



Mission: *To improve public health in Maryland through education and advocacy*

Vision: *Healthy Marylanders living in Healthy Communities*

TESTIMONY IN SUPPORT OF HOUSE BILL 0930
Public Health Abortion Grant Program - Establishment
By: Maryland Public Health Association (MdPHA)
February 27, 2025

Chair Pena-Melnyk, Vice-Chair Cullison, and Members of the Health and Government Operations Committee, thank you for the opportunity to testify in favor of HB0903 which would establish the Public Health Abortion Grant program as a special, non-lapsing fund to improve access to abortion care clinical services for individuals in Maryland.

Abortion is a safe medical procedure¹ and an essential component of comprehensive reproductive health care². Despite this, there have been numerous attempts to restrict abortion access throughout the country. Rather than causing harm, research demonstrates many negative impacts to individuals who cannot receive a desired abortion. These include being more likely to experience financial hardships in the short and long term; live in poverty; receive public assistance; and less likely to be employed full-time³. Additionally, individuals who received an abortion reported lower intimate partner violence⁴.

However, reproductive health access, including abortion access, continues to be inequitable, particularly among certain racial/ethnic groups and income levels. Over 40% of pregnancies in the U.S. annually are unintended⁵ and Black, Hispanic, and low-income individuals are more likely to experience an unintended pregnancy and contraceptive

¹ Raymond, E. G., & Grimes, D. A. (2012). The Comparative Safety of Legal Induced Abortion and Childbirth in the United States. *Obstetrics & Gynecology*, 119 (2): 215-219. DOI: 10.1097/AOG.0b013e31823fe923

² American College of Obstetricians and Gynecologists. (2014). Increasing access to abortion: committee opinion no. 613, *Obstetrics & Gynecology*, 124:1060–1065. <https://www.acog.org/clinical/clinical-guidance/committee-statement/articles/2025/02/increasing-access-to-abortion>

³ Foster, D., G., Biggs, M. A., Gerdtz, R. C., Roberts, S., & Glymour, M. M. (2018). Socioeconomic Outcomes of Women Who Receive and Women Who Are Denied Wanted Abortions in the United States. *American Journal of Public Health*, 108, 407-413. [S.B. 798/CH244, 2023 General Assembly of Maryland, 2023 Reg. Sess. \(Maryland, 2023\). https://mgaleg.maryland.gov/2023RS/bills/sb/sb0798T.pdf](https://mgaleg.maryland.gov/2023RS/bills/sb/sb0798T.pdf)

⁴ Roberts, S., Biggs, M. A., Chibber, K. S., Gould, K. S., Rocca, C. H., & Foster, D. G. (2014). Risk of violence from the man involved in the pregnancy after receiving or being denied an abortion. *BMC Medicine*, 12, 144. <https://doi.org/10.1186/s12916-014-0144-z>

⁵ Centers for Disease Prevention and Control [CDC]. (2024). Unintended Pregnancy. Retrieved from <https://www.cdc.gov/reproductive-health/hcp/unintended-pregnancy/index.html#:~:text=Overview,2010%20to%2035.7%20in%202019.>

failure^{6,7}. Black individuals also have less access to quality family planning services, comprehensive sex education, and contraception which are key to preventing unintended pregnancies⁸. Individuals of color are also more likely to have limited financial resources, limited transportation options, and be uninsured compared to White people which create additional barriers to accessing abortion⁹. As the Hyde Amendment prevents federal funds in most cases, including Medicaid, from being used to cover abortion services¹⁰, funding at the state level is even more critical.

Given the higher rates of maternal mortality¹¹ and morbidity¹² for individuals of color, improving access to abortion care can improve pregnancy-related outcomes as well as preserve bodily autonomy. This program has the potential to not just improve access to abortion services but also reduce racial/ethnic and income related disparities in abortion access and reproductive health outcomes.

We strongly urge the committee to support and advance HB 0930 as a critical step towards increasing access to abortion services and improving reproductive health outcomes.

The Maryland Public Health Association (MdPHA) is a nonprofit, statewide organization of public health professionals dedicated to improving the lives of all Marylanders through education, advocacy, and collaboration. We support public policies consistent with our vision of healthy Marylanders living in healthy, equitable, communities. MdPHA is the state affiliate of the American Public Health Association, a nearly 145-year-old professional organization dedicated to improving population health and reducing the health disparities that plague our state and our nation.

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⁶ Fuentes, L. (2023, January). Inequality in US Abortion Rights and Access: The End of Roe is Deepening Existing Divides. Guttmacher Institute. <https://www.guttmacher.org/2023/01/inequity-us-abortion-rights-and-access-end-roe-deepening-existing-divides>

⁷ Harned, E. B., & Fuentes, L. (2023). Abortion Out of Reach: The Exacerbation of Wealth Disparities After Dobbs v. Jackson Women's Health Organization. <https://www.guttmacher.org/article/2023/01/abortion-out-reach-exacerbation-wealth-disparities-after-dobbs-v-jackson-womens>

⁸ Cineas, F. (2022). Black women will suffer the most without Roe. Vox. <https://www.vox.com/2022/6/29/23187002/black-women-abortion-access-roe>

⁹ Hill, L., Artiga, S., Ranji, U., Gomez, I., & Ndugga, N. (2024). What are the Implications of the Dobbs Ruling for Racial Disparities? KFF. <https://www.kff.org/womens-health-policy/issue-brief/what-are-the-implications-of-the-dobbs-ruling-for-racial-disparities/>~:text=Women%20of%20color%20have%20more,additional%20challenges%20to%20accessing%20abortions.

¹⁰ Upadhyay, U. D., Ahlback, C., Kaller, S., Cook, C., & Munoz, I. Trends in Self-Pay Charges And Insurance Acceptance for Abortion in the United States, 2017-20. *Health Affairs*, 41 (4). <https://doi.org/10.1377/hlthaff.2021.01528>

¹¹ Hill, L. Rao, A., Artiga, S, & Ranji, U. (2024). Racial Disparities in Maternal and Infant Health: Current Status and Efforts to Address Them. KFF. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-maternal-and-infant-health-current-status-and-efforts-to-address-them/>~:text=News%20reporting%20and%20maternal%20mortality,medication%20they%20thought%20they%20needed.

¹² Howell, E. A. (2018). Reducing Disparities in Severe Maternal Morbidity and Mortality. *Clin Obstet Gynecol.*, 61 (2), 387-399. doi: [10.1097/GRF.0000000000000349](https://doi.org/10.1097/GRF.0000000000000349)