

Chair Shane E. Pendergrass
House Office Building
6 Bladen St.
Annapolis, MD 21401

Dear Honorable Chair Pendergrass:

I am writing to support HB952, the Access to Abortion Care and Health Insurance 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,

A handwritten signature in black ink, appearing to be 'SJR', followed by a long horizontal line extending to the right.

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