2020 Legislative Wrap-Up

NARAL Pro-Choice Maryland
Diana Philip, Executive Director
ALL 11 anti-choice bills were defeated!

The legislature passed bills such as authorizing reasonable accommodations for pregnant state employees, eliminating the requirement of salary and wage histories of job applicants, furthering the rights of survivors of human trafficking, and more.

The legislature did not pass bills establishing paid family and medical leave, advancing the rights of pregnant and parenting students, addressing high risk pregnancies among the incarcerated, and others.
How was this 2020 session different from most?

- Session with a new Senate President and a new House Speaker
- Problems with legislative services staffing
- Bills were dropped late after little time for corrections before filing; and many fiscal notes were wrong
- The major focus of session was on passing education reform bills
- Committee hearing schedules reflected a significant backlog; and amendments department was overwhelmed
- Sine die came 19 days early due to the Covid-19 virus pandemic - priority bills?
What bills actually passed? Which did we back? Who helped write our testimony?

- For a list of the 681 bills that passed both chambers: http://mgaleg.maryland.gov/mgawebsite/Legislation/Report?id=passedByBoth
- To see our bill tracking list and written testimony (click on SUPPORT or OPPOSE): https://prochoicemd.org/laws-policy/md-general-assembly/#bills
- To see view our staff and meet our interns who wrote the bulk of our written testimony (and helped develop these slides): https://prochoicemd.org/about/staff/
New kids on the block!
Rallies, media events, & conferences
Thanks to all our great allies in many of Maryland’s best coalitions!

- NARAL Pro-Choice Maryland are members of several coalitions in which certain issues legislators seek to address cross into the realm of reproductive health, right, and justice. These include, and are not limited to:
  - Reproductive Justice Inside
  - Reproductive and Educational Equity for Maryland Youth
  - Menstrual Equity Alliance for Maryland Students
  - Maryland Prisoner’s Rights Coalition
  - Baltimore Homeless Youth Initiative
  - Coalition to Reform School Discipline
  - Working Matters
  - Youth Equality Alliance
  - Maryland Legislative Agenda for Women
  - Maryland Youth Justice Coalition
  - Maryland Human Trafficking Task Force
  - Time to Care
  - Marylanders for Patient Rights
  - Health Care for All
  - Reproductive Health Equity Alliance of Maryland and more.
Anti-Choice Bills

DEFEATED
### Anti-Abortion Bills

<table>
<thead>
<tr>
<th>Bill Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HB0734</strong></td>
<td>Human Fetal Tissue – Prohibition (Delegate Grammar)</td>
</tr>
<tr>
<td></td>
<td>• Attempted to restrict fetal tissue research in an attempt to stigmatize medical providers and patients alike</td>
</tr>
<tr>
<td></td>
<td>• Laws around fetal tissue and its utilization for research are another tactic anti-choice advocates use to stigmatize abortion and push an anti-scientific agenda</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bill Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HB1162</strong></td>
<td>Health - Abortions - Reporting Requirements (Delegate Wivell)</td>
</tr>
<tr>
<td></td>
<td>• Would have required abortion providers to collect and publicly report extensive demographic data of their patients</td>
</tr>
<tr>
<td></td>
<td>• Unnecessary, may cause fear and anxiety and ultimately prevent people from seeking abortion care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bill Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HB1227</strong></td>
<td>Abortion - Ultrasound Requirement (Delegate Boteler)</td>
</tr>
<tr>
<td></td>
<td>• Would have required individuals seeking abortion care to have a mandatory ultrasound during their procedure</td>
</tr>
<tr>
<td></td>
<td>• ACOG and other well-respected medical organizations have stated that these forced ultrasounds offer no medical benefit, and in fact cause emotional harm</td>
</tr>
<tr>
<td>Bill Number</td>
<td>Bill Title</td>
</tr>
<tr>
<td>-------------</td>
<td>------------</td>
</tr>
<tr>
<td>HB1299</td>
<td>Public Health - Abortions – Modifications</td>
</tr>
</tbody>
</table>
|             | • Attempted to place burdensome regulations on patients and medical providers during abortion procedures  
             | • Would have established personhood for fetuses |          |
| HB1321      | Health - Abortion - Ultrasound and Waiting Period | Ciliberti |
|             | • Would have mandated a 24-hour waiting period for abortion care and forced providers to conduct an ultrasound prior to the procedure  
             | • Waiting periods create barriers in access to care, particularly for low-income folks |          |
| HB1412      | Public Health - Abortions – Methods | Metzgar   |
|             | • Would have banned certain abortion procedures that are used after the first trimester  
             | • This bill pushed an anti-scientific agenda around fetal pain |          |
| HB1583      | Public Health - Abortions - Prenatal Diagnosis of Down Syndrome | Cox      |
|             | • Prohibits the right to terminate a pregnancy when there has been a diagnosis of Down Syndrome, except in cases of rape |          |
Personhood

SB0357 - Pain-Capable Unborn Child Protection Act (Senator Serafini)

- Would have banned abortion after 20 weeks and established personhood for fetuses

HB0793 - Unborn Child Protection From Dismemberment Abortion Act (Delegate Wivell)

- Attempted to ban certain abortion procedures later in a pregnancy except in cases of "medical emergency"
- Would have established personhood for fetuses

HB1179 - Public Health - Unborn Human Beings and Infants (Delegate Cox)

- Required cremation or burial of fetal remains or the products of conception after an abortion procedure
- Tactic based in shaming patients and stigmatizing abortion care
Contraception and Family Planning

**HB0053-Public Health-Contraceptive Devices-Minors (Delegate Parrot)**

- Would have required parental consent for minors to receive long-term reversible birth contraceptives (LARCs)
- These types of laws restrict individual ability to access various birth-control methods and unnecessarily regulate the healthcare decisions of childbearing individuals

**HB1584- Public Health - Family Planning Services - Order of Priority of Funding (Delegate Cox)**

- Attempted to mandate that publicly awarded funds (like Title X) be allocated to family planning service entities in a priority manner
- Overall goal was to reduce funding to providers who provide services related to abortion care and contraception
Points we made in our testimony

• Mandatory ultrasounds provide an undue burden on those seeking abortion care. According to the American College of Obstetricians and Gynecologists (ACOG), **ultrasounds should only be conducted for medical purposes**. Women who do not seek an ultrasound should not be forced to receive one when they are making their own healthcare decisions.

• Waiting periods disproportionately burden women in rural areas as they force individuals to make two trips or find somewhere to stay overnight. This increases expenses, as women have to pay more for transportation, lodging, and potentially childcare, and may have to take off from work an extra day or two. This puts low-income women at a heightened disadvantage.
Points we made in our testimony

• Maryland law currently permits minors to receive confidential reproductive healthcare services without consent from their parents or guardians. Parental consent won’t stop minors from having sex, but instead will push minors toward engaging in sexual activity without protection against unwanted pregnancy, even in cases when the minor would like to obtain contraceptives.

