging was so severe that a hysterectomy was required, ending the woman's ability to ever bear another child.
The woman required four units of blood "just to keep her alive."
The perforation at the back of the uterus was described as the size of a hand spread out, or about 8-9 inches.

Unlike the last patient, the bowel for this woman was intact, but suction marks on the outside of the bowel were observed.
The body of a 25-week baby had been shoved through the huge rip in the womb and into the abdominal cavity. The baby was intact except for a missing arm and part of the spinal column. Its head was still attached, but only by a strip of flesh.

The whistleblower indicated that it was quite upsetting to see a nearly complete fetus pushed inside the abdominal cavity, and wondered about the force it took to shove the baby's body that far into the mother's abdomen.

The abortionist
Carhart has had several people rotating in and out of his Bethesda facility conducting abortions, sometimes for training purposes. Due to advancing age and health issues, it has been thought that Carhart had cut back on the number of abortions that he was personally doing.
When asked specifically who actually conducted the abortions, the whistleblower remarked that not only was no abortionist on record, but it was almost like no one really wanted to say what office the women had been brought in from. However, the whistleblower did verify that Carhart was the one who personally called the hospital to alert staff to the arrive of the woman on May 21. The Montgomery County Incident reports verify that the women were transported from the location of Carhart's Bethesda abortion facility.

Seeking accountability
"The gruesome nature of these abortion injuries and the emotional impact they had on hospital staff is enough for us to demand that Carhart be held responsible for the human misery he has inflicted on those who have suffered from what can only be described as incompetence," said Newman. "We await word from the HHS on our letter of complaint, and are considering the next steps, because this kind of thing cannot be covered up or tolerated anymore."

Note: *The names of the whistleblower and all involved parties have been withheld. Operation Rescue has encouraged the whistleblower to file state complaints regarding these abortion-related injuries. Further legal action is being considered.*

Below is a listing of known emergencies at Carhart facilities in Maryland and Nebraska since 2012, with links to reports and documentation.

Abortion-Related Injuries and Death – Carhart 2012-2020 by Cheryl Sullenger on Scribd

SB 890 oral testimony.pdf
Uploaded by: Maria Hayden
Position: UNF

SB 0890 Wednesday February 23, 2022

Maria Hayden Oppose

I'm a vascular access board certified registered nurse. I oppose SB 890 because allowing nonphysicians to perform abortions demeans and imperils women.

Abortions are already risky. Severe injury and death can occur from hemorrhaging and infection. 1 in 50 surgical abortions require additional surgery to manage complications. Many Maryland abortions are beyond the first trimester which increases risk.

Medical boards recommend that in addition to the normal 12 years of training, doctors should get an additional 2-year subspecialty to do abortions past the first trimester. But instead of increasing safety, this bill trivializes abortion by proposing that any licensed person with "altered" training can perform a high-risk procedure. They'd be working at substandard clinics far from hospitals with no admitting privileges.

As a nurse I know that changing our scope of practice is a serious matter. It carries with it enormous responsibility and liability and is not done without grave reason. Abortion itself is never an emergency because there's no disease to treat. Women are not harmed by waiting or traveling to an accredited doctor and facility. Reducing standards for practitioners is an unnecessary and unacceptable risk.

So why this bill? Because the number of abortionists is dwindling, and it would ensure revenue for the abortion industry. Mainstream doctors don't want to do them. Only the dregs of the medical profession become abortionists. It's a dirty, gruesome, bloody business. And it doesn't heal anyone. This bill prevents release of the names of providers: not an upstanding industry if it has to hide its practitioners.

Allowing nonphysicians to do abortions defies logic for those who say they care about women. It clearly tells women of Maryland that their health can be sacrificed for profit.

Thank you.

Maria Hayden BSN RN VA-BC

Ellicott City, MD

References:

FINAL-Policy-Statement-Non-Physician-Abortion-Providers.pdf (aaplog.org)

Siege - Prolife Field Manual 23 September 2015 Mark Crutcher

California study justifying non-physician abortion law debunked (liveaction.org)

SB 890_nancypaltell_unfavorable.pdf
Uploaded by: Nancy Paltell
Position: UNF

Testimony in Opposition to Senate Bill 890, "Abortion Care Access Act"
Nancy E. Paltell, Ph.D., North Beach, MD

UNFAVORABLE

As a citizen of Maryland, I urge members of the Finance Committee and the Budget and Taxation Committee to reject SB 890.

Please do not endanger women by allowing non-physicians to perform abortion surgery.

