

Christine SB 859.pdf

Uploaded by: Christine O'Donovan-Zavada

Position: FAV

Christine O'Donovan-Zavada
Allentown, PA 18102

Support
SB 859 - Reproductive Health Protection Act
Maryland Senate Judicial Proceedings Committee
March 1, 2023

In the summer of 2018, because of a broken condom and a failure of emergency contraception, I got pregnant. At first I didn't realize, and it took several weeks of violent nausea for me to realize the emergency contraception had likely failed. When my pregnancy test came back positive, I felt a horrible pit in my stomach. I felt a total lack of control, like my body had been hijacked without my consent. I knew immediately that I needed an abortion.

Pennsylvania has a politically motivated and paternalistic 24-hour waiting period that requires people who have to travel far distances to get to a clinic to go two days in a row - and 87% of Pennsylvania Counties do not have abortion clinics. So rather than drive two times to the nearest abortion clinic, I decided to drive a little farther, but just once, to Baltimore. When I arrived, the clinic staff were wonderful. They talked me through what I could expect, and made sure I felt safe and comfortable with my decision.

I also had an incredible network of friends that helped me both monetarily and emotionally, a job that supported me and provided time off, and a car I could rely on for travel. But now, with the overturn of *Roe*, that pit in my stomach has returned. I know to the core of my being that if I had been in a place where I couldn't legally access abortion, I would have found a way to end my pregnancy, at whatever risk to my life.

Twelve states have banned abortion outright, and several have added criminal and civil penalties for patients like me, clinic staff, and people like my friends who step up and help support patients like me. Since the fall of *Roe*, I have been thinking constantly about the people facing the same decision I did, with the same conviction I had, with fewer resources and less support than I had, making that same trip to Maryland for refuge, just like I did, to make the same choice I did. They deserve every protection this state can afford them.

The Reproductive Health Protection Act will ensure that if the care was provided in Maryland—as mine was—that it is exactly that: health care. Not a criminal issue. Not a civil issue. So for me, for my friends, and for my health care providers who saved my life, I urge a favorable report and thank you for your time.

SB 859 - Reproductive Health Protection Act.pdf

Uploaded by: Donna Edwards

Position: FAV



MARYLAND STATE & D.C. AFL-CIO

AFFILIATED WITH NATIONAL AFL-CIO

7 School Street • Annapolis, Maryland 21401-2096

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President

Donna S. Edwards

Secretary-Treasurer

Gerald W. Jackson

SB 859 - Reproductive Health Protection Act Senate Judicial Proceedings Committee March 1, 2023

SUPPORT

**Donna S. Edwards
President
Maryland State and DC AFL-CIO**

Chairman and members of the Committee, thank you for the opportunity to submit testimony in support of SB 859. My name is Donna S. Edwards, and I am the President of the Maryland State and District of Columbia AFL-CIO. On behalf of Maryland's 300,000 union members, I offer the following comments.

The Maryland State & DC AFL-CIO believes that everyone should have control over their own personal reproductive healthcare. Our 2022 Convention unanimously approved a resolution in support of defending reproductive healthcare, calling on the government to act by codifying these rights and expanding access to reproductive healthcare services. We have provided the full resolution attached to this testimony.

Threats to reproductive healthcare are threats to workers' economic rights as well. A study by the Institute for Women's Policy Research found that reproductive healthcare bans led to reduced labor force participation and earnings levels, adding up to \$105 billion in costs to state economies. Individual workers' earnings who were impacted by restrictive bans on reproductive healthcare earned \$1,610 less than their counterparts in states without restrictions.¹ The National AFL-CIO has closely tracked the links between states that ban reproductive healthcare choices and states that promote anti-union right to work policies, or oppose Medicaid expansions and minimum wage increases.²

We urge the committee to issue a favorable report.

¹ Institute for Women's Policy Research, "The Costs of Reproductive Health Restrictions: An Economic Case for Ending Harmful State Policies." May 2021.

² AFL-CIO, "Reproductive Rights Are Worker Rights." January 24, 2023.

Maryland State & DC AFL-CIO
2022 Convention
Resolution #14 - Defending Reproductive Rights

WHEREAS, the US Supreme Court has overturned the nearly 50-year-old landmark Roe v Wade decision in which the majority opinion held that there is a fundamental right to privacy that springs from the 1st, 4th, 9th and 14th Amendments to choose whether to continue a pregnancy without excessive government interference, affirming the constitutional right to privacy, which the court has relied on in previous decisions, and

WHEREAS, the Court's decision to overrule Roe and Casey remanding the authority to regulate abortion return to the people and their elected state representatives uprooted decades of precedent and the freedom which millions of Americans have relied on, and

WHEREAS, the Court's decision and Dobbs v Jackson will inevitably jeopardize the health and well-being of millions of people and threatens the economic security and well-being of millions of individuals who should be allowed to decide intimate family planning questions for themselves in consultation with their healthcare providers and others with whom they trust, and

WHEREAS, access to reproductive health gives women the power to make decisions regarding their work lives, their futures and the economic security of their families because the decision about when and whether to bear children is fundamental to the ability to pursue self-sustaining work, and

WHEREAS, the Court's decision is taking our nation backward with at least 26 states having a patchwork of varying restrictive state legal regimes governing access to reproductive health, further solidifying barriers to care in far too many states and opening the door to divisive and socially injurious measures that threaten those who choose not to continue a pregnancy with criminal prosecution and would criminalize the provision of reproductive health potentially including the treatment of miscarriages and ectopic pregnancies, by medical professionals, and

WHEREAS, the Court's opinion not only threatens reproductive freedoms for millions but that the Court's inconsistent contemplation of whether a right even exists in the 14th Amendment jeopardizes other freedoms and rights, and

WHEREAS, the Court's Dobbs decision potentially opens the floodgates to relitigating past Supreme Court precedents that advance fundamental American rights and liberties, including its exceptionally narrow approach to analyze whether people have a right through constitution protection of substantive due process.

THEREFORE, BE IT RESOLVED the Maryland State and D.C. AFL-CIO recognizes the aspiration of people to full rights and justice and the inherent values at stake in this decision of dignity, equal justice, and freedom

BE IT FURTHER RESOLVED, that the Maryland State in D.C. AFL-CIO will continue its advocacy to protecting Maryland and the District of Columbia's access to reproductive rights and support federal legislation codifying full reproductive rights and expanded access to reproductive healthcare services.

SB 0859 – Reproductive Health Protection Act.pdf

Uploaded by: Essita Duncan

Position: FAV



Maryland Commission for Women

A Commission of the Maryland Department of Human Services

51 Monroe Street, Ste. 1034 – Rockville, Maryland 20850
www.marylandwomen.org

February 22, 2023

The Honorable William C. Smith, Jr., Chair
The Honorable Jeff Waldstreicher, Vice Chair
Senate Judicial Proceedings Committee
Miller Senate Office Building – 2 East
Annapolis, Maryland 21401

RE: SB 0859 – Reproductive Health Protection Act

Dear Senator Smith, Senator Waldstreicher and Members of the Senate Judicial Proceedings Committee:

SB 0859 - the Reproduction Health Protection Act - prohibits a judge from requiring a person to give certain testimony or a statement or to produce evidence in another state for a case involving an alleged violation of the criminal law of the other state relating to legally protected health care. It also prohibits the Governor of Maryland or an agent or employee of the State from surrendering a person to the executive authority of another state or assisting in an interstate investigation for an alleged violation of the laws of the requesting state relating to legally protected health care if the violation would not be a crime in the State of Maryland.

The Maryland Commission for Women urges you to support this legislation.

As you know, the Maryland Commission for Women 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.

In June 2022, the U.S. Supreme Court overturned *Roe v. Wade* and 50 years of legal precedent that leaves abortion policy to the will of individual states. Since then, anti-abortion states have passed bans and restrictions making it difficult, if not impossible, for people to access the care they need which could jeopardize Marylanders who may access care in another state or support someone from another state seeking reproductive care that may be illegal in their home state.

Tawanda A. Bailey, Chair

*Maxine Griffin Somerville,
First Vice Chair*

*Roberta Pardo,
Second Vice Chair*

Andrea Bottner, Esq.

Tammy Bresnahan

Deborah L. Cartee

Essita R. Duncan, Esq.

Judith Emmel

Kathryn M. Fiddler, DNP

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Beth Anne Langrell

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Jenny Pena Dias, Ph.D.

Carole Jaar Sepe

Evelyne S. Steward

Lenita Walker

Monica Watkins

Rev. Tamara England Wilson

Yun Jung Yang, Esq.

Maryland Commission for Women
Re: SB 0859 – Repeal of Spousal Defense
Page 2

We believe the health care decisions someone makes about their own body should be between a person and their doctor. This bill protects Marylanders – both patients and providers – from criminal, civil, and administrative penalties. In the overturning of *Roe v. Wade*, the Supreme Court made it clear that reproductive laws should be determined by individual states and those elected by the individuals in those states. Therefore, it is critical that Maryland ensure that all residents of the state are protected by our state's laws.

The Maryland Commission for Women requests your support for this bill and the protection of Marylanders who are accessing or supporting the access of care that is legal in the state.

With very best regards,

A handwritten signature in black ink, appearing to read 'Tawanda Bailey', written in a cursive style.

Tawanda Bailey, Chair
Maryland Commission for Women

Please note that the positions expressed in this letter are those of the Maryland Commission for Women and do not necessarily reflect the position of the Governor or the Department of Human Services.

SB859_HadassahGB_FAV.pdf

Uploaded by: Harriet Robinson

Position: FAV

**Testimony in Support of SB 859
Reproductive Health Protection Act
Judicial Proceedings Committee
Finance Committee
March 1, 2023**

FAVORABLE

TO: Chair Smith, Vice Chair Waldstreicher, and members of the Judicial Proceedings Committee
Chair Griffith, Vice Chair Klausmeier, and members of the Finance Committee

FROM: Kay Schuster and Ellen Sizemore, Co-Presidents
Hadassah Greater Baltimore

Hadassah, the Women's Zionist Organization of America, Inc. holds reproductive choice is an important issue to ensure all women have agency over their own bodies and the autonomy to make health decisions for themselves. As the Greater Baltimore Region of Hadassah, representing over 4,100 Marylanders, we are writing to urge you to support SB 859, a bill that will protect health care providers, patients and people who support people in their reproductive health decisions from criminal charges, civil litigation and administrative penalties from other states.

Hadassah has and always will stand unequivocally for reproductive choice and empowering women with the knowledge to make critical health decisions for themselves and their families. Any interference with the doctor-patient relationship – preventing doctors from discussing women's specific concerns, sharing expert medical guidance, or providing necessary care – poses a serious threat to women's health.

Reproductive freedom is critical to women's health and all women should be able to make reproductive health choices based on medical guidance and what they feel is best for their health, families, and future. This should be done without intimidation tactics from other states. Marylanders will only have reproductive freedom if we shield ourselves from these outside threats.

We strongly urge you to support SB 859 to protect reproductive freedom.

Thank you,
Kay Schuster and Ellen Sizemore
Co-Presidents, Hadassah Greater Baltimore
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SB859.LOS.pdf

Uploaded by: Heather Forsyth

Position: FAV

ANTHONY G. BROWN
Attorney General



CANDACE McLAREN LANHAM
Chief of Staff

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Deputy Attorney General

STATE OF MARYLAND
OFFICE OF THE ATTORNEY GENERAL

FACSIMILE NO.

410.576.6571

WRITER'S DIRECT DIAL NO.

410.576.6513

February 28, 2023

To: The Honorable Will Smith
Chair, Senate Judicial Proceedings Committee

From: The Office of the Attorney General

Re: SB0859 – Reproductive Health Protection Act: **Letter of Support**

The Office of the Attorney General writes in strong support of SB0859. As the Committee is aware, a proposed constitutional amendment to enshrine the fundamental right of reproductive freedom in Maryland is also working its way through the General Assembly. The U.S. Supreme Court's decision to roll back reproductive rights has exacerbated the social and political chasm in the country – with states like Maryland where reproductive freedom is protected on one side, and anti-abortion states who are now considering legislation in an attempt to extend the effect of their laws outside their own borders and into protection states, on the other. It is vitally important to those who provide, support, or access reproductive health care in Maryland that we provide in return the highest possible guardrails for their safety and privacy, for otherwise we have provided a right that is merely theoretical rather than substantive.

This bill amends the Courts and Judicial Proceedings and Criminal Procedures articles to resist attempts by anti-abortion states to criminalize the behavior of patients seeking legally protected reproductive health care in Maryland, or the health care providers who offer these reproductive services. It assures health care providers that a health occupation board may not refuse to issue or renew, or revoke or suspend a professional license or certification because they provided legally protected health care in accordance with Maryland law, even if adverse action is taken against their license in another state. And it prohibits issuers of professional liability insurance from making a health care practitioner suffer the effects of providing legally protected health care by

refusing to issue or renew a contract, increasing premium or changing terms, or reporting the practice of legally protected health care to private or governmental entities.

We realize the Committee may hear suggestions for clarifying content or to correct possible drafting errors in the bill, and we would be happy to work with members and key stakeholders on amendment language in subcommittee; but in the meantime, we urge this Committee to provide a favorable report on SB859 so this vitally important work can continue.

This bill tells the country that Marylanders not only believe in the fundamental right of reproductive freedom, but we will protect that right with every means at our disposal to ensure the right to reproductive health care is legally protected and can be exercised by patients and providers within our borders without retaliation or persecution.