• At the state level, fetal tissue donation has been regulated by the Uniform Anatomical Gift Act, which explicitly treats fetal tissue the same way as other human tissue, allowing it to be donated by individuals for research, therapy, or education. In order to ensure all individuals have agency and bodily autonomy to donate tissue to scientific research, it is vital that the state oppose bills like HB0734 which aims to stigmatize patients and burden their medical providers.
Points we made in our testimony

• With the restrictions proposed in HB0793, a woman could be legally obliged to carry an unhealthy pregnancy to term and ultimately have a child that has no chance of a life or one requiring constant medical intervention or living in chronic pain. Further, this legislation threatens the liberty of women who have become pregnant in cases of rape, incest, and intimate partner violence. In addition to its foreseeable harms, HB0793 is blatantly unconstitutional.

• Unsurprisingly, HB0793 uses the language “unborn human being,” which it defines as “the offspring of human beings from conception until birth.” Our organization is deeply concerned about passing legislation that explicitly establishes personhood for a fertilized egg, embryo, and fetus.
Points we made in our testimony

• HB1162 requires that extensive demographic data – state and county of residence, age, race, and marital status of the patient, estimated gestational age of the fetus, month in which abortion care is provided, and method of abortion care – be collected by physicians, hospitals, or facilities providing this medical care. Because of widespread stigma surrounding abortion, patients seeking abortion care that are asked this information may not seek such services for fear of being identified by community members or being judged and shamed for why they sought an abortion.
Points we made in our testimony

• HB1179 requires there to be a burial or cremation of the products of conception from an abortion procedure. By portraying abortion care as a medical event that should be mourned, HB1179 falsely expresses “post-abortion syndrome” as a mental disorder in result of abortion. However, the vast majority of women (95%) reporting feeling relief after having an abortion and say it was the right decision for them.

• It is worth noting that if a pregnant individual wants to see her ultrasound prior to getting an abortion she is already able to do so. However, forcing an individual to hear or see unwanted information—even if the patient asks the clinician to stop—is inhumane and unethical, and interferes with the practice of medicine.
Pregnancy Rights, Parenting with Dignity, & Maternal Health Outcomes
SB0040

Sales and Use Tax – Diapers – Exemption

Senator Clarence Lam

- Sought to remove the sale of diapers from the state sales and use tax
- A significant number of Maryland’s children live in poverty. Families with multiple children will spend thousands of dollars on diapers, causing an enormous financial burden, as they might be forced to choose between purchasing diapers and paying for other necessary living costs.
SB0040 talking points in support

• According to the 2017 Report on the Feasibility of Creating a Benefit for the Purchase of Diapers, it is not feasible to create a state supplemental benefit for diaper purchase. Therefore, the proposal to eliminate the sales tax on baby diapers is currently the only feasible and cost-effective option to reduce the cost of diapers for Marylanders experiencing poverty.
• The sale of baby oil, baby powder, sanitary napkins, or tampons is exempt from the State sales and use tax.
• In addition, the sales and use tax does not apply to the sale of disposable medical supplies.
HB0096

Family Law – Parentage and Adoption – Definitions

Delegate Kathleen Dumais

- Supports individuals’ access to assisted reproductive technologies (ART) and parity for parental rights regardless of family structure and choice in reproductive method.
- Alters the definition of "mother" so as to deny inclusion of a gamete donor unless the gamete donor and the child's mother agree in writing that the gamete donor will be a parent of the child, or at the time of the child's conception or birth, the gamete donor is married to the child's mother.
HB0096 talking points in support

• By including embryo donors in family law, Maryland law accurately reflects the reality of ART use and the variety of family formations in the United States today.
• Redefines parentage to ensure that intended parents of children conceived with assisted reproductive technology are legally recognized as such.
• By reaffirming that biology is not the only basis of parenthood, HB0096 bolsters legal recognition to the variety of family structures in Maryland today.
• Note: HOWEVER, the bill was amended in the house committee to delete “embryo”, leaving egg or sperm. It was not heard in senate committee, as the hearing was cancelled.
SB0098

Health Insurance - Technical Correction and Required Conformity with Federal Law

Senator Delores Kelley

- SB0098 institutes an open enrollment period for those who gain access to new qualified health plans after a permanent move
- Ensures conformity with federal health insurance law
- People who previously have coverage for prenatal care and medical necessities will be able to regain that access
SB0183
Health Insurance – Health Benefit Plans – Special Enrollment Period for Pregnancy
Senator Clarence Lam

- Removes requirement that a health care practitioner must confirm a pregnancy.
- Adds that the eligible employee, employee's spouse or dependent can attest to the pregnancy when eligible for the special enrollment period.
- Alters the date on which the special enrollment period for certain individuals who become pregnant begins.
SB0183 talking points in support

- A specified enrollment process is needed in Maryland, adding to unexpected delays in securing healthcare coverage enrollment, and thereby delaying access to care and increasing risk of poor pregnancy outcomes.
- The bill sponsor argued that the bill should be passed as emergency legislation.
SB0124/HB0196

Maryland Health Benefit Exchange - Establishment of a State-Based Health Insurance Subsidies Program

Delegate Joseline Peña-Melnyk and Senator Brian Feldman

- Calling for assessment of the impacts of health insurance subsidies to maximize enrollment in health insurance
- Will support future establishment of health insurance subsidies to Marylanders
- We supported this bill with testimony since it will expand access to quality, affordable health insurance for Marylanders, including those who are pregnant or caring for children
Reasonable accommodations must be provided for employees who are pregnant or limited after childbirth.

We supported this bill: it expands the safety and job security of pregnant workers.

Pregnant workers cannot be coerced into agreeing to certain work conditions (e.g. limited paid leave).
SB0225/HB0523 talking points in support

While most pregnant individuals will continue working throughout their pregnancies without incident, some may require temporary adjustments to avoid pregnancy complications and safely work. Reasonable accommodations could include the ability to take more frequent bathroom breaks, access drinking water, or sit instead of stand during a long shift. While most employers could easily provide these accommodations, too many pregnant individuals who make such requests are met with opposition. In some cases, expecting mothers have been fired or forced into another position with lower compensation, passed over for advancement, or denied professional development opportunities. SB0225 prohibits state employers from forcing expectant mothers to agree to certain work conditions—such as unnecessarily depleting their limited paid or unpaid leave time that they will desperately need after childbirth. Additionally, many pregnant breadwinners who do not receive such accommodations will likely have no choice except to continue working in order to support their families, putting their once healthy pregnancies at risk. This legislation recognizes that pregnancy and childbirth are medical events that may require adjustments to address temporary limitations – not events that end the continuation of one’s employment or career track.
Incarcerated, pregnant women and girls, especially those with mental health or substance use disorders, need quality, supportive healthcare.

Builds on legislation passed in 2018 requiring facilities to develop written policies about pregnancy-related healthcare.

Would enable medication access for healthy pregnancies and expand medication-assisted treatment access.

Senator Chris West, Delegates Wanika Fisher and Nicole Williams
SB0255/HB0524 talking points in support

- Our organization supports SB0255 as we feel strongly that every pregnant individual entering the system should at least be provided a health assessment about the viability of the pregnancy, as well as identify any concerns that may result in attention needed to manage a high-risk pregnancy while inside.