In 2011, members of the Senate Finance Committee heard several hours of testimony about the numerous women and girls who had been killed or injured during abortions in Maryland. Particularly heartbreaking was the testimony of a Baltimore grandmother who was raising her grandson because his mother, her daughter, died in a Maryland abortion clinic. As a result of this hearing, many stakeholders collaborated with the Office of Health Care Quality to draft regulations to make the previously-unregulated clinics safer for women.

The horrific injuries and deaths that women sustained all occurred at the hands of physicians. To allow non-physicians to perform this type of invasive surgery would expose even more women to the threat of severe injury and death and should be rejected.

Please invest in the future of courageous women who are furthering their education.

Pregnant and parenting high school and college students deserve the support of the community, especially when they choose to carry a pregnancy to term and raise the baby while staying in school. Our society should do more to support their choice to give life to their child. Instead of earmarking money for abortion training, this legislature should invest in women's futures by making it easier for them to stay in school.

A grant program to colleges to enable them to provide safe, clean lactation rooms would benefit nursing mothers. Just as important would be funding for colleges and high schools to provide on-site daycare for students with infants. Three and a half million dollars annually would help many women continue their education by addressing their needs as pregnant or parenting students, needs that are often ignored.

Through the state Medicaid program, Maryland taxpayers already pay several million dollars each year to abort approximately 4,000 healthy babies. Instead of spending more money on abortion, it's time to start supporting the choice of courageous women who choose to continue their education throughout a pregnancy and while parenting an infant.

Women deserve better than abortion. I urge an unfavorable report on SB 890.

Oppose SB0890 - NMonsour.pdf
Uploaded by: Nash Monsour
Position: UNF

SB0890/ Abortion Care Access Act

Oppose

Nash Monsour
3023 Palatine Dr.
Frederick, MD 21701

I oppose this bill.

Abortion car is not care at all since it kills a preborn human being.

Why are we spending state money to destroy our children? We need to stop killing children through abortion and fund help for poor pregnant woman.

Why are you proposing that non-doctors be allowed to provide abortion? And then sending money one this? How about spending this money on more pressing needs, like funding other types of health care personnel in general to alleviate the shortage we have in hospitals, etc. With Covid many cancer patients have gone without care.

Abortion Access oppose SB890.pdf
Uploaded by: Pamela Palumbo
Position: UNF

Pamela Palumbo
91 Scotts Cove Rd
Edgewater, MD 21037
Unfavorable SB890

I respectfully request that you oppose SB890 the Abortion Care Access Act as well as oppose introduction or passage of any bill expanding the 'scope of practice' of any health care provider without excluding abortion and abortion funding.

It has long been the strategy of the Abortion supporters and providers to continue to work towards broadening the definition of the 'scope' of practice to enable them to further increase the number of lower and lower level health care providers licensed to provide abortion services. Expanding 'who' can perform surgical abortions and provide medical abortions is purely to increase the number of abortions done on teen and adult women and putting even more women at risk of substandard medical care, injury and death.

One of the few protections in the Maryland Code is the legal requirement that only a licensed physician may perform abortions. However, we have to look no further then minutes away, just down the road to Washington DC to witness repeated and horrific injuries to women where Nurse Practitioners are permitted to perform and provide surgical and medical abortions.

I site for you the 4 most recent cases of appalling abortion injuries to 4 women in just a 12-18 month period ending June 2019.[1] These abortions began at Capital Women's Services in Washington DC, but ended in Maryland. They were performed by Nurse Practitioner Khalilah Q Jefferson, an African American female Nurse Practioner who received her degree from Coppin State University in Maryland. Patient Markeisha Hemsley suffered an incomplete abortion with uterine perforation, lacerations of her cervix and other internal injuries. Nurse Practitioner Khalilah Jefferson not only transferred her, not to a hospital, but against her will to a medical office in Maryland, as well as Nurse Practitioner Jefferson herself impersonated Helmsley's mother while calling 911. Capital Women's' Services may be familiar to you as its connected to abortionist Steven Brigham who operated the late term abortion facility in Elkton MD where police found the babies bodies from 30 late term abortion

Medstar Washington Hospital center employee Pam Lotke herself reported the injuries as she was concerned about patient care standards for the abortions. Also reported was an abortion by Nurse Practitioner Cathy Chapman. Lotke wrote "While I understand that complications happen with any procedures (sic), the severity and frequency of these complications is disturbing. This has prompted me to reach out to the department of health. By report, the patients have only mentioned nurse practitioners in their care, no physician."

Yet the abortion industry disregards standards of care where abortion and profits meet and choose cheaper cost of lower level medical care over women'safety in performing surgical abortions and dispensing abortion pills. They are asking YOU, our legislators to do the same.