SB859 Reproductive Health Protection Act SUPP 3.1

Uploaded by: Jeanette Ortiz

Position: FAV

SB859
Favorable

TO: The Honorable William C. Smith, Jr., Chair
Judicial Proceedings Committee

FROM: Jeanette Ortiz, Esq.
Associate Director, State Affairs

DATE: March 1, 2023

RE: SB859 Reproductive Health Protection Act

Johns Hopkins supports **SB859 Reproductive Health Protection Act**. This bill protects patients, providers, and individuals supporting out-of-state patients seeking reproductive health care in Maryland from criminal, civil, and administrative actions from restrictive states. Specifically, the legislation 1) establishes additional protections for information related to “legally protected health care” when that information is sought by another state; 2) prohibits a health occupations board from taking specified disciplinary actions related to the provision of legally protected health care; 3) prohibits a medical professional liability insurer from taking “adverse actions” against a practitioner related to the practice of legally protected health care; and 4) prohibits specified State entities, agents, and employees from participating in any interstate investigation seeking to impose specified liabilities or sanctions against a person for activity related to legally protected health care – with limited exception.

As a major employer in the State of Maryland with a presence in the National Capital Region and in Florida, and as a leading provider of clinical care, including health and well-being services to our students, Johns Hopkins University & Medicine take seriously our obligation to the many populations we serve. We remain firmly committed to providing the safest and best possible care to our patients, and to supporting all aspects of women's health and reproductive rights.

To the fullest extent allowed under the law, our institutions have continued to be guided by the evidence-based best practices established by medical and public health faculty experts and practitioners, which make clear that access to safe, legal abortion is critical for the health of individuals, families, and communities. Accordingly, we greatly appreciate this legislation which provides necessary legal protections to our health care providers and patients and helps to ensure that access to reproductive healthcare is not criminalized.

Accordingly, Johns Hopkins respectfully requests a **FAVORABLE** committee report on **SB859**.

MLAW Testimony - SB859 - Reproductive Health Prote

Uploaded by: Jessica Morgan

Position: FAV



Bill No: SB859
Title: Reproductive Health Protection Act
Committee: Judicial Proceedings
Hearing: March 1, 2023
Position: SUPPORT

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. **SB859 - Declaration of Rights - Right to Reproductive Freedom** is a priority on the [2023 MLAW Agenda](#) and we urge your support.

SB859 will create protections in our laws for pregnant individuals seeking abortion care, as well as those providing support to pregnant individuals (including health care providers, support organizations, and volunteers), from civil, criminal, and administrative liability.

In the wake of the Supreme Court's decision in *Dobbs v. Jackson Women's Health* in overturning *Roe v. Wade*, it is anticipated that nearly half the states will outlaw or severely restrict the right to abortion care. In the six months since *Dobbs*, fourteen states have banned nearly all abortion care, and some of those states have enacted laws that create liability for anyone assisting their residents obtain abortion care even in states where abortion remains legal. These laws are designed to intimidate people seeking abortion care, as well as volunteers and health care providers supporting out-of-state patients. The Reproductive Health Protection Act will counteract these extreme efforts by ensuring patients, providers, and support networks cannot be subject to criminal, civil, or administrative penalties within Maryland for supporting the provision of abortion care.

This shielding bill will protect individuals seeking abortion care in Maryland from criminal, civil, and administrative liability from their home states. It will also support continued access to care for Maryland residents by ensuring health care providers and supportive organizations and individuals can continue to operate without legal threats from other states.

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. The criminal justice system has been disproportionately abused to negatively impact People of Color and empowering citizenry in states to target anyone who has received or is suspected of receiving or providing abortion care increases the very real risks to those communities.

For these reasons, MLAW strongly urges the passage of SB859.

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 2023 Supporting Organizations

The following organizations have signed on in support of our 2023 Legislative Agenda*:

AAUW Anne Arundel County
AAUW Howard County
AAUW Maryland
Advocacy and Training Center
Allegany County Women's Action Coalition
Anne Arundel County NOW
Aspire Ascend
Baltimore County State Democratic Central Committee
Bound for Better
Business and Professional Women of Maryland
Charles County Commission for Women
Climate Xchange Maryland
Drake Institute of Women's Policy
Empowered Women in Business International
ERA Coalition
For All Seasons, Inc.
Kensington-Rockville AAUW
Maryland Coalition Against Sexual Assault (MCASA)
Maryland Commission for Women
Maryland NOW
Maryland WISE Women
Miller Partnership Consultants LLC
MoCoWoMen
Montgomery County Business & Professional Women (MC BPW)
Montgomery County Chapter, National Organization for Women
Montgomery County Commission for Women
Montgomery County Women's Democratic Club
National Coalition of 100 Black Women, Prince George's County Chapter
National Women of Achievement, Inc.
Planned Parenthood of Maryland
Planned Parenthood of Metropolitan Washington, DC
Reproductive Justice Inside
Southern Prince George's Business and Professional Women
Top Ladies of Distinction, Inc., Prince George's County Chapter
University of Baltimore School of Law If/When/How Chapter
Women's Democratic League of Frederick County
Women's Equity Center and Action Network (WE CAN)
Women's Law Center of Maryland
Zonta Club of Annapolis
Zonta Club of Mid-Maryland

**as of 2/3/2023*

Maryland Legislative Agenda for Women

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WDC 2023 Testimony SB859_Final.pdf

Uploaded by: JoAnne Koravos

Position: FAV



MONTGOMERY COUNTY, MARYLAND
WOMEN'S DEMOCRATIC CLUB

P.O. Box 34047, Bethesda, MD 20827

www.womensdemocraticclub.org

**Senate Bill 859 - Reproductive Health Protection Act
Judicial Proceedings – March 1, 2023
SUPPORT**

Thank you for this opportunity to submit written testimony concerning an important priority of the **Montgomery County Women's Democratic Club (WDC)** for the 2023 legislative session. WDC is one of Maryland's largest and most active Democratic clubs with hundreds of politically active members, including many elected officials.

WDC urges the passage of SB0859. This bill will “shield” women patients, their providers, and their support networks from legal action by a state where health care that is legal in Maryland, is illegal in that state. “Legally protected health care” includes all lawful reproductive health services, medications, and supplies related to the direct provision or support of care related to pregnancy, contraception, assisted reproduction, and abortion.

This bill prohibits a judge from requiring a person to give testimony, a statement, or produce evidence in another state for a case involving an alleged violation of that state's criminal law relating to legally protected health care in Maryland. This bill also prohibits the governor from surrendering a person to another state if the violation would not be a crime in Maryland. It further prohibits state and local authorities and private parties from assisting in an interstate investigation related to legally protected health care. It prohibits health occupations boards from disciplining a health care practitioner or applicant because of the provision of legally protected health care, including practitioners that may have been disciplined in another state for such care. It also prohibits insurers from taking adverse actions against health care practitioners that provide legally protected health care.

With the Supreme Court's decision to overturn the federal protections of *Roe v. Wade* and let individual states determine whether a woman can terminate her pregnancy, it is more critical than ever to protect all women's reproductive rights in Maryland. It is anticipated that nearly half of the States will outlaw or severely restrict the right to abortion care, and that Maryland will become an abortion care “safe haven” for women from these states. Some states have already enacted laws that create liability for anyone assisting their residents to obtain abortion care, including providers in states where abortion is legal. These laws are designed to intimidate people seeking abortion care, as well as volunteers and health care providers supporting out-of-state patients. This shielding bill will protect individuals seeking abortion care in Maryland from criminal, civil, and administrative liability from their home states. It will also support continued access to care for Maryland residents by ensuring health care providers and supportive organizations can continue to operate without legal threats from other states.

A woman's right to reproductive health and freedom is one of WDC's top priorities. We ask for your support for SB0859 and strongly urge a favorable Committee report.

Diana E. Conway
WDC President

Ginger Macomber
WDC Advocacy Committee

SB 859--PPM CMO written statement--Final.pdf

Uploaded by: Karen Nelson

Position: FAV

Dr. Kyle Bukowski Statement in Support of SB 859**March 1, 2023**

Planned Parenthood of Maryland clinicians provide Marylanders and anyone coming to Maryland a full range of reproductive health services—birth control, sexually-transmitted infection testing and treatment, cancer screenings and abortion services. In the current political environment, the provision of abortion, a health service that is legally protected in Maryland, puts clinicians at risk for civil, criminal, and professional penalties for treating patients coming to Maryland from localities where abortion bans are in place. SB 859 provides a layer of protection from these adverse actions, which is critical to recruiting and retaining healthcare providers and ensuring access to high-quality reproductive health care. Particularly now.

In November of 2022, anti-abortion organizations and activists filed a meritless lawsuit in a Texas federal court against the Food and Drug Administration (FDA) seeking to roll back its approval of mifepristone- a safe and effective drug commonly prescribed as part of the regimen used for medication abortions. This is an important case for providers because it has the capacity to: 1) change the medication regimen and increases the length of time needed to provide and complete a medication abortion; 2) demonstrates how easily bad actors in states hostile to sexual and reproductive health can impose their activist will on medical care that is legal in Maryland and supported by decades of rigorous safety data; and finally, 3) increases the risk to providers if patients take their legally prescribed medications across state lines.

SB 859 states unequivocally that Maryland will not support out-of-state investigations about a person's legal reproductive health decisions. We are seeing an onslaught of laws and lawsuits aimed at intimidating people from taking ownership of their own reproductive decisions. Sustained and organized campaigns are seeking to punish those that assist people in exercising their bodily autonomy. This legislation serves as an opportunity for Maryland to give a resounding response-we will not tolerate bullying our residents, our care providers, or our support networks. By not processing subpoenas, refusing to provide state agencies' records, refusing law enforcement cooperation, and ensuring Maryland health profession boards will not impose sanctions based on out-of-state complaints this bill allows Maryland's healthcare network to shield itself from threats and intimidation tactics of less progressive states.

Thank you for your consideration, and I urge a favorable report on SB 859.

Dr. Kyle Bukowski, MD, FACOG
Chief Medical Officer
Planned Parenthood of Maryland

Abortion - subpoenas and court process - testimon

Uploaded by: Lisae C Jordan

Position: FAV



Working to end sexual violence in Maryland

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For more information contact:
Lisae C. Jordan, Esquire
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mcasa.org

Testimony Supporting Senate Bill 859
Lisae C. Jordan, Executive Director & Counsel
March 1, 2023

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 Judicial Proceedings Committee and the Finance Committee to issue a favorable report on Senate Bill 859.

Senate Bill 859 – Reproductive Health Protection Act

This bill will protect rape crisis center staff, health care providers, rape survivors and other patients, and the people who support others as they make reproductive health care decisions by limiting their exposure to out of state criminal charges, civil litigation, and administrative penalties.

Access to abortion care and information about reproductive options are 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, 5.9% placed the child for adoption, and 32.2% kept the child.

These survivors need to be able to speak with their health care providers without risking civil or criminal prosecution.

Survivors of Reproductive Coercion Need Access to Abortion Care without Fear of Prosecution

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 to be able to speak with rape crisis center staff, health care providers, and others without risking civil or criminal prosecution. Likewise, rape crisis center staff, health care providers, and others should have confidence that they can do their jobs and provide survivors with a full range of

reproductive options without fear of out of state prosecution, civil suits, or losing their Maryland license to practice their profession.

Senate Bill 859 – Bill provisions.

Senate Bill 859 creates a definition of “legally protected health care” which “means all reproductive health services, medications, and supplies related to the direct provision or support of the provision of care related to pregnancy, contraception, assisted reproduction, and abortion that is lawful in the state.” Certain interstate proceedings are excepted.

The bill goes on to create the following protections for people receiving, providing, or helping others access that care:

Summons & Subpoenas

Maryland courts may not issue out-of-state subpoenas or summonses for cases involving legally protected health care.

Foreign Judgments

Maryland will not honor a foreign judgment if it arises from a claim related to legally protected health care.

Extradition

The Governor SHALL NOT honor another state’s extradition request for someone who committed an act in Maryland, or a third state, if it relates to legally protected health care and would not be a crime in Maryland.

Interstate Investigations

No state funds, personnel, property, or other resources may be used to further an interstate investigation or proceeding seeking to impose civil, criminal, or administrative liability related to legally protected health care.

Provider Licenses

Health Occupation Boards cannot take adverse actions against a provider because of the provision of, or disciplinary action related to, otherwise lawful legally protected health care.

Malpractice Insurance

Insurance providers cannot raise premiums or refuse to renew insurance against a provider because of the provision of, or disciplinary action related to, otherwise lawful legally protected health care.

These provisions do not apply to conduct that is subject to criminal, civil, or administrative liability under Maryland law; a claim brought by a patient who received legally protected health care; or investigations where the subject of the investigation provides written consent.

Rape survivors and others in Maryland will only have access to the full range of reproductive care if the State acts to create a shield from the threats and intimidation tactics of other states.

Fourteen states and the District of Columbia have already taken action to shield patients and providers from liability related to legally protected health care. Maryland should do the same.

**The Maryland Coalition Against Sexual Assault urges the
Judicial Proceedings Committee and the Finance Committee to
report favorably on Senate Bill 859**

SB0859_Reproductive Health Protection Act_FAVORABL

Uploaded by: Liz Enagonio

Position: FAV



Indivisible: Central Maryland

Susan Radke, Lead Advocate

Dsusan56@gmail.com

Liz Enagonio, Lead Advocate

lenagonio@icloud.com

TESTIMONY FOR SB0859 Reproductive Health Protection Act

Bill Sponsor: Senator Smith

Committee: Judicial Proceedings

Organization Submitting: Indivisible Central Maryland

Person Submitting: Liz Enagonio, Lead Advocate and Susan Radke, lead advocates

Position: FAVORABLE

Our names are Liz Enagonio and Susan Radke, representing both ourselves and Indivisible Central Maryland, a grassroots organization of constituents dedicated to protecting progressive and democratic values. Indivisible Central Maryland **strongly supports SB0859**.