- Whether the pregnant individual has or has not been receiving treatment for mental health and/or substance use before entering the system, it is the right of that individual to determine the parameters of potential, continued, or changes in treatment in consultation with proper medical care providers.

- Primary providers can assist in medication access necessary to a healthy pregnancy, for example blood pressure-controlling medications. Gestational hypertension leading to pre-eclampsia and eclampsia can be fatal for the pregnant person if not treated as soon as possible.

- If an individual leaving the system is still pregnant, it will be vital to ensure that proper case management occur, connecting the returning citizen to healthcare providers in the community, and if the needs are identified, also mental health or substance use disorder treatment. The experience of incarceration should not include poor maternal health outcomes of wanted pregnancies, such as fetal demise or infant death, when such adverse medical events could have been avoided with timely intervention.
Includes women who have experienced high-risk pregnancies and their families

The diversity of stakeholders convened must reflect the women who are most impacted by maternal mortality

Black women are 3-4x more likely than white women to have pregnancy-related complications
HB0286 talking points in support

Research from the Centers for Disease Control and Prevention (CDC) shows that an increasing number of pregnant women in the United States have chronic health conditions such as hypertension, diabetes, and chronic heart disease. These conditions, coupled with pregnancy, put intense stress on the body and can lead to higher rates of pregnancy-related morbidity and mortality. Indeed, academics and health professionals may be aware of Arline Geronimus’s theory of “weathering,” which is defined as the “toxic stress resulting from racism, bias and discrimination.” In 2020, racism is still directly and indirectly killing Black women. It is for this reason that we need people of color, particular Black women and others that can become or have been pregnant, to serve on Maryland’s Maternal Mortality Review Program. Regardless of these individuals’ experiences (or lack thereof) with pregnancy and/or pregnancy-related complications, Black people and people of color have greater insight into how and why so many women of color are dying due to pregnancy and childbirth, and can help us, as a state and a country, work to end this unacceptable situation. Simply put, try as we might, those of us that are White-passing have blind-spots when it comes to racism and the effects it has on health and well-being.
Safety of one’s community is an incredibly important factor for reproductive decisionmaking.

Those who are pregnant should be assured that hospitals and public services are safe, regardless of their documentation status.

Without assurances, fear of the authorities and deportation will lead to pregnant women delaying or avoiding healthcare.
HB0403/SB0903 talking points in support

- Reproductive justice cannot be obtained if a child cannot be raised in safety and with dignity, and instances in which parents are unjustly forced apart from their children. Immigration policies are often used to express society’s prejudices about which bodies are valued and which ones are not.

- In the spirit of reproductive justice, we support HB0403. This legislation seeks to clarify the parameters of state and local participation in federal civil immigration enforcement efforts on certain premises through the guidance of the state attorney general.

- We are particularly supportive of HB0403 calling for state and local governments to create and institute policies at hospitals to ensure accessibility to the public good regardless of immigration status. Without clear assurances, child-bearing individuals may delay or simply not seek urgent pregnancy-related medical services at hospitals for fear of being turned into the authorities. Women will not receive timely prenatal testing, miscarriage management, and hospital deliveries – that could lead to maternal or infant mortality, as well as infertility. Without assurances, undocumented families will fear that giving birth in hospitals means risking mothers and infants being deported, leaving behind other children that would be motherless.
SB0460/HB0614

State Government - Environmental and Natural Resources Ombudsman - Establishment (Environmental Accountability and Transparency Act)

Senator Sarah K Elfreth and Delegate Brooke E Lierman

- This bill would have created an Office of Environmental and Natural Resources Ombudsman
- This would lead to greater public access to pollution information and ensure transparency regarding environmental safety
- There must be a center to file complaints about pollution and hazards adversely affecting pregnancy outcomes to identify sources and trends of violations

FAILED
Correctional Services - Immigration Detention - Prohibition (Dignity Not Detention Act)

Senator Charles Sydnor, Delegates Joseline Peña-Melnyk and Vaughn M Stewart

- Public correctional divisions and facilities should be prevented from allowing detention of undocumented immigrants, and new private facilities should not be built as we cannot guarantee that rights will be protected
- ICE detention and deportation has skyrocketed under the current administration
- Hundreds of pregnant people have been detained, leading to poor health and miscarriages
HB0837

Public Health - Maternal Mortality and Morbidity - Implicit Bias Training and Study

Delegates Joseline Peña-Melnyk and Jheanelle Wilkins

- Requiring implicit bias training for healthcare professionals involved in perinatal care
- According to Harvard’s Project Implicit, white Marylanders demonstrate higher levels of implicit bias than other states
- Higher maternal mortality among women of color indicates clear need for addressing provider bias
SB0914/HB1067

Doulas - Doula Technical Assistance Advisory Group and Certification

Senator Clarence Lam, Delegates Jheanelle Wilkins and Stephanie Smith

- Maryland Dept of Health would convene a technical assistance advisory group to make recommendations on the certification and reimbursement of doulas
- Statewide doula certification would allow doulas to be reimbursed through Medicaid and private insurance.
- Doulas serve supportive roles in pregnancy, labor, delivery, and postpartum life.
SB0914/HB1067 talking points in support

Doulas are non-clinical patient advocates who (depending on their scope of practice) support pregnant people throughout their pregnancy, labor and delivery, and postpartum experience. Doula care has been known to increase breast feeding initiation rates and decrease the rate of low birth weight (LBW) babies. It is also associated with a 40-minute shorter labor, 9% reduction in pain medication, a 34% reduction in “negative birthing experiences,” and a 28% reduction in cesarean sections. Reducing the need for unnecessary cesarean sections improves maternal morbidity and mortality. Research shows that while “the initial cesarean delivery is associated with some increases in morbidity and mortality, the downstream effects are even greater because of the risks from repeat cesareans in future pregnancies.”

HB1067 will improve access to doula care by requiring the Maryland Department of Health (MDH) to convene a technical assistance advisory group which will study and make recommendations on issues related to the certification and reimbursement of doulas. The legislation calls for the creation of a statewide doula certification program that is reflective of the advisory group’s recommendations. Unlike other types of maternal and child health specialists such as midwives and nurse midwives, there is no national certifying body for doulas. Maryland Medicaid and other health insurance entities have been clear with advocates that reimbursement for doulas will not be possible until a well-researched certification system has been established.
Thank you to RHEAM and Del. Wilkins!
HB0255/SB0547: Health Care Facilities – Hospitals & Related Institutions – Discrimination Protections

Requires that a hospital or related institution does not discriminate in admitting or providing care for an individual because of characteristics including:

- Race
- Color
- National Origin
- Sex
- Sexual Orientation
- Gender Identity
- Religion or Creed
- Citizenship
- Age
- Physical or Mental Disability
- Genetic Information
- Ancestry

Further specifies that a hospital or related institution may not discriminate against an individual based on the treatment/procedure sought:

- If the hospital/related institution is is capable OR
- The treatment/procedure is determined to be medically necessary

FAILED
• Authorizes a health care professional to establish a practitioner-patient relationship through either a synchronous telehealth interaction or an asynchronous telehealth interaction:
  o “Synchronous” being an exchange of information between a patient and health care practitioner that occurs in real time OR
  o “Asynchronous” being an exchange of information between a patient and health care practitioner that does not occur in real time:
    □ Including the secure collection and transmission of a patient’s medical information, clinical data, clinical images, laboratory results, and self-reported medical history
    □ **NOTE:** a health care practitioner who prescribes a controlled dangerous substance is subject to any applicable regulation, limitation and prohibition in federal and state law
HB1095/SB0669: Public Health — Prescription Drug Affordability Board and Fund

- Repeals the requirement that the Prescription Drug Affordability Board determine a funding source and report to specified committees of the General Assembly

- Requires the Prescription Drug Affordability Board to assess and collect an annual fee on specified entities to fund the Board
  - Entities include manufacturers that sell or offer for sale prescription drugs to persons in the State, pharmacy benefit managers (PBMs) carriers and wholesale distributors that sell or offer for sale prescription drugs.