9 out of 10 ob/gyn's refuse to commit abortions – shouldn't that give you pause to ask WHY? If the medical field of OB/GYN who are qualified to perform abortions are refusing, how do the public and elected officials become qualified to circumvent this to find 'someone- really just anyone' to perform and provide them and then force every resident of Maryland to fund it?

The increasing unregulated proliferation of chemical abortion pills are taking abortion further outside the spectrum of "health care" as most women are now prescribed these pills without the benefit of a physician's examination. Women are merely handed two pills over the counter by whom ever is there and then charged the SAME as for a surgical abortion.[2] Those of you who understand business and ROI (Return on Investment) can clearly see the VAST increase in profitability and reason for constant pushing to increase medical abortions rates. Then on top of it, those same abortionists submit to Maryland Medicaid reimbursement for $390 regardless if it is a medical or surgical abortion.

I can speak first hand to the proliferation of chemical abortion pills, the abortion industry itself has exposed women to "back alley" style abortions, where they bleed alone without medical supervision or assistance. The calls, emails and texts coming into our Pregnancy Clinic offices continue to increase as women walk into an abortion clinic for a pregnancy test and walk out having been handed an abortion pill to swallow and one more to take at home. It is no surprise to us the skyrocketing numbers of women calling us having changed their minds and realizing they were sold a 'bill of goods' in the abortion they never even had time to consider. I challenge you to study the increase in Emergency Room visits by women hemorrhaging alone at home.

I strongly urge you to protect pregnant women in Maryland by preserving the physician only requirement for all abortions (both surgical and chemical) and by making it clear that it is not within the scope or independence of practice of lower health care professionals to provide or perform abortion. Please vote against HB937/SB890 Abortion Care Access Act and HB952/ Access to Abortion Care and Health Insurance Act.

1. https://www.lifenews.com/2022/02/01/abortion-clinic-faces-subpoenas-after-hospital-reported-horrific-injuries-to-women-from-botched-abortions/

2. https://www.plannedparenthood.org/health-center/maryland/baltimore/21201/baltimore-city-health-center-3292-90620/abortion

Oppose HB0937 - SB0890.pdf
Uploaded by: Robert Boehman
Position: UNF

SB890 Abortion Care Access Act and HB952 Access to Abortion Care and Health Insurance Act.

OPPOSE

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Maryland taxpayers would pay $3.5 million annually to train more abortionist. I am opposed to taxes being used to fund abortions.

Similarly, I ask that you oppose introduction or passage of any bill expanding the 'scope of practice' of any health care provider without excluding abortion and abortion funding. Scope or independence of practice typically describes the procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license.

Expanding the number of people who can provide abortion will increase the number of preborn children being killed and will put more women at risk of **substandard medical care, injury, and death.**

SB 890 Abortion Care Access Act February 23,2022 U
Uploaded by: S. Wharam
Position: UNF

Maryland Legislative Lobby for Life Inc.

SB 890 Abortion Care Access Act Unfavorable

Finance and Budget and Taxation Committees

Wednesday, February 23, 2022

Good Afternoon, this is testimony from Maryland Legislative Lobby for Life, Inc. in opposition to SB 890, the Abortion Care Access Act, its Abortion Clinical Care Training Program, its Abortion Care Clinical Training Program Fund and its provision of free insurance for abortion.

Senate Bill 890 will use $3.5 million dollars of public money from Maryland citizens every year for the Maryland Department of Health to train people to kill unborn children (page 3, lines 5-6). Facilitating the killing of the next generation of Marylanders is a completely inappropriate role for the state's Department of Health to be involved with.

We oppose abortion. But beyond us, using tax money for abortion is a policy that the majority of Marylanders have always opposed even those who think it is fine when one uses one's own money. More outrageous in this bill is that the Maryland Department of Health will use taxpayer's money to train workers for a private industry that kills the youngest Marylanders.

Regarding the bill's "coordinating organization" (page 1, lines 27-28), the bill is tailor made for the controversial group, Planned Parenthood. As a non-profit group (page 3-line 21) with a history of training doctors[1.] (page 3, lines 17-20) Planned Parenthood is the most obvious coordinating organization to run the $3.5 million dollar per year program (page 5 line 6). Since it has to pick two sites to do the training (page 4-lines 2-4), that would certainly fund and staff its Baltimore and Annapolis abortion clinics.

These clinics are links in the country's biggest abortion clinic chain. We object to giving state money to them and most people who know how they locate their clinics in minority neighborhoods, where they abort the babies of minority girls and women who have often learned about Planned Parenthood when the group was invited into in their high school classrooms to give their, "Your mother will never find out about it" sales pitch[2.], also object to giving state money to them.

SB 890 furthers the message of secrecy from parents on page 8, lines 1-3 where parental notification is destroyed by allowing a simple note in the chart that notification was attempted with no paper trail of notification anywhere. These practices take advantage of the young and are looked upon by some as a form of genocide [2]. Should Maryland support such activities?