Since the Supreme Court of the United States overturned Roe v Wade, taking away a 50 year precedent of federal protection for the rights of reproductive freedom and bodily autonomy for women, reproductive freedom is under attack. many states have taken away the right to abortion, including post-miscarriage care, under all or almost all circumstances. As well, these state legislatures are attempting to restrict the rights of other states to provide reproductive care, including abortion care, by passing legislation that would allow them to prosecute providers in states that legally provide reproductive care to a resident from the restrictive state who seeks care in the less-restrictive state.

SB0859 states unequivocally that Maryland will not support out-of-state investigations about legal reproductive health care in our state. We will NOT support states that attempt to intimidate our providers or threaten their state residents who travel to Maryland to seek reproductive care that is legal here, as it should be. With this bill, Maryland will protect health care providers, patients, and people who assist or support patients from criminal charges, civil litigation and administrative penalties. Maryland can only maintain our reproductive freedom if we shield ourselves from the threats and intimidation tactics of other states. Indivisible Central Maryland **STRONGLY SUPPORTS SB0859**, and urges a favorable vote in committee. Thank you.

Madysyn Anderson SB 859.pdf

Uploaded by: MADYSYN ANDERSON

Position: FAV

Madysyn Anderson
Houston, TX 77204

Support
SB 859 - Reproductive Health Protection Act
Maryland Senate Judicial Proceedings Committee
March 1, 2023

My name is Mady Anderson, I'm 21 years old, and a senior at the University of Houston studying Human Resources Development with a minor in English.

I am juggling multiple things in my life, working my job selling bridal dresses, completing my mandatory 20 hours a week internship, being active and helping run my sorority, all while attending college full time.

I had just come out of a two-year relationship. So, I decided on September 15th, 2021, to take a pregnancy test. I remember taking the first one, and a line had developed immediately even before the control line. I called my friends to bring me more because I was in disbelief. At one point I had five positive tests in front of me.

After seeing multiple positive tests, I talked to my sorority sister about my options before me, and I knew that abortion was more than likely the choice I was going to make. I called Planned Parenthood the next day to schedule my first appointment. The nearest clinic was only five mins away from where I lived. While on the phone, the representative explained and informed me about SB8, which banned abortion after six weeks. The earliest they could bring me in was about a week later. At that moment, I was okay with it because I believed I was only about twelve days along.

My appointment was scheduled for September 23rd. During my appointment, I paid \$150, and after talking to my clinician, I estimated myself to be around four and a half weeks along. To my surprise, I measured in at 10.5/ 11 Weeks. That meant that I couldn't get my abortion in Texas.

I called 20 different clinics after my visit. Yes, 20. I called surrounding states and even as far as the Dakotas; no one could see me right away. The earliest I could be seen was two weeks after. I scheduled my appointment with Jackson Women's Health Organization in Mississippi.

I wasn't ready to tell my parents about my decision, but I had no choice; I needed help. I'm a college student, who took out student loans just to pay for my housing. I was saving for a new car, because any day now my car can break down. I'm fortunate that I worked hard and got a 2k paycheck that would cover the cost, but so much for saving money.

I also knew that because of the “bounty” portion of SB8, anyone I asked would be putting themselves at risk. My regular inner circle wasn’t available. I took a risk talking to my sorority sister because I wasn’t 100% sure about her feelings on abortion.

My dad immediately took off from work. He told his job that he had a family emergency. We drove a total of 720 miles roundtrip and spent 13 hours on the road. The total amount of gas was about \$350, and spent \$200 for one night at a hotel. We only *slept in the room for about 5 hours* before going to my appointment and turning around to drive back home that evening. I had to pay another \$150 for a sonogram during my appointment. I was informed at the MS clinic that they couldn't do my abortion that same day because it wasn't a procedure day. I was frustrated, sleep-deprived, and angry to get the news that I had to return to Mississippi on another day to get my abortion.

My mom was able to find great deals for flight tickets. For the cost of both of us, it was \$450. We flew in at 7 am for my 10 am appointment. I had another sonogram and it measured me at 13 weeks and 5 days. The cost for that visit was \$750. Because I was farther along my pregnancy I had to do a D& E procedure. After my procedure, I waited in the recovery room for about 20 mins, and flew back to Houston that same evening.

Throughout my journey, I missed about 20 hours from work which is equivalent to about \$400, missed three days of school, and 16 hours of my mandatory paid internship program, which is another \$400. I had to wait three weeks from my initial sonogram with Planned Parenthood to finally have my abortion in Mississippi.

I am fortunate to have parents that jumped in and helped me pay for my abortion. SB8 impacted me financially, mentally, and emotionally. Having to travel outside of Texas costs me more than the \$2,000 that I had set aside to buy a new car. Beyond that, my sorority sister, my mother, my father, and the providers at Jackson Women’s Health Organization were all at risk of being sued for helping me.

It is so sad that Texas, the place I call home, doesn't have my back or any pregnant person’s back in this tough situation. With the Reproductive Health Protection Act, Maryland has a chance to step up and have my back. My parents, friends, and health care providers shouldn’t be at risk. But they are. I urge a favorable report on SB 859. Thank you for your time.

Mary Helen testimony on shielding bill.pdf

Uploaded by: Mary Helen Spear

Position: FAV

POSITION: Favorable SB859 “Reproductive Health Protection Act”
TO: Judicial Proceedings Committee and Finance Committee
DATE: March 1, 2023
FROM: Dr. Mary Helen Spear, Swanton, Garrett County, MD
Mountain Maryland Alliance for Reproductive Freedom (MMARF)

My name is Mary Helen Spear, and I am testifying today on behalf of MMARF, the Mountain Maryland Alliance for Reproductive Freedom, a non-partisan, grassroots organization of people in Allegany and Garrett Counties, committed to assuring and expanding reproductive healthcare and freedom to residents in rural Mountain Maryland.

SB859 provides important protection to all Marylanders but is particularly important to residents of Garrett County. Our representatives to the state legislature often speak as if the residents of Mountain Maryland are all against abortion and other reproductive rights and freedoms. That’s just not true! Support is extensive and growing for accessible, affordable, and local reproductive healthcare as well as readily available information on all legally available options.

With West Virginia on our western, southern, and eastern borders and the West Virginia abortion ban, Garrett Countians will see an influx of others coming through our county to secure reproductive healthcare services in downstate Maryland.

If we get our own reproductive healthcare facility in Garrett County, the number of people coming to Mountain Maryland for healthcare will increase dramatically. Compassionate people in Garrett County will help out-of-state visitors get services which are legal in Maryland. Healthcare providers and volunteers who help with transportation, clinic escorting, providing information, possibly even room and board, may be at risk of prosecution by other states.

These Marylanders need to have the protections of a shielding bill.

I ask that you protect these Marylanders by giving SB859 a favorable vote.

Thank you.



10b - SB 859 - JPR - BOP and Pharmacy - LOS.pdf

Uploaded by: Maryland State of

Position: FAV



Board of Physicians

Wes Moore, Governor · Aruna Miller, Lt. Governor · Damean W.E. Freas, D.O., Chair

2023 SESSION POSITION PAPER

BILL NO.: SB 859 – Reproductive Health Protection Act
COMMITTEE: Judicial Proceedings and Finance
POSITION: Letter of Support

TITLE: Reproductive Health Protection Act

POSITION & RATIONALE:

The Maryland Board of Physicians and the Maryland Board of Pharmacy (the Boards) are submitting this letter of support for Senate Bill (SB) 859 – Reproductive Health Protection Act.

It is the position of the Boards that health care decisions should be made between the patient and their health care practitioner, and that when standard of care issues arise, appropriate standard of care should be determined by peer review. The reason for this is simple: medicine is constantly growing and evolving, and any attempt to define appropriate standard of care would quickly lead to outdated and subpar care. This approach allows the Boards to focus on the underlying facts regarding the provided medical care when handling disciplinary matters, and centers the patient in any such discussions.

However, not all state medical and pharmacological boards have taken this approach, and occasionally the Boards are tasked with enforcing actions from other states for medical care that would be considered safe and appropriate in Maryland. According to Health Occupations Article § 14-404(a)(21), the Board of Physicians may take action against a license if the license holder was disciplined by a licensing authority in another state, provided that the act would be grounds for discipline in this state. This language reflects the core positions of the Boards. Unfortunately, while this language would appear to be clear and straightforward, interstate licensure is a complex process and automatic sanctions are still possible through mechanisms such as the Interstate Medical Licensure Compact (IMLC), even in cases where the underlying action would not be grounds for discipline in Maryland.

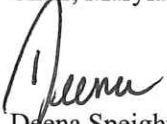
The Boards support SB 859, which explicitly states that the Boards may not take action in cases where a health care practitioner provided legally protected health care, provided that it was done in accordance with the laws of this state. This would not prevent the Boards from acting in cases where a health care practitioner failed to meet appropriate standard of care, even for legally protected health care, but would keep the Boards from being used as the enforcement arm for other states with differing laws and standards. This language would reflect the current position of the Boards, and ensure that the focus of any disciplinary action is once again where it belongs: on the patient and the medical care they receive.

Thank you for your consideration. For more information, please contact Matthew Dudzic, Manager of Policy and Legislation, Maryland Board of Physicians, 410-764-5042 and Deena Speights-Napata, Executive Director, Maryland Board of Pharmacy, (410) 764-4753.

Sincerely,



Damean W. E. Freas, D.O.
Chair, Maryland Board of Physicians



Deena Speights-Napata
Executive Director, Maryland Board of Pharmacy

The opinion of the Board expressed in this document does not necessarily reflect that of the Maryland Department of Health or the Administration.

SB 859_MNADV_FAV.pdf

Uploaded by: Melanie Shapiro

Position: FAV



BILL NO: Senate Bill 859
TITLE: Reproductive Health Protection Act
COMMITTEE: Judicial Proceedings
HEARING DATE: March 1, 2023
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 Judicial Proceedings Committee to issue a favorable report on SB 859.**

Domestic violence is about power and control, and many abusers choose to weaponize a partner's bodily autonomy and reproductive choices as tools of violence. Reproductive justice is an essential component of gender equality and for victims of domestic violence abortion access is essential for their safety. The devastating Supreme Court decision in *Dobbs v. Jackson Women's Health Organization* eviscerated the right to bodily autonomy and the right to have an abortion. Access to abortions can be a matter of life or death for victims of domestic violence and pregnant victims are at a higher risk of being killed by their abuser. Victims 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.

Senate Bill 859 states unequivocally that Maryland will not participate in the concerted actions of anti-abortion states designed to intimidate Maryland patients and providers and have a chilling effect on the accessing of critical reproductive health care services. SB859 will protect health care providers, patients, and the people who support patients in their reproductive health decisions from criminal charges, civil litigation, and administrative penalties.

In the wake of the Supreme Court's ruling in *Dobbs v. Jackson Whole Women's Health*, 14 states have already fully or nearly banned abortion, and another ten are expected to do so. Over 300 abortion-related bills have already been filed this year across the country, the majority of which are anti-abortion. With the overturning of *Roe v. Wade*, many of them now target providers¹. These consequences have had the very intentional impact of deterring providers across the country from providing not only abortion care even to save a woman's life, but also pregnancy care, including the delaying of services until complications rise to the level of life-threatening, in

¹ [Many States Impose a Jail Sentence for Doctors Who Perform Abortions Past Gestational Limits](#), Kaiser Family Foundation, May 22, 2023

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



order to avoid imprisonment. This legislation is therefore necessary to protect Maryland providers and Maryland patients.

Fourteen states, plus the District of Columbia, have already taken action to shield patients and providers from liability related to legally protected health care, either through Executive Order or statute. Maryland must act now to do the same. We will only have reproductive freedom in Maryland if we shield ourselves from the threats and intimidation tactics of other states. It is worth noting that those providing or pursuing reproductive health care are not the only ones at risk in the current legal and political environment. Across the nation, many states that are seeking to criminalize abortion are simultaneously passing measures to criminalize gender-affirming care and those that seek it. MNADV would support measures to include gender-affirming care to the definition of legally protected health care as it would further protect providers and patients in our state.

For the above stated reasons, the **Maryland Network Against Domestic Violence urges a favorable report on SB 859.**

SB 859 - WLCMD - FAV.pdf

Uploaded by: Michelle Siri

Position: FAV

BILL NO:	Senate Bill 859
TITLE:	Reproductive Health Protection Act
COMMITTEE:	Judicial Proceedings
HEARING DATE:	March 1, 2023
POSITION:	SUPPORT

The Women's Law Center of Maryland (WLC) 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.

The WLC wholeheartedly supports The Reproductive Health Protection Act, Senate Bill 859. This legislation states unequivocally that Maryland will not participate in the concerted actions of anti-abortion states designed to intimidate Maryland patients and providers and have a chilling effect on the accessing of critical reproductive health care services. SB859 will protect health care providers, patients, and the people who support patients in their reproductive health decisions from criminal charges, civil litigation, and administrative penalties.

Why is this bill necessary?