SPONSORED BY: HOUSE SPEAKER & SENATE PRESIDENT

[PASSSED]
In order to qualify for IVF benefits, an unmarried patient must have had:

1. **three attempts of artificial insemination** over the course of one year failing to result in pregnancy **OR**
2. **infertility associated with** endometriosis, diethylstilbestrol exposure, blockage or removal of one or both fallopian tubes, or abnormal male factors.

Additionally, this bill alters the requirements for married patients to qualify for IVF:

1. **Reduces the length of involuntary infertility** for a patient/patient’s spouse to one year’s duration **AND**
2. for same sex couples, **reduces the number of required attempts of artificial insemination** to three attempts over the course of one year
According to the Maryland Insurance Administration, employees who work for religious organizations that employ more than fifty workers may be denied healthcare coverage for IVF, while small group healthcare coverage plans exclude IVF altogether. Infertility is one of the main reasons why patients seek IVF. Infertility may hurt one’s chances to become a parent, and may affect mental wellbeing as they face anxiety, depression, and isolation for not being to realize their family formation goals. From 1981 to 2017, over 1.2 million babies have been born thanks to IVF. Infertility affects both cisgender men and women equally, but we also acknowledge that trans and gender non-binary people suffer with the inability to get pregnant with their partner or just themselves. If not being covered for IVF, trans patients can face a greater financial burden because they may have to profit for hormone therapy after fertility preservation. HB0781 acknowledges same-sex couples want in creating a family and the struggles they may face with heteronormative healthcare environments. Lesbian couples may choose IVF for the following reasons: preferring an unknown sperm donor, the inability to conceive using other methods of reproductive technology, and health safety. A couple’s sexuality or an individual’s marital status should not jeopardize their ability to access IVF. Equal to married couples, HB0781 mandates unmarried patients are people with the right to access healthcare coverage for IVF, affirms that the family unit includes couples of all gender identities and sexual orientations, and recognizes the right to single parenthood. HB0781 acknowledges challenges that couples and individuals may have with reproduction and supports all patients to have the medical assistance they rightfully deserve. One’s identity and/or marital status should not determine their capability in being a parent.
SB0918: Human Services – Trauma-Informed Care – Commission and Training

- Establishes the Commission on Trauma-Informed Care as an independent commission in the Department of Human Services to coordinate a statewide initiative to prioritize the trauma-responsive and trauma-informed delivery of services that affect children, youth, families, and older adults.

- **NOTE:** Current law does not incorporate trauma-informed delivery of services

SPONSORED BY: SENATOR JILL CARTER

FAILED
SB0918: TALKING POINTS

SB0918 requires the creation of the Trauma-Informed Care Commission so that actors among our various state agencies will have opportunities to increase their knowledge about issues that violate the reproductive freedom of children and youth. We believe that mandating a trauma-informed care training for those in the department will protect more Marylanders from experiencing physical, emotional, and sexual violence, and assist more survivors with establishing and maintaining safety while in the healing process.

In addition to supporting the creation of this body, we also strongly recommend that the commission include required training modules that are centered in the spirit of reproductive justice, so that all survivors of trauma have access to timely and appropriate sexual and reproductive healthcare and services, and that each child-bearing individual has the right to choose if, when, and how to form their families, and when choosing to parent — no matter the age of the survivor — to do in good health, in safety and with dignity.
HB 1119: Pharmacists — Required Notification and Authorized Substitution — Lower-cost Drug or Device Product

• Permits a pharmacist to substitute a therapeutically equivalent brand-name drug or device product to the originally prescribed generically equivalent drug or device product if:
  1. the prescriber does not expressly state that the prescription must be dispensed only as directed;
  2. the substitution is recognized, as specified; and
  3. the consumer is charged less for the substitution than the originally prescribed drug or device

• If a substitution is made, the pharmacist must:
  1. Notify the patient in writing that the substitution is a generic equivalent of a brand-name drug or device product that is therapeutically equivalent to or interchangeable with the originally prescribed drug or device product and;
  2. Record on the prescription and keep a record of specified information
The bill states that it is the policy of the State to:

1. **Provide affordable health care throughout the State** to all regardless of race, color, religion, sex, age, national origin, marital status, sexual orientation, gender identity, genetic information, or disability **and**;

2. **Prohibit discrimination** with respect to the provision of health care by any individual licensed or regulated by the MDH and a person, including HMOs, that provides health benefit plans

**NOTE:** Current law only protects against discrimination by a hospital/related institution with respect to providing personal care for an individual because of the race, color or national origin
Nearly one in five women report experiencing gender-based discrimination from a doctor or at a health clinic, and one in ten report avoiding seeking medical care due to discrimination concerns. Avoidance rates are particularly high for Native American, Latina, and LGBTQ women, and black women. This aggravates broader health disparities between white women and women of color. For example, black women are almost four times as likely to die in childbirth than white women, and women of color experience disproportionately high rates of diabetes and heart disease. Additionally, discrimination rates are particularly high for women suffering from chronic conditions. According to a 2019 TODAY and SurveyMonkey poll, 26 percent of women with chronic pain diagnoses felt that their symptoms were ignored or dismissed, compared with only 18 percent of men, with particularly high dismissal rates for women under the age of 34. Women also more often reported feeling pressured to prove their symptoms to their doctor than men.
HB1169/SB0774: Hospitals – Community Benefits

- Repeals the current requirements for nonprofit hospitals regarding community benefits and likewise the requirement for the Health Services Cost Review Commission (HSCRC) to compile those reports

- Requires the HSCRC to establish a Community Benefit Reporting Workgroup and adopt regulations recommended by the workgroup governing community health benefit reporting
  - The workgroup must be composed of individuals and stakeholder groups that have knowledge of and are impacted by hospital community benefit spending
We must hold tax-exempt hospitals accountable. If tax-exempt hospitals are not properly funding community health benefits, they should pay taxes to fund initiatives that will actually improve the health of our communities. Example of ideas we would like pursued by Maryland hospitals to improve family planning and pregnancy outcomes include:

