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## Working to end sexual violence in Maryland

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### **Testimony Supporting House Bill 952** **Lisae C. Jordan, Executive Director & Counsel** February 22, 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 Health & Government Operations Committee to issue a favorable report on House Bill 952.

#### **House Bill 952 – Abortion Care Access – Health Insurance**

This bill will ensure that all women have access to abortion care by codifying provisions mandating 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. House Bill 952 will eliminate these disrespectful provisions and replace them with supportive policies that help survivors.

#### **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, half terminated the pregnancy.

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.

**The Maryland Coalition Against Sexual Assault urges the  
Health & Government Operations Committee to  
report favorably on House Bill 952**