In the wake of the Supreme Court's ruling in *Dobbs v. Jackson Whole Women's Health*, 14 states have already fully or nearly banned abortion, and another ten are expected to do so. Over 300 abortion-related bills have already been filed this year across the country, the majority of which are anti-abortion. With the overturning of *Roe v. Wade*, many of them now target providers¹. Some examples include:

- Wyoming – providers face up to 14 years in prison for performing an abortion²;
- Nebraska – providers will have license stripped for performing abortion after fetal heartbeat and be found guilty of a felony³;
- Iowa – providers face 10 years in prison for prescribing abortion pills⁴
- Idaho – makes transporting minors to obtain an abortion the crime of human trafficking⁵.
- Alabama – Attorney General has made clear that women who received abortion pills would be criminally prosecuted⁶.
- Kentucky – raises abortion to the crime of homicide⁷.

¹ [Many States Impose a Jail Sentence for Doctors Who Perform Abortions Past Gestational Limits](#), Kaiser Family Foundation, May 22, 2023

² WY ST. §35-6-110

³ NE ST. §28-332

⁴ Chen, David W., The New York Times, [A New Goal for Abortion Bills: Punish or Protect Doctors](#), 2/16/23.

⁵ [Idaho House Bill 98](#) (2023)

⁶ [Women Can Be Prosecuted for Taking Abortion Pills, Says Alabama Attorney General](#), Amy Yurkanin, 01/10/23

⁷ [Kentucky Bill Raising Abortion to Homicide Draws Republican Pushback](#), PBC New Hour, Bruce Schreiner, 02/15/23

Many states are not just stopping at trying to ban abortion within their borders. They are enacting laws, such as SB 8 in Texas and copycat laws in Oklahoma and Idaho, which threaten providers and support networks, like abortion funds, that support their residents in seeking care out of state.

Abortion bans eliminate abortion rights within a state's borders and to prevent residents from traveling out-of-state. These bills are also designed to have a chilling effect in states that protect abortion rights, as providers may be too intimidated to continue to provide abortion care.

These consequences have had the very intentional impact of deterring providers across the country from providing not only abortion care even to save a woman's life, but also pregnancy care, including the delaying of services until complications rise to the level of life-threatening, in order to avoid imprisonment. This legislation is therefore necessary to protect Maryland providers and Maryland patients.

What does this bill do?

Summons & Subpoenas

- Maryland courts may not issue out-of-state subpoenas or summonses for cases involving legally protected health care.

Foreign Judgments

- Maryland will not honor a foreign judgment if it arises from a claim related to legally protected health care.

Extradition

- The Governor SHALL NOT honor another state's extradition request for someone who committed an act in Maryland, or a third state, if it relates to legally protected health care and would not be a crime in Maryland.

Interstate Investigations

- No state funds, personnel, property, or other resources may be used to further an interstate investigation or proceeding seeking to impose civil, criminal, or administrative liability related to legally protected health care.

Provider Licenses

- Health Occupation Boards cannot take adverse actions against a provider because of the provision of, or disciplinary action related to, otherwise lawful legally protected health care.

Malpractice Insurance

- Insurance providers cannot raise premiums or refuse to renew insurance against a provider because of the provision of, or disciplinary action related to, otherwise lawful legally protected health care.

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.

Are there any exceptions in this bill?

- It does NOT apply to conduct that is subject to criminal, civil, or administrative liability under Maryland law.
- It does NOT apply to a claim brought by a patient who received legally protected health care.
- It does NOT apply to investigations where the subject of the investigation provides written consent.

When the Supreme Court in *Dobbs* overturned fifty years of legal precedent and protections for abortion rights, it made clear that abortion is now a matter to be handled by the states. Fourteen states, plus the District of Columbia, have done just that, already taking action to shield patients and providers from liability related to legally protected health care, either through Executive Order or statute. These include California, Connecticut, District of Columbia, Delaware, Illinois, Massachusetts, New Jersey, and New York. Oregon and New Mexico also have similar legislation pending.

Maryland must act now to do the same. We will only have reproductive freedom in Maryland if we shield ourselves from the threats and intimidation tactics of other states. It is worth noting that those providing or pursuing reproductive health care are not the only ones at risk in the current legal and political environment. Across the nation, many states that are seeking to criminalize abortion are simultaneously passing measures to criminalize gender-affirming care and those that seek it. The WLC would support measures to include gender-affirming care to the definition of legally protected health care as it would further protect providers and patients in our state.

For these reasons, the Women's Law Center of Maryland strongly urges a favorable report on the Reproductive Health Protection Act, Senate Bill 859.

SB0859-JPR-FAV.pdf

Uploaded by: Nina Themelis

Position: FAV



BRANDON M. SCOTT
MAYOR

*Office of Government Relations
88 State Circle
Annapolis, Maryland 21401*

SB0859

March 1, 2023

TO: Members of the Judicial Proceedings Committee

FROM: Nina Themelis, Interim Director of Mayor's Office of Government Relations

RE: Senate Bill 859 – Health – Reproductive Health Protection Act

POSITION: Support

Chair Smith, Vice Chair Waldstreicher, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (SB) 859.

SB 859 will prohibit people from being required to testify, make a statement, or produce evidence in another state about health care that they received legally in Maryland, even if that health care is illegal in the state where the testimony would be requested. Additionally, the bill would protect doctors or other health care professionals from being disciplined or prosecuted for performing care that is legal in the state in which they performed this action. For example, if a doctor performed an abortion to terminate a non-viable pregnancy in Maryland, the doctor could not then be required to give testimony about this termination in a state where abortion is illegal.

As of January of this year, 12 US states have issued near-total abortion bans, four states have very restrictive gestational bans (outlawing abortion after six to eighteen weeks of pregnancy), and two states have no clinics at which abortion care is available.¹ These 18 states are home to over 25 million women of reproductive age.² Inevitably, some of these people will seek abortion care in other states where it is legal, such as Maryland. We respectfully urge the Committee to protect people from being prosecuted for care that they obtained legally in our state.

One high-profile case of a person seeking abortion care across state lines was the case of a ten-year-old Ohio girl, who was taken to Indiana for a medication abortion after she became pregnant as the result of rape. The doctor who assisted in the abortion has subsequently faced harassment and public outcries about the legality of her actions, although abortion was legal in Indiana at the time.³

¹ Guttmacher Institute. (2023). Six Months Post-Roe, 24 US States Have Banned Abortion or Are Likely to Do So: A Roundup. Retrieved from <https://www.guttmacher.org/2023/01/six-months-post-roe-24-us-states-have-banned-abortion-or-are-likely-to-do-so-roundup>

² Spitzer, E., Weitz, T., and Buchanan, MJ. (2022). Abortion Bans Will Result in More Women Dying. Retrieved from <https://www.americanprogress.org/article/abortion-bans-will-result-in-more-women-dying/>

Without laws such as SB 859, not only could the doctor be required to testify in Ohio, but so could her ten-year-old patient.

Already, we have seen doctors become unsure about what care they can and cannot provide, lest they be subject to legal action.³ Abortion restrictions create legal dilemmas for doctors, who now face the choice of providing sometimes lifesaving care while potentially opening themselves up to prosecution.³ Even some medications that might seem unrelated to abortion, such as medicines for cancer and arthritis, pose legal issues for prescribers because these medications can also be used in high doses to induce abortion.⁴ The American College of Rheumatology has even issued guidance for policymakers, as there is now a lack of clarity around the legality of prescribing methotrexate, one of the most common and inexpensive medications used to treat chronic diseases such as lupus and arthritis.⁵ In this guidance, the College urges policymakers to “protect health professionals and patients who are prescribing or taking methotrexate for rheumatic disease care.”⁵

SB 859 could have resounding positive effects in Maryland and beyond. It would protect people who seek reproductive health services in our state, it could save lives by addressing medical professionals’ confusion about the legality of their practice, and could allow individuals to continue to access medication that they use to maintain their quality of life. For these reasons, the BCA respectfully requests a **favorable** report on SB 859.

³ Simmons-Duffin, S. (2022, June 24). For doctors, abortion restrictions create an 'impossible choice' when providing care. *NPR*. Retrieved from <https://www.npr.org/sections/health-shots/2022/06/24/1107316711/doctors-ethical-bind-abortion>

⁴ Shepherd, K. and Sellers, F.C. (2022, August 8) Abortion bans complicate access to drugs for cancer, arthritis, even ulcers. *The Washington Post*. Retrieved from <https://www.washingtonpost.com/health/2022/08/08/abortion-bans-methotrexate-mifepristone-rheumatoid-arthritis/>

⁵ American College of Rheumatology. (2022). Guiding Principles for Policymakers on Methotrexate Access Following the Dobbs Decision. Retrieved from <https://www.rheumatology.org/Portals/0/Files/Methotrexate-Guidance-Policymakers.pdf>

SB 859- LWVMD- FAV- Reproductive Health Protection

Uploaded by: Nora Miller Smith

Position: FAV



TESTIMONY TO THE JUDICIAL PROCEEDINGS COMMITTEE

SB0859: Reproductive Health Protection Act

POSITION: Support

BY: Nancy Soreng, President

DATE: March 1, 2023

The League of Women Voters Maryland supports **Senate Bill 859: Reproductive Health Protection Act**, which would shield patients, support personnel, and medical providers from out-of-state prosecution for participating in legally-protected health services obtained in Maryland.

The League supports the rights of individuals to self-determination related to bodily autonomy, privacy, and reproductive health, including whether to prevent, continue, or end one's own pregnancy.

Following the Dobbs v. Jackson Women's Health Organization decision last year repealing the constitutional right to abortion, individual states were given the power to determine their residents' access to reproductive health care. While some states affirmed abortion rights, others instituted abortion restrictions or absolute bans. **And some of these latter states are attempting to regulate the delivery of reproductive health care services outside their borders.** A key component of that regulation is attempts by state courts to prosecute their residents traveling to obtain abortion care in another state where it remains legal, as well as volunteers rendering support, and medical personnel delivering that care. Some of those states have proposed or enacted legislation allowing **private citizens** to sue anyone who helps a pregnant person obtain an abortion in a state where the procedure is legal.

The Reproductive Health Protection Act would shield a person undergoing, assisting, or providing a legally-protected abortion in Maryland. It would prohibit judges in other states where abortion is banned from requiring testimony or documentation in a case seeking to impose civil or criminal liability against an individual for any activity within our state associated with legally-protected health care. Medical providers would also not be subject to administrative or disciplinary sanctions, such as loss of licensure.

Passage of Senate Bill 859 would erect and reinforce safeguards both for patients who are receiving legally-protected health care in Maryland, as well as for the clinicians providing it.

Per Attorney General Merrick Garland's statement on the day of the Dobbs' decision:¹
...the Constitution continues to restrict states' authority to ban reproductive services provided outside their borders...Under bedrock constitutional principles, women who reside in states that have banned access to comprehensive reproductive care must remain free to seek that care in states where it is legal. Moreover, under fundamental First Amendment principles, individuals must remain free to inform and counsel each other about the reproductive care that is available in other states.... The [Justice] Department will continue to protect healthcare providers and individuals seeking reproductive health services in states where those services remain legal....

With a federal judge's pending decision expected to limit or altogether eliminate the availability of medication abortions in any state, many more people will be traveling to Maryland for surgical abortion procedures. Legislation to protect both them and our Maryland providers from out-of-state prosecution will be even more important.

The League affirms its support for an individual's right to make reproductive choices. That must include protection from out-of-state prosecution of both the patient who travels to Maryland for essential medical care, and of our medical providers who deliver it. For that reason, the League and its 1,500+ members urge the committee to give a favorable report to Senate Bill 859.

¹ <https://www.justice.gov/opa/pr/attorney-general-merrick-b-garland-statement-supreme-court-ruling-dobbs-v-jackson-women-s>

SB0859_FAV_MedChi, MDAAP, MACHC, MDACOG_Reproducti

Uploaded by: Pam Kasemeyer

Position: FAV



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MID-ATLANTIC ASSOCIATION OF
COMMUNITY HEALTH CENTERS



ACOG
The American College of
Obstetricians and Gynecologists
Maryland Section

TO: The Honorable William C. Smith, Jr., Chair
Members, Senate Judicial Proceedings Committee

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
Andrew G. Vetter
Christine K. Krone
410-244-7000

DATE: March 1, 2023

RE: **SUPPORT** – Senate Bill 859 – *Reproductive Health Protection Act*

On behalf of the Maryland State Medical Society, the Maryland Chapter of the American Academy of Pediatrics, the Mid-Atlantic Association of Community Health Centers, and the Maryland Section of the American College of Obstetricians and Gynecologists, we submit this letter of **support** for Senate Bill 859.

As a result of the *Dobbs* decision that overturned *Roe v. Wade*, the fundamental right to body autonomy and the constitutional protections for abortion rights and other reproductive rights protections were lost. On June 22, 2022, millions of Marylanders lost the fundamental right of bodily autonomy. Following the *Dobbs* decision, fourteen states have implemented abortion bans, including our neighboring state West Virginia. Many other states have laws under consideration that would severely restrict or ban abortion rights. These bills often do not only ban abortions but also threaten providers and support networks that support residents seeking care in other States. They often seek to criminalize patients, abortion care providers, and support networks. Many not only ban abortion within their State's borders but also seek to prevent residents from traveling out of state. These initiatives are intended to have a chilling effect in states that protect abortion rights, such as Maryland, as providers may discontinue providing abortion care and other reproductive health services out of fear of prosecution by other States, thereby severely limiting access to care across the country and, potentially, in Maryland.

Senate Bill 859 is a critically important initiative that will shield patients, providers, and support networks from intimidation and legal action. The bill creates a "shield" against criminal, civil, and administrative penalties related to legally protected health care. Legally protected health care includes abortion, contraception, miscarriage management, fertility treatment, and reproductive health care. The bill contains similar elements as other shielding bills enacted by other states where abortion rights are protected: California, Connecticut, District of Columbia, Delaware, Illinois, Massachusetts, New Jersey, and New York. There is an expectation that several other states will be actively consider shielding

legislation this year.