• An initiative to recruit more OB/GYNs to become Medicaid contactors, as the lacking availability contributes to our state’s high poor maternal health outcomes among low-income pregnant individuals
• Pilot projects to increase access to doulas to assist pregnant individuals in underserved communities before, during, and after childbirth
• Funding to direct service providers to offer over-the-counter emergency contraception to assist patients or clients with delaying first pregnancies or help time future pregnancies with interconception care
• Requires Medicaid, subject to state budget limitations, to provide mental health services appropriately delivered through telehealth to a patient in the patient’s home setting

• Expands the definition of “telehealth” to include the delivery of mental health care services in the patient’s home

• By Dec. 1st, 2020, the MDH must apply for a §1115 waiver to implement a specified telehealth pilot program and if approved, administer the program

• MDH must also study and report on whether substance use disorder services may be appropriately provided through telehealth to a patient (in the home setting)
HB1497: Crimes — Transfer of HIV While Committing Sexual Crime

• Prohibits an individual from violating the prohibition on knowingly transferring or attempting to transfer HIV to another individual while also violating the laws on:
  1. rape in the first degree;
  2. rape in the second degree;
  3. sexual offense in the third degree; or
  4. sexual abuse of a minor

• Violators are guilty of a misdemeanor punishable by up to five years imprisonment.

• NOTE — Current law dictates a violator is guilty of a misdemeanor punishable by a fine of up to $2,500 and/or imprisonment for up to three years
HB1497: TALKING POINTS - OPPOSE

HIV/AIDS is a virus, not grounds for criminal prosecution. HIV criminalization laws contribute to “an environment of structural stigma against, and perhaps reduced solidarity among, people living with HIV and ultimately create the perception that “people living with HIV pose a threat to the community at large and act in a deviant, criminal manner. Such stigma leads to decreased openness about one’s serostatus, decreased likelihood of testing and access to treatment. In fact, criminalizing HIV leads to increases in HIV-related stigma and poor engagement in healthcare services. Disclosing HIV is undoubtedly difficult in a society which continually discriminates against HIV-positive individuals and which does not protect against the dangerous consequences of disclosure, such as rejection, physical or emotional abuse, acts of violence, loss of employment, and the dissolution of personal or familial relationships. Women who are living with HIV struggle to disclose to their partners often due to the fear of violence or assault, particularly in situations of intimate partner violence. Lastly, statutes operate under the expectation that a newly-infected partner will feel unfairly deceived by their partners. Newly-infected women do not typically share these assumed sentiments of blame; amongst women who were infected by their male partners during, most women believed their partner was genuinely ignorant of his status and did not hold him responsible.
Education Rights & Gender Equity
Purpose

- Establishes a state-level Restorative Schools Fund and Grants program to support local school systems’ implementation of restorative approaches to student discipline in schools as a means of preventing and addressing student behavior concerns.

Why we support...

This bill will ensure Maryland schools respond to student conflicts/behavior issues through preventive and holistic approaches, instead of suspension, expulsion, and push-out that disrupt and negatively affect the lives of students and their families. We submitted our testimony as members of the Coalition to Reform School Discipline.
Public Schools - Provision of Menstrual Hygiene Products

Purpose

- Requires each county Board of Education to ensure each public elementary and secondary school provides free menstrual hygiene products in a minimum two restrooms per building.

Why we support...

To achieve menstrual equity, ensure equal opportunity, and provide holistic support for menstruating students, we must establish both a culture and a practice of menstrual product access in Maryland schools. Failure to do so would create a limitation on students' ability both to participate in and benefit from their education.
In 2019, 43.2% of Maryland public school students enrolled for free or reduced-price meals, indicating that their families struggled to afford basic necessities. Many are students of menstruating age.

Average age of menarche (first menstruation) is 12; today, anywhere from 30% – 50% of girls are getting their period before this age. Hispanic and African American girls menstruate before their white counterparts, on average and, generally, the age of menarche is continuing to decline.

Access to menstrual hygiene products are a serious barrier to students' education and disproportionately impacts students of color from low-income families.

Maryland passed a menstrual equity bill in 2017 for public school students experiencing housing instability, but the products are available only in school nurse offices, where distance can create problems as well as little awareness of the law.

New York, Illinois, California, and New Hampshire have passed legislature requiring public schools to provide menstrual hygiene products in school bathrooms.
HB 208 would help Maryland comport with the goals of Title IX of the Educational Amendments of 1972, providing "No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving federal financial assistance," subject to certain exceptions. The statute's ultimate goal is to ensure "equal access to education," which means to "ensure that no educational opportunity is denied to women on the basis of sex and that women are granted "equal opportunity to aspire, achieve, participate in and contribute to society based on their individual talents and capacities." Without menstrual products, we know girls’ school absences are increased. Maryland can ensure equal opportunity to education for girls by providing free menstrual products.

One recommended fiscal alternative scheme of expenses associated with stocking menstrual hygiene products in public restrooms comes from the University of Baltimore School of Law. The cost of each Hospeco dispenser unit shown above was $35 (prefilled) in fall 2019.
Purpose

- Creates a trauma-informed schools’ initiative within the MD State Department of Education to expand the use of a trauma-informed approach in schools, intensively train schools on becoming trauma-informed, develop guidelines to assist schools, and create a fund to carry out this work.

Why we support...

This bill will create an inclusive, supportive school climate for all Maryland students, and allow them to thrive and prepare for their futures, which may include when, and how they form their own families. We submitted our testimony as members of the Coalition to Reform School Discipline.

HB0277/SB367
State Department of Education - Guidelines on Trauma-Informed Approach

Delegate Jheanelle Wilkins
and Senator Mary Washington

PASSED
Purpose

- Requires State Department of Education to study and make recommendations regarding certain matters relating to the Home and Hospital Teaching Program for Students, report these findings and recommendations to the Governor, BOE, and General Assembly.

Why we support...

This bill will help identify and create effective supports to help pregnant and parenting students that are eligible for the program to stay in school, on track to graduate, and headed towards economic security. These students often report having a renewed sense of commitment to their educational outcomes, knowing full well that high school diplomas will lead to better employment prospects in order to adequately care for the families they are forming.
Purpose

- Requires each county BOE to report certain data about their alternative schools to the State Department of Ed., and that the Department report this information to the Governor and General Assembly.

Why we support...

This bill seeks to better understand the climate and support of students attending alternative schools in Maryland. Gaining more information allows for improvement to support all students regardless of the types of schools they attend. As such, it will help pregnant and parenting students who often find themselves in such placements be able to advocate for educational equity, or return to their schools of origin.
**HB1022/SB0830 talking points**

Youth have the same rights as adults in choosing when to form their families. Among our campaigns to ensure reproductive freedom for all Marylanders, we seek to help identify and create effective supports to help pregnant and parenting students stay in school, on track to graduate, and headed towards economic security. Each year, approximately 800 youth from ages 15 to 17 give birth in Maryland, and roughly another 2,200 among those 18 or 19 years-old. Many of these students end up in alternative schools and therefore, HB1022 is essential to understanding further barriers and improvements that can be made to support pregnant and parenting students.

