

ARIANA KELLY  
Legislative District 16  
Montgomery County

DEPUTY MAJORITY WHIP

Health and Government  
Operations Committee

*Subcommittees*

Chair, Health Occupations  
and Long Term Care

Insurance and Pharmaceuticals

House Chair, Joint Committee on  
Children, Youth, and Families



The Maryland House of Delegates  
6 Bladen Street, Room 425  
Annapolis, Maryland 21401  
410-841-3642 · 301-858-3642  
800-492-7122 Ext. 3642  
Fax 410-841-3026 · 301-858-3026  
Ariana.Kelly@house.state.md.us

THE MARYLAND HOUSE OF DELEGATES  
ANNAPOLIS, MARYLAND 21401

**HB 937- The Abortion Care Access Act of 2022**  
**HB 952- Abortion Care Access to Insurance Act**

**February 22, 2022**

Madam Chair, Madam Vice Chair and Members of the Committee,

Thank you for allowing me to present the Abortion Care Access Act of 2022.

There are two parts to this bill. HB 937 addresses provider availability and HB 952 addresses affordability. I will discuss them together.

In 1991 this body passed legislation codifying the protections of Roe vs. Wade in Maryland law, while still ensuring institutions and individuals with religious objections have appropriate protections. Nothing in this legislation changes those existing religious protections. Delegate Rosenberg was the floor leader in the House on this pivotal legislation back in 1991. Since then, many have considered abortion- as a political issue- to be settled in Maryland law.

Maryland voters overwhelmingly supported the subsequent 1992 Question 6 statewide referendum, with 62% of the vote. In the 30 years since, support for reproductive liberty has only grown. Polls today show 72% of Marylanders support Roe vs. Wade.

Since 1992, we in the Maryland legislature have made tremendous progress on reproductive justice and women's health issues, including becoming first in the nation for contraceptive access- covering all forms of contraception including vasectomies with no cost sharing, making home birth safer for families that make that choice, expanding access to 3D mammograms for women with dense breast tissue, expanding Medicaid to cover new mothers for 12 months postpartum, and working tirelessly in a multifaceted approach to address the unconscionable racial disparities Maryland sees in maternal mortality rates.

But now the national political landscape is threatening the “settled law” we have here in Maryland. The US Supreme Court is poised to severely limit or overturn Roe vs Wade with its upcoming decision in the Dobbs v. Jackson Women’s Health Organization case. A decision is expected by early this summer.

When this happens, we expect 26 states severely restrict or ban abortion care. Including some of our neighboring states. This will drastically impact access to abortion care for patients here in Maryland.

In the face of a national challenge to these rights, Speaker Jones' incredibly important bill HB 1171 would elevate the protections in Maryland’s law to Constitutionally protected. Making it harder for future officials to roll back these rights in Maryland.

**However, as we know from so many issues before us here on the Health Care Committee, the legal right to obtain healthcare does not automatically make that care accessible or affordable.**

Whether we are talking about network adequacy for mental health counseling, availability of dementia services, wait lists for long term care, or timely access to PEP to prevent HIV infection- the challenges we address in this committee are much more complex than simply if a certain type of care is allowed under the law.

Patients face barriers to care ranging from provider shortages, especially in rural areas, to unreasonable wait times for care, to inadequate insurance and Medicaid coverage. The challenges patients face accessing abortion care are no different. And the solutions to address these problems are exactly the same.

**Currently, 2 out of 3 Maryland Counties have no abortion provider.**

This means that women outside of the Baltimore-Washington corridor must travel far – and sometimes even to neighboring states for abortion services. A Capital News Service investigation found that “crisis pregnancy centers” outnumber abortion clinics 2 to 1 in Maryland.

This problem will only worsen if neighboring states ban or severely restrict abortion after the Supreme Court decision is released this spring. Maryland clinics are already seeing patients from Texas every week as a result of their restrictive new law.

In the first month after Texas’ near abortion ban went into effect, wait times for all patients at clinics in Louisiana, New Mexico and Oklahoma increased by between 19 and 23 days.

**HB 937 Addresses the Abortion Care Provider Shortage in 2 ways.**

I. Allow Advanced Practice Clinicians (Nurse Practitioners, Nurse Midwives, Licensed Certified Midwives and Physician Assistants) to Provide Abortion Care

Maryland's law has an outdated "physician only" restriction on abortion care. HB 937 will remove this unnecessary barrier and recognize the other health practitioners who already have abortion care within their scope of practice. These providers are nurse practitioners, nurse midwives, licensed certified midwives and physician assistants.

These same trusted practitioners are already providing primary care, well-woman care, labor and delivery and miscarriage management for women across Maryland. Removing this restriction will allow licensed clinicians to provide the care they are appropriately trained and skilled to provide. **Maryland would be joining 14 other states in modernizing this law.**

In my panel you will hear from Maryland's Obstetricians and Gynecologists (physicians) - who strongly support removing this unnecessary restriction which does not serve to protect public safety. You will also hear testimony from an Advanced Practice Clinician describing how this unnecessary barrier has impacted her patients. Because abortion care providers face harassment and threats, she has submitted her testimony in writing, but it will be delivered by an APC from another state who provides abortion care.

Maryland's Attorney General also supports this update to our law, as you can see from his written letter of support in the file. You also have attached to my testimony a copy of an Attorney General's opinion from January 2020. This opinion provided clarity for licensed providers on our existing law as it relates to medication abortion. As you can see from this opinion, medication abortion did not exist when the physician only law was enacted, therefore the physician only restriction does not apply to this type of abortion care.

**HB 937 codifies this Attorney General's opinion, and expands APC's ability to include not just medication abortion but also procedural abortion.**

II. Establish a clinical training fund to support training in abortion care for clinicians who cannot otherwise access training in abortion care.

Doctors and Advance Practice Clinicians who received their professional training out of state and want to practice in Maryland will need access to these training programs as more states ban and restrict abortion care. This legislation establishes a grant program to ensure Maryland clinicians have access to the training they need to provide abortion care.

## HB 952 Ensures Equitable Insurance Coverage for Abortion Care in 2 ways

- I. This bill will ensure that all Marylanders can afford reproductive healthcare by requiring carriers to cover abortion care and provide those services without co-pays or deductibles.

Maryland currently does not require private insurance plans to include abortion coverage, although most plans voluntarily provide this coverage. With HB 937, we would join California, New York, Oregon, and Washington in requiring abortion coverage for plans - except for those plans with legal or religious exemptions. In addition to requiring most private insurance plans to include abortion care, HB 952 will also eliminate cost sharing and deductibles. Many insurance plans have a \$1000-\$2000 dollar deductible that is applied to abortion care. **We know from research that these cost-sharing requirements delay access to care.** Eliminating this financial barrier will help Marylanders access care.

Maryland's insurance carriers have no opposition to this legislation.

- II. HB 952 makes existing abortion care coverage under Medicaid permanent. Maryland already covers abortion care under Medicaid. This legislation will ensure this access is not threatened in the future with the budget bill. Low income Marylanders do not have different fundamental rights than women with private insurance and this issue should not be up for debate every year. The bill also removes stigmatizing policies such as the one that requires rapes survivors to file a police report in order to access abortion coverage under Maryland Medicaid.

I urge a favorable report for HB 937 and 952.