Maryland's shielding bill includes: restrictions on using state resources to support out-of-state investigations of legally protected care; a prohibition on issuing subpoenas or other court orders related to legally protected care; limitations on extraditions related to legally protected care where the law already provides for discretion of the Governor to make such decisions; protections for health care practitioners in being disciplined by a Maryland health occupational board for an adverse action taken by an out-of-state board related to the provision of reproductive health care that would have been legal in Maryland; and a prohibition on malpractice insurers raising rates if health care practitioners are disciplined by out-of-state boards for legally protected care.

Senate Bill 859 will ensure that reproductive health services remain accessible in Maryland to in-state and out-of-state residents. We also note that the legislature should consider a similar measure for gender-affirming care, as states that have banned abortion care are now enacting restrictions on gender affirming care. A favorable report is requested.

MPA Testimony 2023 - Support - Senate Bill 859 - R

Uploaded by: Pat Savage

Position: FAV



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Educational Affairs

Laurie Friedman Donze, PhD

Ethics

Colleen Byrne, PhD

Legislative

Pat Savage, PhD

Membership

Linda Herbert, PhD

Professional Practice

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Thomas Cote, MBA, CAE

Senator Will Smith, Chair
Senator Jeff Waldstreicher, Vice Chair
Senate Judicial Proceedings Committee
Miller Office Building
Annapolis, MD 21401

March 1, 2023

RE: Senate Bill 859– The Reproductive Health Protection Act

Position: Support

Dear Chair, Vice Chair, and Members of the Committee:

The Maryland Psychological Association, (MPA), which represents over 1,000 doctoral level psychologists throughout the state, is writing to express **SUPPORT** for **Senate Bill 859– The Reproductive Health Protection Act**, which will protect Maryland healthcare providers, that are providing legal healthcare, from being prosecuted in another state whose laws differ from those in Maryland.

Psychologists are in a unique position with the passage of PSYPACT two years ago, where they can legally offer support, counsel and intervention with clients in states that are also part of the Compact. Many of these PSYPACT states have laws that are increasingly more restrictive around specific healthcare decisions that adversely impact one sex over the other. This bill enables psychologists in Maryland that are part of PSYPACT or otherwise licensed in states, that have a different view about reproductive health, to be able to support clients and be a resource without fearing penalty for doing our jobs as helpers and healers.

Psychologists are often allied health professionals that clients will turn to in order to help them understand and make important decisions, including those that pertain to reproduction. With the state of reproductive health so tenuous in other states, we applaud lawmakers in Maryland for adding protections for providers and options for patients rather than stripping them away. We strongly **SUPPORT Senate Bill 859**, and request that the bill receives a **FAVORABLE REPORT**.

Thank you for considering our comments on **Senate Bill 859**. If we can provide any additional information or be of any assistance, please do not hesitate to contact MPA's Legislative Chair, Dr. Pat Savage at mpalegislativcommittee@gmail.com.

Respectfully submitted,

Rebecca Resnick, Psy.D.
Rebecca Resnick, Psy.D.
President

R. Patrick Savage, Jr., Ph.D.
R. Patrick Savage, Jr., Ph.D.
Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association
Barbara Brocato & Dan Shattuck, MPA Government Affairs

2022 ACNM SB 859 Senate Side FAV.pdf

Uploaded by: Robyn Elliott

Position: FAV



Senate Judicial Proceedings Committee
SB 859 – Reproductive Health Protection Act
March 1, 2023
Favorable

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) supports *Senate Bill 859 – Reproductive Health Protection Act*. Without this legislation, Maryland patients and providers will be placed at great legal risk for the provision of abortion and other reproductive health care within our state borders.

On June 22, 2022, millions of Marylanders lost the fundamental right of bodily autonomy. With the *Dobbs* decision, the U.S. Supreme Court overturned *Roe v Wade* and eliminated constitutional protections for abortion rights. Justice Clarence Thomas also suggested that other protections, such as the right to birth control, may also be called into question.

Since the *Dobbs* decision, fourteen states have implemented abortion bans, including our neighboring state of West Virginia. By the end of this year, we could see about half the states banning or severely restricting abortion. These restrictive states, however, do not seem content to just stopping abortion within their states. Instead, they are adopting aggressive tactics to intimidate and even criminalize residents who travel out-of-state to seek abortion care. These tactics are creating a chilling effect on providers in states like Maryland. Abortion remains protected in our state, but our providers are frightened of attempts of restrictive states to impose criminal, civil, and administrative penalties.

We implore the Maryland General Assembly to protect Maryland abortion providers and their patients. Nurse-midwives, along with our physician and nurse practitioner colleagues, are struggling to provide reproductive health care to Marylanders and out-of-state patients alike. We are afraid of the long-arm of the law of states like Texas, and we no longer believe the Supreme Court will protect us.

The *Reproductive Health Protection Act* would protect us within the state of Maryland, as the state could not participate in out-of-state investigations of legally protected care, including the full range of reproductive health care. The bill would also ensure that health care practitioners were not at risk of losing their professional licenses or subject to malpractice insurance increases because of disciplinary actions by an out-of-state licensing board for care that would have been legal within the state of Maryland.

We ask for a favorable report and to make this bill into emergency legislation. We and our patients are at great risk now. We cannot wait much longer for protection. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net.

2022 MNA SB 859 Senate Side FAV.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Judicial Proceedings Committee

Bill Number: Senate Bill 859

Title: Reproductive Health Care Protection Act

Hearing Date: March 1, 2023

Position: Favorable

The Maryland Nurses Association (MNA) strongly supports *Senate Bill 859 – Reproductive Health Care Act*. The bill shields Maryland providers and patients from criminal, civil, and administrative penalties related to legally protected health care, including abortion and other reproductive health services.

With the *Dobbs* decision, the U.S. Supreme Court eliminated the constitutional right of individuals to choose abortion care. Now, it is entirely within a state's purview to determine if abortion will remain legal. Maryland is among the twenty-six states where abortion rights are expected to remain protected. Maryland codified the framework of *Roe v Wade* in 1992 after a majority of Marylanders supported a ballot referendum known as Question 6.

With fourteen states banning abortion, including nearby West Virginia, many people are having to travel to seek abortion care. Some states, such as Texas and Oklahoma, have enacted laws that penalize providers or anyone helping their residents seek care. These laws are designed to have a chilling effect on the provision of abortion care to both in-state and out-of-state residents in states like Maryland.

The Reproductive Health Protection Act contains multiple provisions that protect Maryland providers and patients from out-of-state actions, such as criminal or civil investigations. For licensed practitioners, the bill also prohibits health occupation boards from disciplining a licensee because an out-of-state board disciplined the provider for the provision of reproductive health services that would have been legal in the State of Maryland. This provision is necessary to protect the licenses of nurses and other health professionals who hold licenses in other states. The bill also prohibits malpractice insurance companies from raising Maryland rates if a health care practitioner has been disciplined from providing legally protected care.

We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net.

2023 LCPCM SB 859 Senate Side FAV.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Judicial Proceedings Committee

Bill Number: Senate Bill 859

Title: Reproductive Health Care Protection Act

Hearing Date: March 1, 2023

Position: Favorable

The Licensed Clinical Professional Counselors of Maryland (LCPCM) supports *Senate Bill 859 – Reproductive Health Care Protection Act*. The bill would protect Maryland providers and their patients from criminal, civil, and administrative penalties for legally protected health care, including abortion and other reproductive health care services.

Since the U.S. Supreme Court overturned *Roe v Wade* with the *Dobbs* decision, fourteen states have banned abortion, and almost a dozen more states will have enacted total bans or severe restrictions by the end of this year. People are having to travel hundreds of miles to obtain abortion care. Here in Maryland, we are seeing patients come from nearby West Virginia and from as far away as Texas for abortion care.

Many of the states are enacting abortion bans that penalize health care providers. For example, laws in Texas, Oklahoma, and Idaho permit private citizens to sue anyone aiding or abetting their states' residents in obtaining abortion care. These laws put a full range of providers, including professional counselors, in legal peril. They cannot provide counseling related to pregnancy options or make referrals for abortion services without risking losing their licenses and being sued. This situation is untenable, as health professionals are ethically bound to act in the best interests of their patients.

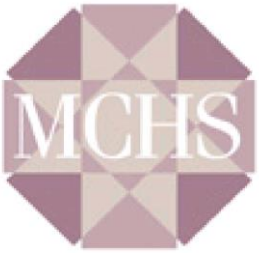
The Reproductive Health Act protects Maryland health providers by shielding them from criminal, civil, and administrative penalties for providing support related to reproductive health care; and more importantly, this act protects Maryland patients from intimidation when making their own reproductive health decisions.

We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net.

2023 MCHS SB 859 Senate Side FAV.pdf

Uploaded by: Robyn Elliott

Position: FAV



Maryland Community Health System

Committee: Senate Judicial Proceedings Committee

Bill Number: Senate Bill 859 – Reproductive Health Protection Act

Hearing Date: March 1, 2023

Position: Support

Maryland Community Health System (MCHS) supports *Senate Bill 859 – Reproductive Health Protection Act*. As a network of federally qualified health centers, we want to make sure that Marylanders and providers are protected from attempts to impose criminal, civil, and administrative penalties on Maryland providers and patients regarding legally protected care, including the full range of reproductive health services. Fourteen states have banned abortion since the *Dobbs* decision, and about a dozen more states are expected to ban or severely restrict abortion by the end of the year. Some states are even seeking to restrict access to birth control, so the full range of reproductive health services may be endangered.

These threats are not theoretical. States like Texas, Oklahoma, and Idaho have enacted legislation permitting private citizens to enforce abortion restrictions by suing anyone who has assisted someone in their state. Other states, such as Missouri, are seeking to classify abortion as a homicide for both patient and provider. We need this bill to ensure providers and patients remain safe in Maryland. If we can provide further information, please contact Robyn Elliott at relliott@policypartners.net.

2023 PPM SB 859 Senate Side FAV.pdf

Uploaded by: Robyn Elliott

Position: FAV

Senate Judicial Proceedings Committee
Senate Bill 859 – Reproductive Health Protection Act
Favorable
March 1, 2023

Overview of the Reproductive Health Landscape

Abortion Bans will have a chilling effect in Maryland and other states that protect abortion rights.

On June 22, 2022, millions of Marylanders lost the fundamental right of bodily autonomy. With the *Dobbs* decision, the U.S. Supreme Court overturned *Roe v Wade* and eliminated constitutional protections for abortion rights. Justice Clarence Thomas also suggested that other protections, such as the right to birth control, may also be called into question.

Since the *Dobbs* decision, fourteen states have implemented abortion bans, including our neighboring state of West Virginia. By the end of this year, we expect about half the states to ban or severely restricting abortion rights. Many states are not just stopping at trying to ban abortion within their borders. They are enacting laws, such as SB 8 in Texas and copycat laws in Oklahoma and Idaho, which threaten providers and support networks, like abortion funds, that support their residents in seeking care out of state.

There are numerous proposals to criminalize abortion care for patients, providers and support networks. Kentucky and South Carolina are considering bills that would treat abortion as homicide for both patients and providers. In West Virginia, just one legislator is standing in the way of creating severe criminal penalties for abortion providers.

Other states, such as Missouri, are considering how to block their residents from going over state lines. A law firm, the Thomas More Society has even developed model legislation to support states seeking to shut down access to out-of-state abortion care.ⁱ

Abortion bans eliminate abortion rights within a state’s borders and to prevent residents from traveling out-of-state. These bills are also designed to have a chilling effect in states that protect abortion rights, as providers may be too intimidated to continue to provide abortion care.

The Reproductive Health Protection Act

Legislation is needed to shield patients, providers, and support networks from intimidation tactics with severe consequences.

The Reproductive Health Protection Act will counteract the efforts of states like Texas to intimidate our patients, providers and support networks. The bill creates a “shield” against criminal, civil, and administrative penalties related to legally protected health care. Legally protected health care includes abortion, contraception, miscarriage management, fertility treatment and reproductive health care.

The bill contains similar elements as other shielding bills enacted by other states where abortion rights are protected: California, Connecticut, District of Columbia, Delaware, Illinois, Massachusetts, New Jersey, and New York. Similar legislation has been introduced in New Mexico, and we are expecting to see several other states actively consider shielding legislation this year.

Maryland’s shielding bill includes:

- Restrictions on using state resources to support out-of-state investigations of legally protected care;
- A prohibition of issuing subpoenas or other court orders related to legally protected care;
- Limitations on extraditions related to legally protected care where the law already provides for discretion of the Governor to make such decisions;
- Protections for health care practitioners in being disciplined by a Maryland health occupational board for an adverse action taken by an out-of-state board related to the provision of reproductive health care that would have been legal in Maryland; and
- A prohibition on malpractice insurers raising rates if health care practitioners are disciplined by out-of-state boards for legally protected care.

Conclusion

Planned Parenthood of Maryland requests a favorable report on *the Reproductive Health Protection Act*. The bill ensures that reproductive health services remain accessible in Maryland to in-state and out-of-state residents. We also note that the legislature should consider a similar measure for gender-affirming care, as states that have banned abortion care are now enacting restrictions on gender affirming care. If we can provide any assistance as you consider this critical legislation, please contact Robyn Elliott at relliott@policypartners.net.