Pregnant and parenting students may experience unwelcoming, inequitable, or stigmatizing school environments. Under Title IX, “school pushout” practices are prohibited, such as lack of accommodations for childcare and lactation, stigmatization and harassment from peers and staff, and involuntary leave from school. Title IX ensures that students who are pregnant or parenting are protected by allowing continued participation in classes and extracurricular activities, provide reasonable adjustments in the learning environment, authorize excused absences due to pregnancy or childbirth, and allow time to make up missed work. However, while some schools seek to support these students, other choose to make the school climate dynamics so toxic that pregnant students may choose to drop out of school during pregnancy or decide to not return.
Many pregnant and parenting students reported that they had no other choice by to attend an alternative school to continue their education. These students reported that they failed to receive adequate instruction, and therefore felt disengaged from learning. Often times these alternative schools do not have the same variety of classes or offer advanced placement classes. Black and Latinx female and male students have experienced some of the highest rates of exclusionary discipline, leading to push out into alternative schools. According to the Advancement Project, pushout to alternative schools brings these students closer to the school to prison pipeline. In the National Women’s Law Center report, “Stopping School Pushout for: Girls Who Are Pregnant or Parenting,” more than 50% of female pregnant or parenting students were black and more than 60% were Latinx. Discrimination and push out interfering with a pregnant or parenting student’s authentic participation in school can lead to real threats of educational attainment and financial stability for generations. HB1022 works towards establishing reporting requirements including reporting the number of students that are pregnant and parenting, along with their graduation rates, standardized test scores, grade promotion rates, and services/programs in place to support them. This data collection will not only shed light on the number of students enrolled in alternative schools, but also the educational success of these students when attending alternative schools.
Purpose

- Seeks to establish written protections against discrimination, refusing enrollment of, expelling, withholding privileges from, and taking action against discrimination complaints from students and families in public schools because of certain factors, and expand these protections into private schools that receive any public funding.

What we suggested...

This bill seeks to establish protections for Maryland students that are not already covered by federal law, including prohibitions of discriminatory education practices on the basis of sexual orientation, gender identity, and marital status. We suggest clarifying the bill language to include pregnant and parenting individuals, so more of these students will be able to complete their education, should they be enrolled in nonpublic institutions that receive any type of public funding.
Purpose

- Requires secondary school personnel to coordinate supports needed to help pregnant and parenting youth stay in school and prevent school push-out, while requiring school districts to collect data on the educational outcomes of pregnant and parenting youth to identify areas in need of reform.

Why we support...

We seek to protect the rights of youth to feel safe at schools, free of gender-based harassment and harmful bias, because youth are better able to make informed and independent decisions about their own sexual and reproductive lives when free of gender discrimination and stereotypes. There is too little data about the educational outcomes of these youth, and with approximately 3,000 babies born to high-school age youth, we have no idea how many are able to obtain their diplomas.
Each year from 2014 to 2018, approximately 800 youth from ages 15 to 17 gave birth in Maryland, and roughly another 2,200 were 18 or 19 years-old. We currently have no information about their graduation rates. The Blueprint for Maryland’s Future does not contain the words “pregnant” or “pregnancy” throughout the bill. We strongly feel that pregnant and parenting students should be included among the youth that deserve as rigorous an education as their non-pregnant and parenting peers, and their needs are addressed as part of the “at-promise” population.

SB0791 requires school districts to identify existing school personnel who can coordinate and secure available onsite or offsite resources for childcare, transportation, and lactation supports for these youth. With guidance and assistance from the University of Maryland’s Institute of Innovation and Implementation, school districts will learn how to best collect data on the educational outcomes of pregnant and parenting youth, as well on the challenges they face to remain in school, resulting in a comprehensive, culminating report based upon at least three years of data.

Pregnant and parenting students may experience unwelcoming, inequitable, or stigmatizing school environments. Under Title IX, “school pushout” practices are prohibited, such as lack of accommodations for childcare and lactation, stigmatization and harassment from peers and staff, and involuntary leave from school.
Repeals, changes, and adds certain things to implement the Blueprint, which will transform Maryland's early childhood, primary, and secondary education system.

Purpose

- This bill will bring more schools into compliance with Title IX protections in eliminating discrimination based upon gender identity, gender expression, sexual orientation, pregnancy, or parenting status, and more opportunities for all students to excel.

We also appreciate the investment made in school-health clinics, critical for students who otherwise would find difficulty in addressing physical and mental health concerns.

Why we support...

HB1300/SB1000
Blueprint for Maryland's Future - Implementation

House Speaker & Senate President

PASSED
Purpose

- Requires state BOE to develop policies and procedures for reporting, administering, investigating, and resolving complaints related to incidents of sexual misconduct.

What we suggested...

It should not be mandatory that a parent or legal guardian be informed of a complaint filed without exceptions. Policies should take into consideration possible family dynamics of abuse, neglect, or significant dysfunction, and identify language that will allow the students to make the determination whether parental notification will be acceptable to them.
HB1536 talking points

Under Title IX, K-12 schools are given the discretion to establish their own policies and procedures for handling complaints of sexual misconduct. As a result, there is no uniformity in how Title IX sexual misconduct complaints are handled, leaving students vulnerable to sexual harassment and abuse. This legislation seeks to promote the safety and security of K-12 students by providing clarity on what policies and procedures public schools must implement and abide by in the State of Maryland.

It is important to note that this legislation seeks to create a clear process on how students can file complaints regarding sexual misconduct to the proper authorities. It is not meant to replace the past work of the anti-bullying education statutes that the Maryland General Assembly put into place which includes reporting and important data analysis that helps to determine policy reform. Students, and too many adults working in school systems, have a firm grasp about Title IX protections and how they apply to publicly-funded school settings outside of the realm of athletics. They do not even know that each school district has a required Title IX coordinator, where to find that individuals, or whether there are personnel on their campuses who serve as liaisons to that particular administrator.
Reproductive Justice Inside Coalition Legislation and Supported Ally Efforts

2020 MARYLAND LEGISLATIVE SESSION
SB0255/HB0524: Correctional Services – Pregnant Incarcerated Individuals Continuity of Care Act 2020

Lead bill sponsors: Senator Chris West; Delegates Wanika Fisher & Nicole Williams

This legislation would ensure continuity of reproductive health care in the community of residence for individuals preparing for release.

It would ensure that pregnant individuals who preparing for release be referred to and enrolled in a qualified health plan.

It would require that individuals be provided with a copy of their medical tests and assessments.

Would require that individuals be offered pre-natal screening and assessments as well as mental health and substance use disorder screenings.

This legislation had broad coalition and allied support.
HB0608/SB0682: Correctional Services - Prerelease Unit for Women - Requirement to Operate

Coalition Ally – Supported Legislation
Out for Justice

Lead bill sponsors Delegate Charlotte Crutchfield & Senator Mary Washington

In Maryland there are currently nine pre-release facilities for men and none for women.

Would require the commissioner of corrections to operate a separate standalone pre-release facility for women.

Would require that there be an investment in gender specific programming.
This legislation prohibited the direct release from restrictive housing back to the community without a transition and reentry plan in place.

This legislation included opportunities for step-down reintegration programs.

