

SUPPORT – HB 952
Access to Abortion Care and Health Insurance Act

Dear Honorable Chair Pendergrass,

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 HB 952, which will 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
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