ⁱ <https://www.culawreview.org/journal/the-post-dobbs-legality-of-out-of-state-abortion-travel-bans>

sb859 favorable Reproductive Health Protection Act

Uploaded by: Sarah Miicke

Position: FAV

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Zionist Organization of America
Baltimore District

WRITTEN TESTIMONY

Senate Bill 859 - Reproductive Health Protection Act

Judicial Proceedings Committee

March 1, 2023

Background: Senate Bill 859 (SB859) would create shielding laws so that other states could not access information of individuals who seek abortion care in Maryland from outside states, therefore protecting them from criminal, civil and administrative liability from their home state. It would also protect that person's healthcare providers, support organizations, etc. from those liabilities.

Written Comments: The Baltimore Jewish Council's position in support of reproductive freedom is clear: "The Baltimore Jewish Council opposes government interference with the decision of a woman, in voluntary consultation with her family, her doctor, or her clergy, to determine all aspects of her reproductive life." Jewish law is also clear that when the life of the mother is at stake, Jewish law not only permits, but also actually compels, the mother to abort the fetus to save her own life.

This community consensus statement was adopted nearly 40 years ago by the Baltimore Jewish Council, and it continues to govern our actions.

While Maryland legislators have enshrined many protections of reproductive rights into law, the Baltimore Jewish Council will continue to support governmental efforts to protect reproductive rights in accordance with our long-standing policy.

For these reasons we ask for a favorable report on SB859.

The Baltimore Jewish Council, a coalition of central Maryland Jewish organizations and congregations, advocates at all levels of government, on a variety of social welfare, economic and religious concerns, to protect and promote the interests of The Associated: Jewish Community Federation of Baltimore, its agencies and the Greater Baltimore Jewish community.

Testimony- Favorable w Amendments - SB 859- Kari A

Uploaded by: Ashley Egan

Position: FWA



Unitarian Universalist Legislative Ministry of Maryland

Testimony in Support of SB 859 - The Reproductive Health Protection Act

TO: Senator Will Smith, Jr. Chair and Members of the Judicial Proceedings Committee
FROM: Kari Alperovitz-Bichell, MD MPH, Advocate for Reproductive Health Care Rights
Unitarian Universalist Legislative Ministry of Maryland,
DATE: March 1, 2023

I am Kari Alperovitz-Bichell, MD representing both myself, as a physician, and also representing the Unitarian Universalist Legislative Ministry of Maryland.

We urge your support for SB 859 - The Reproductive Health Protection Act, which would protect medical providers, patients, and their support networks from out-of-state investigations for needed reproductive healthcare. We also urge that this bill be amended to include shielding for gender affirming care.

This is a somewhat complex bill, but from both my medical and my faith perspectives, all of its provisions are very important.

As a primary care physician who provides reproductive health services, I am quite worried that fear of out-of-state lawsuits, prosecutions, and investigations will soon have a chilling effect on provision of needed health care services in Maryland. Physicians ought to be able to focus on providing the best treatment possible for every patient seeking our care, rather than worrying about whether a patient might have “snuck in” from some other state, and that caring for them will put us at risk for criminal prosecution or financial ruin. Furthermore, scarce healthcare resources in Maryland should not be wasted attempting to determine in which state a patient legally resides.

But more fundamentally for me and my fellow Unitarian Universalists, I am called by the first principle of my faith to affirm the inherent worth and dignity of every human being. Our faith recognizes a universal human need for safe and dignified reproductive health care, a need that does not stop at state lines. And, because we also believe that health care should be available to those in need, including the poor, we strongly support the provisions in this bill that eliminates co-pays and deductibles for abortion care.

Also flowing directly from our Unitarian Universalist affirmation of the inherent worth and dignity of every human being, we believe that gender affirming care is vital care, and as such should be shielded from the intimidating effect of other states' laws, in the same manner as the reproductive healthcare that this bill defines.

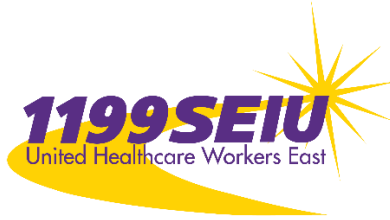
Therefore, we urge you to vote yes on SB 859, and to amend it to include gender affirming care as legally protected healthcare.

Respectfully submitted,
Kari Alperovitz-Bichell, MD MPH -
Unitarian Universalist Legislative Ministry Advocate for Health Care Rights
Annapolis, Md District 30A

Reproductive Health Protection Act Ricarra Jones 1

Uploaded by: Brige Dumais

Position: FWA



Testimony on SB859/HB808
Reproductive Health Protection Act
Position: **Favorable with Amendment**

To Chair Smith & Members of the Judicial Proceedings Committee; Chair Pena-Melnyk & Members of the Health and Government Operations Committee; Chair Clippinger & Members of the Judiciary Committee:

My name is Ricarra Jones. I am the Political Director of 1199SEIU United Healthcare Workers East. We are the largest healthcare workers union in the nation, representing over 10,000 members in the Maryland/DC region. We represent healthcare workers who provide abortion care and urge a favorable with amendment report on the Reproductive Health Protection Act. There is a super majority in Maryland that believes personal healthcare decisions should be made between a healthcare provider and their patient, without influence from the government or an employer. As a healthcare workers union, we are loud and clear that abortion is healthcare. This bill will ensure that our State will never cooperate with out-of-state investigations into providers of reproductive healthcare that is legal in our state.

As access to reproductive healthcare is being politicized and attacked elsewhere in the nation, it is critically important we pass SB859/HB808 this year. Maryland will likely see an influx of abortion seeking refugees travelling from states that have severely limited or no access to reproductive healthcare. We cannot allow other states to dictate the types of healthcare we are allowed to practice in our state. This bill will provide much needed protection for healthcare workers like our members that provide abortion care.

We have a short staffing crisis across the healthcare industry in Maryland. This is particularly concerning because it adversely impacts patients', like patients who need abortion care, ability to be treated in a time-sensitive manner for urgent medical issues. If other states can target our healthcare providers, it will limit access to abortion in Maryland and it will make the short staffing crisis worse.

Again, we are in strong support of SB859/HB808, however the bill is incomplete. There is another form of life saving, essential healthcare that is being politicized and attacked elsewhere in the nation. I'm speaking of course about Gender Affirming Healthcare (GAC). 1199SEIU represents members who are GAC providers. We are requesting an amendment to this bill to include protections for healthcare workers who provide GAC. **Many healthcare workers who provide abortions also provide GAC. When we protect one type of healthcare but not the other, we are still leaving our abortion care providers at risk of being targeted.** There has been a rise in threats against GAC providers in the same way there have been threats against abortion care providers. These threats and attacks are coming from the same regressive, extremist forces. When this bill is passed and abortion care providers are shielded for providing abortion care, but they are not shielded for providing GAC, then abortion care providers will not be truly protected because they will be targeted for providing GAC instead. This can reduce access to abortion care in Maryland. Furthermore, abortion care and GAC are not mutually exclusive – as there are transgender people who need access to abortion care too.

"My body, my choice" and the fundamental value that healthcare decisions should be made between patients and providers applies to *both* GAC and reproductive healthcare-- as should the Reproductive Health Protection Act. **We urge a favorable with amendment report on SB859/HB808.** Maryland's healthcare providers care for us, now we are asking you to care for them by passing this bill. Thank you.

In Unity,
Ricarra Jones, ricarra.jones@1199.org

Pitney Testimony SB 859.docx.pdf

Uploaded by: Christie Pitney

Position: FWA

HB 808/SB 859

Senate Judicial Proceedings Committee; Hearing on 3/1/23

Thank you for taking the time to review my written testimony. My name is Christie Pitney and I am a nurse practitioner and nurse-midwife with a telehealth practice here in Maryland. I am here today to request that you support SB 859. It is critical that Maryland pass this bill and put in place strong protections for clinicians who are offering abortion services. As you know, many states are implementing abortion bans that restrict access to this essential healthcare service. Patients from across the country are turning to Maryland and other “haven” states to receive care that they are being denied in their home states. Some of those patients can travel to Maryland but many cannot. Through my practice, I have patients every single day who are looking for access to care, but I have to turn them away because they cannot leave a restricted state. One example that comes to mind is a patient, who was a minor, and her mother who called my practice together requesting that we send medication abortion pills to Florida because the patient had been raped. They could not find access in their area and they could not afford to pay for the abortion, let alone raise a child. When patients are unable to receive these critical services in their home states, we should be there to support them and provide the care they need. In order to do so, it is critical that protections are in place for clinicians so that anti-abortion extremists in the restricted states cannot retaliate. My personal position on the bill is favorable with amendments. I ask that you support SB 859, but that the language be adjusted to further strengthen protections for both patients, regardless of their location, and clinicians who are present in Maryland. I hope this bill passes and we are able to uplift Maryland to be one of the leaders in support of reproductive freedom for our country. Thank you again for taking the time to review this testimony.

HPP Testimony SB 859- FWA.pdf

Uploaded by: Jessica Emerson

Position: FWA

Testimony of the Human Trafficking Prevention Project

BILL NO: Senate Bill 859
TITLE: Reproductive Health Protection Act
COMMITTEE: Judicial Proceedings
HEARING DATE: March 1, 2023
POSITION: **FAVORABLE WITH AMENDMENTS**

Senate Bill 798 states unequivocally that Maryland will not participate in the concerted actions of anti-abortion states designed to intimidate Maryland patients and providers and have a chilling effect on the accessing of critical reproductive health care services. The Human Trafficking Prevention Project supports this bill with amendments because it will protect health care providers, patients, and the people who support patients in their reproductive health decisions from criminal charges, civil litigation, and administrative penalties. It is essential that HTPP clients, many of whom are human trafficking survivors, are able to access both reproductive and gender-affirming care seamlessly, which means being able to rely on the service providers with which they interact.

Why is This Bill Necessary?

In the wake of the Supreme Court's ruling in *Dobbs v. Jackson Whole Women's Health*, 14 states have already fully or nearly banned abortion, and another ten are expected to do so. Over 300 abortion-related bills have already been filed this year across the country, the majority of which are anti-abortion. With the overturning of *Roe v. Wade*, many of them now target providers,¹ Some examples include:

- Wyoming – providers face up to 14 years in prison for performing an abortion;²
- Nebraska – providers will have license stripped for performing abortion after fetal heartbeat and be found guilty of a felony;³
- Iowa – providers face 10 years in prison for prescribing abortion pills;⁴ and,
- Idaho – makes transporting minors to obtain an abortion the crime of human trafficking.⁵

These consequences have had the very intentional impact of deterring providers across the country from providing not only abortion care even to save a woman's life, but also pregnancy care, including the delaying of services until complications rise to the level of life-threatening, in order to avoid imprisonment. This legislation is therefore necessary to protect Maryland providers and Maryland patients.

What Does This Bill Do?

Summons & Subpoenas

- Maryland courts may not issue out-of-state subpoenas or summonses for cases involving legally protected health care.

¹ Many States Impose a Jail Sentence for Doctors Who Perform Abortions Past Gestational Limits, Kaiser Family Foundation, May 22, 2023

² WY ST. §35-6-110

³ NE ST. §28-332

⁴ Chen, David W., The New York Times, A New Goal for Abortion Bills: Punish or Protect Doctors, 2/16/23.

⁵ Idaho House Bill 98 (2023)

Foreign Judgments

- Maryland will not honor a foreign judgment if it arises from a claim related to legally-protected health care.

Extradition

- The Governor SHALL NOT honor another state's extradition request for someone who committed an act in Maryland, or a third state, if it relates to legally-protected health care and would not be a crime in Maryland.

Interstate Investigations

- No state funds, personnel, property, or other resources may be used to further an interstate investigation or proceeding seeking to impose civil, criminal, or administrative liability related to legally protected health care.

Provider Licenses

- Health Occupation Boards cannot take adverse actions against a provider because of the provision of, or disciplinary action related to, otherwise lawful legally protected health care.

Malpractice Insurance

- Insurance providers cannot raise premiums or refuse to renew insurance against a provider because of the provision of, or disciplinary action related to, otherwise lawful legally protected health care.

Are There Any Exceptions in This Bill?

- It does NOT apply to conduct that is subject to criminal, civil, or administrative liability under Maryland law.
- It does NOT apply to a claim brought by a patient who received legally-protected health care.
- It does NOT apply to investigations where the subject of the investigation provides written consent.

Fourteen states, plus the District of Columbia, have already taken action to shield patients and providers from liability related to legally-protected health care, either through Executive Order or statute. Maryland must act now to do the same. We will only have reproductive freedom in Maryland if we shield ourselves from the threats and intimidation tactics of other states. It is worth noting that those providing or pursuing reproductive health care are not the only ones at risk in the current legal and political environment.

Inclusion of Gender-Affirming Healthcare

Across the nation, many states that are seeking to criminalize abortion are simultaneously passing measures to criminalize gender-affirming care and those that seek it.⁶ As a result, the HTPP recommends adding measures to include gender-affirming care in the definition of legally-protected health care as it would further protect providers and patients in our state.

Passage of Senate Bill 859 with amendments will ensure that no one ideologically-driven person or state government will be permitted to dictate the ability of any Marylander to make their own decisions about their bodies

⁶ See America College of Physicians, *Attacks on Gender-Affirming and Transgender Health Care* (Nov. 2022), <https://www.acponline.org/advocacy/state-health-policy/attacks-on-gender-affirming-and-transgender-health-care> (explaining that while most gender-affirming care restrictions either criminalize physicians or make them subject to civil penalties or professional discipline through state licensing boards, bills in multiple other states would also establish penalties for parents who facilitate their children's access to gender-affirming care, including by designating this health care as abuse).

or their lives. For trafficking survivors, SB 859 will allow them access to the crucial health care they need and the support they deserve as they work to heal from the trauma of their trafficking experience. For these reasons, the Human Trafficking Prevention Project respectfully urges a favorable report with amendments on Senate Bill 859.