Supported – Coalition Member

Interfaith Action for Human Rights

Lead bill sponsors Senator Jeff Waldstreicher & Delegate Jazz Lewis

HB0740/SB0999: Correctional Services - Restrictive Housing - Direct Release
HB0742/SB1002: Corrections - Restrictive Housing - Serious Mental Illness - Assessments (Restrictive Housing Reform Act)

Supported – Coalition Member
Interfaith Action for Human Rights

Lead bill sponsors Senator Jeff Waldstreicher & Delegate Jazz Lewis

Prevented the placement of individuals identified as having a serious mental illness from being placed in restrictive housing absent exigent circumstances.
Prevented placement for more than 15 days
Defined in healthcare terms the definition of serious mental illness
Coalition Ally – Supported Legislation
Out for Justice

Lead bill sponsor Senator Mary Washington & Delegate Charlotte Crutchfield

Would require the Commissioner of the Division of Correction to operate a comprehensive pre-release facility for women

Would require the Commissioner to provide evidence-based and gender-responsive prerelease services for female inmates

SB0684 IN THE HOUSE – THIRD READING PASSED (101-31)
SB0684 IN THE SENATE – THIRD READING PASSED (31-14)

Note: the bill was heavily amended
HB1031/SB0973: Joint Committee on Ending Homelessness - Reports on Housing Status

RJI Supported at Legislator Request
Chair of the Joint Committee on Ending Homelessness

Would require the Health Services Cost Review Commission, the Department of Public Safety and Correctional Services, the Maryland Department of Labor, and the Department of Human Services to make reports to the Joint Committee on Ending Homelessness on or before November 15, 2020, and November 15, 2021.

Would provide a mechanism for advocates and state officials to understand issues of how homelessness affected systems-involved individuals.

IN THE SENATE – THIRD READING PASSED (45-0)
IN THE HOUSE – FIRST READING APPROPRIATIONS
HB1414: Department of Public Safety and Correctional Services - Standards at State Correctional Facilities

RJI Supported at Legislator Request
Lead bill sponsor Delegate Jheanelle K. Wilkins

Would require the Department of Public Safety and Correctional Service to ensure that State correctional facilities adhere to certain standards that ensured that institutional jobs were reflective of institution diversity.

Would increase employment programs to reduce recidivism by providing training reflective of the Maryland job market.

Would require the Department to submit an annual report to the Maryland General Assembly to regarding adherence to these standards and that the report be posted on the DPSCS website.
HB1463: Correctional Services - Inmates - Intake and Release Requirements (Reentry Success Act of 2020)

**RJI Supported at Legislator Request**

Lead bill sponsor Delegate Jessica Feldmark

Was sweeping legislation that would ensure that at release individuals would be:

- provided essential documentation to include social security card and birth certificate
- be provided a state issued ID
- be offered enrollment opportunities with a qualified health plan or medical assistance
- be offered enrollment in state based benefit programs they may be eligible for: TANF, WIC, food stamps etc.
- be provided a voter registration form
- Be provided a 90-day transportation voucher
HB1476: Independent Oversight and Review Board for Health Care of Inmates in State Correctional Facilities - Establishment

Supported Coalition Member
Maryland Prisoners Rights Coalition
Lead bill sponsor Sponsor Delegate Jazz Lewis

Would establish an Independent oversight and review board for health care of inmates in state correctional facilities

Would provide a mechanism to analyze and review the healthcare being provided and the needs facing the inmate population, as well as make recommendations on policies and procedures in order to ensure adequate healthcare for all inmates
LGBTQ+ RIGHTS BILLS

2020 Legislation during the Maryland General Assembly
HB0081/SB0735 - CRIMINAL LAW - SODOMY AND UNNATURAL OR PERVERTED SEXUAL PRACTICE - REPEAL

SPONSORED BY: DELEGATE DAVID MOON & SENATOR CLARENCE LAM

- This bill requires the repeal of Maryland’s Sodomy Law
- Maryland is one of the 16 states in the USA to have yet to repeal their sodomy laws
- Sodomy laws condemn homosexuality and treat it as a crime
- This link offers more background on Sodomy Laws and their harm: https://www.aclu.org/other/why-sodomy-laws-matter

FAILED
HB0081/SB0735 TALKING POINTS IN RELATION TO SEX WORK

• This bill protects sex workers—many of whom are trans people of color
• Trans people of color engage in sex work due to being discriminated from the workforce
• Here is a link to offer you insight on the argument to decriminalize sex work: https://www.hrw.org/news/2019/08/07/why-sex-work-should-be-decriminalized

Prostitution ≠ Sex Work
A 2019 4-MINUTE NPR
LISTEN:
“SHOULD SEX WORK BE DECRIMINALIZED? SOME ACTIVISTS SAY IT’S TIME”
The Bill:

- Requires there to be one single-bathroom in all public spaces that uses gender-neutral language
- This bill will create preventive practice for trans and gender non-binary people, both adolescents and adults, from experiencing discrimination, harassment, and physical and sexual violence in all public spaces, such as schools and restrooms

The Importance:

- Trans and gender non-binary youth face a lot of discrimination, harassment, and physical and sexual violence from their peers, teachers, and staff at their own schools
- Trans and gender non-binary youth are forced to use the bathroom that does not align with their gender identity
- Many avoid using public bathrooms out of fear and some risk UTI’s due to this fear
2016 TED TALK - “WHY WE NEED GENDER-NEUTRAL BATHROOMS

By Ivan Coyote
This bill protects the safety of an individual who wishes to change their name without requiring a legal notice of the intent to be published.

Particularly, this bill gives power to trans and gender non-binary folk who are at a higher risk of discrimination, harassment, and both physical and sexual violence in public spaces.

Having an ID with one’s preferred gender or the gender that matches their identity prevents trans folk from experiencing transphobia from healthcare providers and/or healthcare insurances.
WATCH THIS VIDEO ON THE IMPORTANCE OF USING ONE’S PREFERRED GENDER PRONOUNS!
This bill requires enforced laws to be in place protecting all Marylanders from hate crimes, specifically the LGBTQ community.

This bill will hold offenders accountable for their unjust crime.

This bill will protect the safety of all Marylanders where they can be free to occupy spaces and express their identities.
This bill eliminated from Maryland law the gay and trans bias panic defense, invoking the defenses of provocation, self-defense, and diminished capacity by pointing to a victim’s sexual orientation or gender identity instead of the unlawful actions of the offender.

Blaming panic based on the perception or belief of one being LGBTQ+ or the possibility of unwanted sexual contact or an attempted pass by the victim reinforces negative stereotypes that LGBTQ+ people are the ones whose behavior is deviant and should be feared.

The potential for the gay and trans panic defenses to be used in Maryland is a blatant miscarriage of justice and a clear message to LGBTQ residents that their lives are not equal to those of other victims of violence.
Here is a link to a story about Black trans teenager (Bailey Reeves) murdered in Baltimore, Maryland, that doesn't victimize Reeves, but criticizes these killings as a systematic issue:

HB0706- COMMISSION ON LGBTQ AFFAIRS- ESTABLISHED
SPONSORED BY: DELEGATE LILY QI

- This bill establishes an LGBTQ commission, with a diverse background, to create inclusivity and to serve all Marylanders who identify within the LGBTQ community
- This bill will protect all members of the LGBTQ community from experiencing street harassment, work and school discrimination, physical and sexual violence in both the private and public sphere
- This bill will improve the lives of LGBTQ individuals in Maryland by providing better healthcare, education, and increasing their economic development

Did You Know?