No matter who the coordinating organization is, the bill's training program is supposed to expand the number of those in the state who will be performing abortions.

SB 890 is silent on who gives the trainees the authorization to perform abortions? The General Assembly, the Department of Health? The Boards of the different specialties? The coordinating organization? How will trainees be tested for competency? Who will do that testing?

The definition of "qualified provider" is unclear (page 6, line 31 and page 7 lines 1-6). In addition to known specialties such as "a physician, nurse-practitioner, nurse-midwife, licensed certified midwife, physician assistant, the bill adds: "**any other individual** who is **licensed**, **certified,** or **otherwise authorized** by law **to practice** in the state". (page 7, lines 3 and 4)

Who is this **"any other individual** who is **licensed, certified,** or **otherwise authorized** by law **to practice** in the state" Practice what? Opticians, Nursing Assistants, Nutrition Specialists are certified by law to practice in the state. Dietitian-nutritionists are licensed by law to practice in the state as are many others. What does this mean? Who is the bill saying will be trained to perform abortions?

Adding the next two lines about performance of abortion being within the scope of the individual's license or certification adds nothing to our understanding of what the bill means since no one named except the medical doctors have that scope in their licenses currently. (Page 7, lines 4 and 5)

Does anyone think that this training will be sufficient to allow non-doctors to perform abortions?

The 2020 opinion of the Attorney General was that, the performance of abortions in Maryland is limited to physicians. There is a good reason for this.

Handling the complications of abortion: lacerated cervixes, perforated uteruses, hemorrhages, takes a type of training in surgery that is not within the training of the other specialties named in the bill and no doubt not in the training of those practicing something or other (what?) with a "certificate". When one is dealing with a hemorrhaging woman it's not enough to know how to dial 911.

The insurance coverage in SB 890, is dream come true for the abortion industry. The bill mandates that for certain insurers who provide labor and delivery, all costs of abortion, the most expensive and dangerous method of birth control, must be free to the patient (page 9, lines 28-30 and on page 10, lines 1-2) and the state mandates that certain adults age 18-40 (page 10, lines 30-31) who meet certain poverty guidelines will get a subsidy that covers 100% of the cost of the insurance premium (page 11, lines 8-11). This might be fine in certain circumstances except that in combination with free abortion it seems a program for eliminating the children of the poor.[3.]

The icing on the cake for an abortionist is that the state is mandating the insurance company to publicize this program to its consumers (page 10, lines 6 and 7) which is free advertising for the abortionists in the state.

Anyone can have grave questions about SB 890 because of its vagueness on who will be performing abortions on the young women of our state, the danger to girls and women of guiding them to use free abortion as a method of birth control, the affront to the people of Maryland of using multi-millions of their hard earned tax dollars to prop up a business which encourages minority girls and women to kill their own children and then gets paid a "storage fee" for providing the body parts of those children to researchers, the insertion of pro- abortion sections into an insurance program which was designed to help those who have autoimmune diseases as a result of infections or who need dental care (page 6-lines 11-26) or are poor[3.] .

We urge the committee to give an unfavorable report to this bill.

Thank you,
Sheila Wharam, Secretary
MLLL, Inc.

1. Planned Parenthood has been involved for decades in abortion training but with MD's or medical students. https://www.nytimes.com › 1993 › 06 › 19 › nyregion › planned-parenthood-of-new-york-begins-abortion-training.html

2. This was a message I heard in public school classrooms when I was invited in to balance pro-abortion speakers. SW.

3. For example:

Planned Parenthood - BlackGenocide.org
www.blackgenocide.org › planned.html
Planned Parenthood is the largest abortion provider in America. 78% of their clinics are in minority communities. Blacks make up 12% of the population, but 35% of the abortions in America. Are we being targeted? Isn't that **genocide**?

4. The attitude toward the poor and the ill of Margaret Sanger, the founder of The American Birth Control League later called Planned Parenthood's -Not Maryland's attitude we hope.

"The third group [of society] are those irresponsible and reckless ones having little regard for the consequences of their acts, or whose religious scruples prevent their exercising control over their numbers. Many of this group are diseased, feeble-minded, and **are of the pauper element** dependent upon the normal and fit members of society for their support. **There is no doubt in the minds of all thinking people that the procreation of this group should be stopped".**

- Speech quoted in "Birth Control: What It Is, How It Works, What It Will Do." The Proceedings of the *First American Birth Control Conference.* Held at the Hotel Plaza, New York City, November 11-12, **1921**. Published by the Birth Control Review, Gothic Press, pages 172 and 174.