*For more information, please contact:
Jessica Emerson, LMSW, Esq.
Director, Human Trafficking Prevention Project
(E): jemerson@ubalt.edu*

HoCo JCRC supports SB859 with amendment.pdf

Uploaded by: Nancy Schweiss

Position: FWA



Hearing Date: March 1, 2023

Testimony on SB859 – POSITION: FAVORABLE WITH AMENDMENTS
Reproductive Health Protection Act

To: Chair Smith and Members, Judicial Proceedings Committee
From: The Jewish Community Relations Council, Howard County, MD
Betsy Singer and Laura Salganik, Co-Chairs

The Jewish Community Relations Council (JCRC) of Howard County is submitting this testimony in support of SB859. The JCRC represents the approximately 25,000 Jews throughout our County. We recognize that bans and restrictions on reproductive care are being enacted outside the State of Maryland. We further recognize that there are efforts underway to interfere with out-of-state residents' ability to access care from Maryland healthcare providers and that these efforts pose legal risks to providers as well as to other Maryland citizens who help to enable that access. We see the passage of SB859 in amended form to extend protections to gender-affirming care as imperative.

Marylanders have a self-interest in protecting our healthcare providers. Our faith tradition instructs us that we must also advocate beyond self-interest. With the West Virginia legislature currently considering one bill which would block nearly all abortions and another that would block gender-affirming care to minors, our neighbors are facing imminent threats to their health care.

Efforts to restrict access to reproductive care have been mainly predicated on the concept of fetal personhood. But fetal personhood is a religious construct and does not represent the perspectives of all religions. Judaism does not consider a fetus to have personhood. Jewish legal scholars have maintained for centuries that a fetus, dependent on its mother for life, is a part of the mother rather than its own person. When difficult decisions are faced which require weighing the interests of the mother against the incipient life of the fetus, the mother's interests prevail.¹ Jewish law has also embraced an individual's right to seek gender-affirming care including surgical care.²

The imposition of a particular religious viewpoint on those who do not follow that religion violates the free practice of religion enshrined in the U.S. Constitution. Legal challenges are threatening Maryland providers' ability to practice medicine and the State of Maryland's ability to administrate the medical care of its own citizens. We are seeing a gross legal overreach of historic proportions. We implore the Maryland legislature to address these challenges through passage of an amended SB859.

¹ Grossman, Rabbi Susan, "Partial Birth Abortion and the Question of When Human Life Begins", 2001.
<https://www.rabbinicalassembly.org/jewish-law/committee-jewish-law-and-standards/teshuvot-database>.

² Sharzer, Rabbi Leonard A. MD, "Transgender Jews and Halakhah", 2017, page 20.
<https://www.rabbinicalassembly.org/jewish-law/committee-jewish-law-and-standards/teshuvotdatabase>.

Baltimore Abortion Fund SB859 FWA Testimony.pdf

Uploaded by: Priya Hay-Chatterjee

Position: FWA

Testimony for Senate Bill 859: Reproductive Health Protection Act

Senator Smith, Senator Waldstreicher, and members of the Committee:

The Baltimore Abortion Fund (BAF) is a community-centered nonprofit that provides financial and logistical support to Maryland residents and to people 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.

For decades, abortion seekers in states with abortion bans and restrictions have traveled to Maryland to receive care that is unavailable in their own states. With relatively few abortion restrictions and with three clinics providing abortions later in pregnancy, Maryland is uniquely positioned as a lifeline for abortion seekers in the South and Midwest. While traveling for abortion care isn't new, since the U.S. Supreme Court's *Dobbs v. Jackson* decision in 2022, the volume of patients being forced to make the journey to Maryland for legal abortion care is increasing. Following *Dobbs*, BAF's lodging expenses for our traveling clients in the second half of 2022 totaled nearly seven times those expenses in the first half of 2022.

Abortion bans are not based in science or medicine, but in other governments' desires to deprive their constituents of their human right to bodily autonomy. It is vital not only that our state has enough providers to meet the growing demand for abortion care, but also that the providers and logistical supporters of this essential care are safe from out-of-state litigation. With a volunteer network of more than 100 Marylanders, the shielding of people who are on the ground supporting access to abortion care is vital to BAF's work.

Many states that have enacted abortion restrictions are also considering or implementing restrictions on gender-affirming care (GAC) – including our neighbor, West Virginia. As such, Maryland is also becoming a lifeline for transgender people seeking GAC – but it is not prepared to shield providers and logistical supporters of this essential care from the same genre of out-of-state litigation. That must change.

Abortion care and gender-affirming care are both essential forms of health care. Both are avenues that allow gender-marginalized people the bodily autonomy to build their lives as they see fit. Both are under attack by politicians and groups who seek to control the reproduction and expression of their constituents. Both must be protected by this legislation.

For these reasons, we urge the Committee to return a favorable report on SB859, with an amendment that will shield providers and logistical supporters of gender-affirming care.

TESTIMONY IN SUPPORT OF Senate Bill 859.pdf

Uploaded by: Sharon Blugis

Position: FWA



TESTIMONY IN FAVOR WITH AMENDMENTS OF SENATE BILL 859: Reproductive Health Protection Act

TO: Chair, Senator Will Smith of Judicial Proceedings Committee

FROM: Sharon Blugis, Interim Executive Director, Pro-Choice Maryland

DATE: Tuesday, February 28, 2023

Pro-Choice Maryland is an independent, nonprofit organization that develops and advocates for policies that protect reproductive freedom and that advance reproductive justice. **Pro-Choice Maryland strongly supports the right of ALL individuals to full bodily autonomy and to unequivocal control over their own health and healthcare decisions including their private health records *and* to protect health care providers and patients.**

This legislation states unequivocally that Maryland will not support out-of-state investigations about legal reproductive health care in our state. We will not support other states that seek to intimidate our providers and threaten their state residents who travel to Maryland to seek reproductive health care. Our courts will not process subpoenas, our state agencies will not provide records, and law enforcement will not cooperate with states investigated legal reproductive health care in our state. With this bill, we will protect health care providers, patients, and the people who support patients in their reproductive health decisions from criminal charges, civil litigation, and administrative penalties. We will only have reproductive freedom in Maryland if we shield ourselves from the threats and intimidation tactics of other states.

However, we believe this bill does not go far enough to provide protection for those providers who give gender-affirming care. Maryland has long been a safe haven for people seeking care that isn't available in their own states. In continuing to be a haven state, we must protect the people who are on the front lines of offering both abortion care and gender-affirming care without equivocation. Pro-Choice Maryland fully supports the autonomy and protection of trans people and their care providers.

As reproductive rights advocates, it is our firm and unequivocal belief that protecting abortion care and gender-affirming care is essential to protecting the reproductive freedom of all Marylanders. We will not leave our trans siblings behind for the sake of political expediency. We must work together to ensure both abortion access and health equity for transgender and gender non-conforming people is protected this legislative session. As legislators committed to protecting abortion access and LGBTQ rights, we call on you to commit to include gender-affirming care and include it in the abortion shielding bill.

Maryland Catholic Conference_UNFAV_SB859.pdf

Uploaded by: Brian Barnwell

Position: UNF



March 1, 2023

Senate Bill 859

Reproductive Health Protection Act

Senate Finance Committee

Position: Unfavorable

The Maryland Catholic Conference is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

Senate Bill 859 mandates that state employees, including Judges, must not comply with other States' request for help in other States' prosecution or inquiries regarding issues that are defined as "legally protected health care" unless the acts forming the basis of the prosecution or investigation would constitute a crime in Maryland. Legally protected health care is defined as, "reproductive health services, medications, and supplies related to the direct provision or support of the provision of care related to pregnancy, contraception, assisted reproduction, and abortion that is lawful in this State. The legislation does not allow the Governor to surrender a person who violated other States' laws on issues that are defined by Maryland as "legally protected health care", UNLESS compelled by a Federal Court. Senate Bill 859 also prevents any disciplinary action, or changes in insurance rates against a health care practitioner if they are disciplined by another State regarding services Maryland defines as "legally protected health care".

According to the Guttmacher Institute, there were 29,800 abortions in Maryland in 2017. This was a 7% increase between 2014-2017, from 23.4 to 25.0 abortions per 1,000 women of reproductive age. Abortions in Maryland represent 3.5 of all abortions in the United States. Maryland is already a destination in the abortion travel industry, and Maryland already ranks near the very top of States that carry out abortions by percentage of the population. Maryland taxpayers already pay millions in taxes that go to providing abortions for others. This bill will help only increase these trends.

This bill will set a dangerous precedent by running afoul of the Full Faith and Credit Clause of the United States Constitution. Other States may respond in kind and ignore the laws of Maryland. SB859 shields abortion practitioners violating other States' laws from arrest, subpoena, and extradition, and will prevent professional misconduct charges against abortion providers. This bill will not protect or help women; it protects abortion providers, shields people who violate the laws of other States, and promotes Maryland as an abortion destination for others that will result in the taxpayers of Maryland having to pay for even more abortions.

For these reasons, the Maryland Catholic Conference asks for an unfavorable report on **SB 859**.

Thank you for your consideration.

2023.SB0859.Arlinghaus.pdf

Uploaded by: Francis Arlinghaus

Position: UNF

SB0859

Oppose

Dr. Frank Arlinghaus

3010 Evergreen Way, Ellicott City MD 21042

I ask the members of the committee to oppose Senate Bill 859 due to the extreme nature of the bill. In particular, the bill extends the reach of the most extreme portions of Maryland abortion law across state lines to encourage trafficking in abortions in a dangerous way. It is bad enough that Maryland law as currently written and enforced lacks protections for children, but it's even worse that this bill encourages predators and provides them an outlet in Maryland.

Maryland already has extreme abortion laws compared to other states, and one of the most dangerous is the lack of protections for parents and their children. State law allows children to obtain abortion with the consent of the provider without any requirement for parental notification, and without any records kept as to decisions made by providers to let even preteens obtain abortions. This allows the circumstance of an abuser, even a serial abuser to bring his victim in for abortions with no record of the abuse.

This bill would extend this scenario to other states, making Maryland a destination for abusers to obtain abortions for their victims, especially for abusers coming from states where minors abortions are tracked, where minors parents are informed, where authorities can use records to pursue evidence of a crime only indicated by the trafficking engaged in by the abuser. However, in Maryland, because such a scenario is hidden by abortion law, such evidence doesn't exist.

This scenario doesn't occur often, but has been found in other states. It won't be found in Maryland, and this bill extends that flaw in the Maryland law beyond the state borders.

While I disagree with this law for so many reasons, this flaw alone should cause concern among the members of this committee. For this reason, I ask that you consider returning an unfavorable report on this bill..

UNFAVORABLE.SB859.HB808.MDRTL.L.Bogley.pdf

Uploaded by: Laura Bogley

Position: UNF



Unfavorable Statement SB859/HB808
Reproductive Health Protection Act
Laura Bogley, JD
Executive Director, Maryland Right to Life

On behalf of our Board of Directors and in the interest of public health and safety, we strongly oppose this bill that enables abortionists to traffic and exploit women for profit, and we urge your unfavorable report. By enacting this legislation, the Maryland General Assembly will become a state-sponsor of interstate human trafficking, will aid and abet sex traffickers and will recklessly disregard your duty to provide for the public welfare of residents and non-residents alike.

Article IV of the Constitution of the United States requires states to help enforce civil judgments by other states. This bill not only attempts to circumvent the Constitution, but would enact a severe financial penalty to deter individuals from complying with Constitutional provisions.

Abortion Shield Laws Aids Sex Traffickers

The connection between abortion and sex-trafficking cannot be denied. Both are an affront to human dignity, and both are profiting from human suffering. Doctors who exploit women for sex and abortion centers that turn a blind eye for profit, enable the sex-trafficking industry. [Several](#) undercover investigations have documented Planned Parenthood's failure to report rape, as well as its aiding and abetting of sex-trafficking.

A ground-breaking [study](#) by the Beazley Institute found 66 human-trafficking survivors had a total of 114 abortions — 114 abortions among 66 women. A majority indicated that coercion played a role in at least one of their abortions. Two-thirds of trafficking survivors in the Beazley study had their abortions in clinics; nearly 30 percent said they went to Planned Parenthood. One [survivor](#) who endured six abortions recounted:

“I was under serious pressure from my pimps to abort the babies. I got pregnant six times and had six abortions during this time. Several of them were from a doctor who was a client — he did them backdoor. ... At least one of my abortions was from Planned Parenthood because they didn't ask any questions. ... You went backdoor where the charge was more like \$150.”

Human-trafficking is a [\\$150 billion per year](#) global industry, the [second-most](#) profitable form of transnational crime after drug trafficking. It most frequently takes the form of sex-trafficking, which rakes in an estimated [\\$99 billion](#) per year. A [study](#) by the Urban Institute that interviewed pimps and traffickers found they can make anywhere from \$5,000 to \$32,833 a week. Women and girls make up [71 percent](#) of their victims.

Abortion Shield Laws Hurt Women

Abortion will never be accepted as legitimate healthcare while the state fails to assign to abortion practices, the medical standards of care that apply to all other health care services.