Maryland does NOT have a law protecting LGBTQ youth from experiencing discrimination in their schools
This bill criminalizes those who are HIV+ that negatively impact Black women the most, especially mothers.

Prohibits individuals from knowingly transferring or attempting to transfer HIV to another person.

Adds an unnecessary sentence to those who are already sentenced to crimes for sexual violence where the perpetrator transferred or attempted to transfer HIV.

Further stigmatizes HIV+ people and marginalizes communities, such as gay men, low-income individuals, sex workers, women, Black men and women, and people who use drugs.

HB1497- CRIMES-TRANSFER OF HUMAN IMMUNODEFICIENCY VIRUS WHILE COMMITTING SEXUAL CRIME

SPONSORED BY: DELEGATE PAUL CORDERMAN
8 bills passed! 🎉

- Expanded protections for survivors of sexual assault & human trafficking
- Supported bodily autonomy & safety of vulnerable youth
**Human Trafficking**

**HB0242/SB0206**
True Freedom Act of 2020
*Del. Atterbeary & Sen. Lee*

- Expands human trafficking survivors' eligibility for record expungement
- Fights the criminalization of trafficking survivors & supports reintegration into communities

**HB0575**
Education - Sexual Abuse and Assault Awareness and Prevention Program - Human and Sex Trafficking
*Del. Johnson*

- Would add human trafficking awareness and prevention to sex education curriculums
- Didn't advance after hearing

[**PASSED**]

[**FAILED**]
Rights of Minors

HB0246/SB0231
Sexual Solicitation of a Minor – Solicitation Through Parent, Guardian, or Custodian – Prohibition and Penalties
Del. Pippy & Sen. Lee

• Prohibits soliciting the consent of a parent/guardian to engage in unlawful sexual acts with a minor
• Preserves minors' right to control their own bodies

HB0425/SB0406
Criminal Procedure - Sexual Assault Evidence Kits - Privacy, Reimbursement, and Notification
Del. Bartlett & Sens. Waldsteicher and West

• Excludes narratives of the abusive encounter(s) and photographs of the child, in any compensatory reports, reducing the exposure and vulnerability of the child
• Increases timeline prior to sexual assault forensic exams to allow providers to more fully assess the needs/state of the child and to collect necessary evidence for any future criminal charges
Rights of Minors

HB0206/SB0207
Unaccompanied Minors in Need of Shelter and Supportive Services
• Clarifies that minors have legal right to self-consent to shelter admission
• Will encourage more organizations to offer shelter to unaccompanied homeless youth and be used as a tool to fight human trafficking
• Key advance for pregnant youth who have been forced out of their homes or abandoned by their families

HB1558/SB0818
Residential Treatment Centers and Facilities - Sexual Abuse and Harassment - Reporting and Prevention
Del. Valentino-Smith & Sen. Klausmeier
• Would require residential treatment centers for emotionally disturbed youth to report incidents of sexual abuse or harassment
• Would support the safety and wellbeing of vulnerable youth
• Had hearings in both chambers, but did not advance

PASSED

FAILED
Sexual Assault

HB0764
Criminal Law - Law Enforcement Officers - Prohibition on Sexual Activity
Del. Williams
- Would ban police from engaging in sexual activity with people they encounter in the course of duty
- Currently only barred from sex with people in their custody
- Passed the House, but died in the Senate

HB0590/SB0230
Criminal Law - Sexual Crimes - Repeal of Spousal Defense
Del. Crutchfield & Sen. Lee
- Would eliminate spousal defense for sexual assault
- Spousal rape isn't currently a crime if force wasn't used or threatened
- Passed in the House, but did not advance after Senate committee hearing
Survivors' Rights

HB0248/SB0210
Protective Orders - Relief Eligibility - Rape and Sexual Offenses
Del. Atterbeary & Sens. Waldstreicher and West

- Expands access to protective orders to those who allege sexual violence, not just those with convicted perpetrators
- Survivors of sexual violence need protection starting when they report an attack, not just after a conviction

HB1575/SB0807
Criminal Procedure - Victims of Sexually Assaulative Behavior - Waivers of Rights – Prohibition
Del. Bartlett & Sens. Hettleman and Elfreth

- Would ban agreements between law enforcement and sexual assault survivors that limit the survivor's rights or the scope of investigations

PASSED
PASSED
HB1294
Criminal Procedure - Victims of Crime - Private Room
Del. Guyton

- Would require law enforcement to notify a victim of their right to request a private room when reporting sexual assault, abuse, stalking, or other Title 3 crimes
- Didn’t advance after House committee hearing

SB0918
Human Services - Trauma-Informed Care - Commission and Training
Sen. Carter

- Would create a commission to ensure trauma-informed delivery of state services to youth and families
- Supports safety of domestic abuse & sexual violence survivors
- Passed the Senate, but died after hearing in the House
Sexual Harassment & Title IX

HB0325/SB0961
Sexual Harassment Prevention Training - Designated Coordinator - University System of Maryland
Sen. Hettleman

- Extends sexual harassment training requirements to every unit of the state government & to all University of Maryland institutions
- Repeals requirement that UMD sexual harassment training coordinator be the Title IX Coordinator

HB1536
Hear Our Voices Act of 2020
Del. Lewis

- Would require creation of a clear, uniform process for reporting and investigating Title IX sexual misconduct complaints
- Students need to know their Title IX rights and how to file complaints
- Didn't advance after House hearing
Hate Crimes

HB0917/SB0606
Criminal Law - Hate Crimes - Basis (2nd Lieutenant Richard Collins, III's Law)
Del. Wilson & Sen. Benson & Sydnor

- No longer have to prove that hate was the sole motive for a crime to qualify as a hate crime
- Makes it easier to identify and prosecute hate crimes
- Supports safe communities for families, minorities, and LGBTQ+ people
- Named in honor of a black student murdered by a white supremacist at the University of Maryland, College Park in 2017 – hate crime charges were dropped in his case
That’s it!
For now...

• In all, we weighed in on approximately 150 bills that affect sexual and reproductive health, rights, and justice. The intersection of multiple movements create opportunities to not only band together with our allies to advance our rights, but to also defeat attempts to strip away our freedoms.

• The 2020 Maryland General Assembly is planning to reconvene the last week of May. Because the legislature adjourned – rather than recessed - all bills that were pending died. They will not be taken up again during the short session, unless there is a veto. We anticipate any new measures will be introduced to respond to the current healthcare crisis and related economic concerns.
Make sure you like us on Facebook and follow us on Twitter, Instagram, and Snapchat for social media updates (@ProChoiceMD)
Donate to support our work:
https://prochoicemd.org/fund-the-movement/
Join our email list, our legislative rapid response list, and our volunteer list to learn more about our work and how to get more involved:
Want to help form an Action Team in your area? Email me: diana@prochoicemd.org