The state has a duty under the Commercial Law Article and the Health Occupations Article, to protect consumers from dangerous products and to implement medical standards and disciplinary measures for individuals licensed or certified to provide health services. Instead this bill would shield negligent abortion providers and unregulated abortion drug manufacturers from liability for any harm or death caused to women.

If it is possible for an abortionist seeking Medicaid reimbursement to report the number and reasons for abortions committed, redacting personally identifying patient information, it is possible for the state to collect and report abortion metrics without violating patient privacy. But this bill will limit the state's ability to compile abortion metrics to ensure the health and safety of women obtaining abortion, including to properly measure **the correlation between abortion and maternal mortality**.

Of great concern to women's health is the fact that this bill will prevent emergency medical providers from accessing **patient medical histories** to assist them in providing critical care for women seeking emergency treatment for abortion complications. Data is being collected through hospital emergency room personnel that women are arriving with abortion injuries without revealing that they have undergone abortion procedures or consumed abortion drugs. These injuries are often falsely reported as "spontaneous miscarriage". Complications, injuries and deaths related to chemical abortion drugs, are dramatically under-reported leaving the state ill-equipped to provide for women's health and safety.

Abortion is Unsafe for Women in Maryland

Despite the Supreme Court 2022 *Dobbs* decision overturning *Roe v. Wade* (1973), abortion remains legal through all nine months of pregnancy and for any reason, under the *Maryland Freedom of Choice Act* (1991). The Maryland General Assembly has repealed all legal safeguards for women's health and safety and deregulated abortion practices.

Limited regulations on abortion clinics and practices are complaint-driven and not routinely enforced—even after two women were nearly killed in Bethesda in 2020 after parts of their babies were shoved into their abdominal cavities during late term abortion procedures. Because state law left them no little legal recourse, the survivors were forced to settle civil suits against the reckless abortionist. The state has allowed this dangerous abortionist to remain in practice. This bill would make that the norm.

Through the enactment of the *Maryland Abortion Care Access Act of 2022*, the Maryland General Assembly has **removed abortion from the spectrum of healthcare** by repealing the requirement that only a licensed physician may perform abortion. Now any "certified provider" may provide chemical or surgical abortion through birth. Physicians now serve only a tangential role on paper *if at all*, either as remote medical directors for abortion clinics or as remote prescribers of abortion pills.

As a result of these pernicious policies, the practice of abortion in Maryland has become the "red light district" of medicine, populated by dangerous, substandard providers.

Chemical Abortion Drugs are Unsafe

Through "telaboration" and the unregulated proliferation of abortion drugs, the abortion industry itself has exposed women to "back alley" style abortions, where they bleed alone without medical supervision or assistance, then flush their babies down toilets. Chemical abortion pills are 4 times more dangerous

than surgical abortion and emergency room visits related to abortion pill complications has increased by 500% since the drugs were first approved for use in abortion.

The Biden administration has put abortion politics before patients by demanding the Food and Drug Administration remove all regulatory safeguards for women using abortion drugs and putting women at elevated risk of injury and death. Women and girls may now obtain abortion drugs remotely through any “certified provider” without a physician’s examination. A physician’s examination is essential to determine gestational stage and medical contraindications including ectopic pregnancy or RH-negative blood.

It is important to note that the FDA only approves domestically-manufactured abortion drugs, but many abortion drugs are made in China and are completely unregulated.

Abortion Regulation Protects Women

Common sense regulations of abortion practices protect women and girls seeking abortion in multiple ways. Abortion restrictions and safeguards protect women and girls from abortion coercion at the hands of abusive partners, sex traffickers and other authority figures.

Informed consent laws ensure that women and girls have the right to know of all the physical and psychological risks associated with abortion including post-abortion stress syndrome, depression and suicidal ideation, as well as future infertility or pregnancy complications, uterine or cervical incapacity, miscarriage, preterm birth, and even infant or maternal mortality.

Reporting requirements allow the state to measure not only the correlation between abortion and risks to maternal and infant health, but also to measure the extent to which the state is meeting the legitimate healthcare needs of women and families. Maryland is one of only three states that shield the abortionists by waiving abortion reporting requirements to the Centers for Disease Control.

Abortion is not Medically Necessary

Pregnancy is not a disease and 95% of biologists agree that a unique human life begins at the moment of fertilization. Abortion is not healthcare as evidenced by the fact that 85% of obstetricians and gynecologists in a national survey refuse to participate in abortion practices. Medical intervention necessary to save the life of the mother, including for ectopic pregnancy and miscarriage, is not prohibited by the law of this or any other state.

MDH is Failing Pregnant Women and Families

The Maryland Department of Health has consistently failed to meet the needs of pregnant women and families in Maryland and any appropriation should be withheld until the Department provides the annual report to the Centers for Disease Control to measure the number of abortions committed each year in Maryland, abortion reasons, funding sources and related health complications or injuries.

- The Department has routinely failed to enforce existing state health and safety regulations of abortion clinics, even after two women were near fatally injured in botched abortions.
- The Department has routinely failed to provide women with information and access to

abortion alternatives, including the Maryland Safe Haven Program (Department of Human Services), affordable adoption programs or referral to quality prenatal care and family planning services that do not promote abortion.

- The Department has demonstrated systemic bias in favor of abortion providers, engaging in active partnerships with Planned Parenthood and other abortion organizations to develop and implement public programs, curriculum and training. In doing so the Department is failing to provide medically accurate information on pregnancy and abortion.
- The Department systemically discriminates against any reproductive health and educational providers who are unwilling to promote abortion and in doing so, suppresses pro-life speech and action in community-based programs and public education.
- The Department fails to collect, aggregate and report data about abortion and the correlation between abortion and maternal mortality, maternal injury, subsequent pre-term birth, miscarriage and infertility.
- The Department is failing to protect the Constitutionally-guaranteed rights of freedom of conscience and religion for health care workers, contributing to the scarcity of medical professions and personnel in Maryland.
- The Department is failing to protect women and girls from sexual abuse and sex trafficking by waiving annual reporting requirements for abortionists, waiving mandatory reporter requirements for abortionists, and failing to regulate abortion practices.

Abortion is the Leading Killer of Black Lives

Abortion has reached epidemic proportions among people of color with half of all pregnancies of Black women ending in abortion. The Black population has long been targeted for elimination through sterilization and abortion. Even today, 78% of abortion clinics are located in minority communities. As a result abortion has become the leading killer of Black lives. Abortion is the greatest human and civil rights abuse of our time and as a civilized people we cannot continue to justify or subsidize this genocide.

Abortion is a Failed Policy

50 years of legal abortion never ended childhood poverty, rape and incest or unplanned pregnancies. In fact, the amount of abortions has increased proportionately to the increase in public funding for abortion. The abortion industry is financially invested in unplanned pregnancy and cannot be entrusted to provide for the reproductive health needs of Maryland women and families.

For these reasons, we respectfully urge you to put patients before abortion politics, and to issue an unfavorable report on this bill. The State of Maryland must provide safeguards in law to protect women from abortion exploitation and interstate sex trafficking.

Respectfully Submitted,

Laura Bogley, JD
Executive Director, Maryland Right to Life

Testimony in Opposition to Maryland Amendments SB

Uploaded by: Melissa Ohden

Position: UNF

Testimony of Melissa Ohden, MSW
Founder & Director, The Abortion Survivors Network
4810 NE Vivion Rd. #25531
Kansas City, MO 64119

Testimony in opposition to SB 798 and HB 705 to place on the ballot a constitutional amendment enshrining constitutional rights to an abortion. SB 798/HB 705 is flawed, as it aims to enshrine a right by denying the right of another human being.

To be targeted for an abortion was denying my right to life. Abortion survivors understand that their lives are more than a choice and should be recognized as such, just as Life is recognized within the documents fundamental to the establishment and guiding values of our nation. I address this with significant authority.

In 1977, my birth mother had a saline infusion abortion forced upon her by my grandmother. This procedure involved injecting a toxic salt solution into the amniotic fluid meant to protect my body from scalding and poison me to death. Despite all odds, I was born alive. I was rescued by a nurse who disobeyed orders to lay me aside to die and rushed me to the NICU. I was estimated to be at 31 weeks gestation and weighed 2 pounds and 14 ounces on the day I now celebrate as my birthday.

My medical records note that an abortion was performed but failed.

I am not alone. As the Founder and CEO of The Abortion Survivors Network (ASN), the only organization in the world to support survivors, data indicates tens of thousands of abortion survivors in the United States alone. In recent years, we have seen a 33% increase in outreach for support, healing, and community by survivors and their family members who have been traumatized by abortion, a “right” that causes significant pain, suffering, and generational trauma. Infants do survive abortion.

Our research at the Abortion Survivors Network indicates that 0.21% of abortions result in a live birth. This means that for every 1,000 abortions, approximately two infants survive. Based on the number of abortions performed nationwide, an average of 1,734 failed abortions result in a live birth every year. Each survivor is a testimony not only of the occurrence of failed abortions but of the value and potential of every unborn infant.

I am alive today because someone else’s “reproductive right” failed to end my life. Yet, life is the foundation of all other rights. The members of the ASN community share the same collective grief that, by the popular definition of “reproductive rights,” we never had the right to live at all.

This is exactly how SB 798 and HB 705 would misdefine reproductive rights.

We need to acknowledge the need for difficult and real conversations about this. The fact is that abortions are not safe for half of the patients in our country. Half of the patients in that office are intended to die, while their moms are often visibly and invisibly scarred.

How can I reconcile my rights as a woman who survived a failed abortion with the rights these bills would provide? It is intellectually dishonest to advance the concept that I had no right to life, but I now possess the right to end the life that is the foundation of all other rights.

More must be done to meet the needs of women and families in our communities in a way that supports lives at all stages of development and in all circumstances. Policies helping women should be life-affirming, not life-ending. Women deserve support and empowerment, and resources to make a decision everyone can live with, even the unborn child.

SB 798 and HB 705 fail to empower women, in fact, they would diminish the capabilities of women and avoid the more difficult challenge of creating a society where every life has value and every woman is supported through pregnancy, and given the option to parent or place her child for adoption.

On behalf of the Abortion Survivors Network, the more than 643 abortion survivors who have connected with us, and the tens of thousands of abortion survivors we know exist, I oppose both SB 798 and HB 705, amendments that would misdefine reproductive rights and deny the most basic right to life.

SB0859_Tom and Tina Wilson_Unfavorable.pdf

Uploaded by: Thomas Wilson

Position: UNF

Written Testimony of Thomas P. and Tina M. Wilson

RE: In Opposition to Senate Bill SB0859 - Reproductive Health Protection Act

February 28, 2023

As citizens of the state of Maryland, we are opposed to **Maryland Senate Bill SB-0859** on both legal and moral grounds. This testimony seeks to express our concerns around **SB-0859**.

SB-0859 seeks to implement an abortion shield law to “protect” persons who traffic people across state lines to obtain an abortion. This bill is in keeping with the Maryland legislature’s drive to make the state an abortion destination. These types of laws have been passed in several states but remain to be tested in the courts. We oppose all efforts to expand abortion in the state of Maryland, including those to extend their services to people outside the state.

Respectfully,

Thomas P. and Tina M. Wilson
Long-time residents of MD District 17

10a - SB 859 - JPR - MBON - LOI.docx.pdf

Uploaded by: State of Maryland (MD)

Position: INFO



Board of Nursing

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

March 1, 2023

The Honorable William C. Smith, Jr.
Chair, Senate Judicial Proceedings Committee
2 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: SB 859 – Reproductive Health Protection Act – Letter of Information

Dear Chair Smith and Committee Members:

The Maryland Board of Nursing (the Board) respectfully submits this letter of information for Senate Bill (SB) 859 – Reproductive Health Protection Act. This bill prohibits a judge from requiring a person to give testimony in another state under certain circumstances; requires that a request for the issuance of a foreign subpoena include a certain sworn statement; prohibits an ex parte order to intercept certain communications for the purpose of investigating or recovering evidence related to legally protected health care; prohibits certain judgment creditors from filing a copy of certain foreign judgments; prohibits the Governor from surrendering a person to the executive authority of another state for an alleged violation of the laws of the requesting state relating to legally protected health care; prohibits certain entities from assisting in an interstate investigation related to legally protected health care if the activity being investigated would not be subject to liability or sanction in the state; prohibits health occupations boards from disciplining a health care practitioner because of certain actions relating to legally protected health care; exempts certain high deductible insurance plans from covering certain abortion services; and prohibits insurers from taking certain adverse actions against certain health care practitioners.

The Board is unclear on whether Section 1-227 (3)(A) under the Health Occupations Article would impede health occupations boards from taking disciplinary action in cases where a health care practitioner failed to meet appropriate standards or provided substandard care to a patient who received legally protected health care. The primary goal of any regulatory health occupations board is to protect the public and the vulnerable patient population. The Board will discipline a provider based on the manner in which legally protected health care is provided. Section 1-227 (3)(A) could potentially be misconstrued to mean that any action can be shielded for a health care practitioner who provides legally protected health care, even if abusive behavior is alleged. The Board believes this current provision should be further amended to eliminate this confusion and reiterate that administrative actions from a regulatory or licensing board should not be barred.

For the reasons discussed above, the Maryland Board of Nursing respectfully submits this letter of information for SB 859.

I hope this information is useful. For more information, please contact Ms. Iman Farid, Health Planning and Development Administrator, at iman.farid@maryland.gov or Ms. Rhonda Scott, Deputy Director, at (410) 585 – 1953 (rhonda.scott2@maryland.gov).

Sincerely,

A handwritten signature in black ink, appearing to read 'G. Hicks', with a stylized flourish at the end.

Gary N. Hicks
Board President

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.