Overview of SCOTUS Abortion Rulings (with trivia), and Maryland Laws and Policies mid-COVID-19 pandemic edition
What does our affiliate do?

There are three parts:

- **NARAL Pro-Choice Maryland (MD NARAL):** the policy and political arm of the reproductive freedom movement in our state (founded in 1981).

- **NARAL Pro-Choice Maryland Fund (The Fund):** the research, outreach, and education arm of our movement. The Fund does not engage in direct political activities, but its work in the areas of policy research, organizing, coalition building, and leadership development complement and inform the strategies of NARAL Pro-Choice Maryland (founded in 1997).

- **NARAL Pro-Choice Maryland Political Action Committee (PAC):** helps elect pro-choice champions into state and local offices by providing financial and in-kind campaign contributions to candidates who have been endorsed by members of the PAC (founded in 1985).
What are our missions?

- For NARAL Pro-Choice Maryland Fund, the 501(c)3 education and advocacy arm, our mission is to support and protect, as a fundamental right and value, a woman’s freedom to make personal decisions regarding the full range of reproductive choices through education, training, organizing, legal action, and public policy.

- For NARAL Pro-Choice Maryland, the 501(c)4 policy and political arm, our mission is to develop and sustain a constituency that uses the political process to guarantee every woman the right to make personal decisions regarding the full range of reproductive choices, including preventing unintended pregnancy, bearing healthy children, and choosing legal abortion.
What was the original name of NARAL Pro-Choice America?
What was the original name of NARAL Pro-Choice America?

- Founded in 1969 during a national conference about abortion rights in Chicago, the group first called itself the National Association to Repeal Abortion Laws.
- After the *Roe v. Wade* ruling in 1973, it was renamed the National Abortion Rights Action League.
Overview of Abortion Care and Access in the United States
1 in 4 U.S. women will have an abortion by age 45
### U.S. Abortion Patients

<table>
<thead>
<tr>
<th><strong>INCOME</strong></th>
<th><strong>75%</strong> poor or low income</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RELIGION</strong></td>
<td><strong>62%</strong> religiously affiliated</td>
</tr>
<tr>
<td><strong>FAMILY SIZE</strong></td>
<td><strong>59%</strong> already have a child</td>
</tr>
<tr>
<td><strong>AGE</strong></td>
<td><strong>60%</strong> are in their 20s (only 12% are teens, of which 4% are minors)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>RACE</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>White</strong></td>
<td><strong>39%</strong></td>
</tr>
<tr>
<td><strong>Black</strong></td>
<td><strong>28%</strong></td>
</tr>
<tr>
<td><strong>Hispanic</strong></td>
<td><strong>25%</strong></td>
</tr>
<tr>
<td><strong>Asian/Pacific Islander</strong></td>
<td><strong>6%</strong></td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td><strong>3%</strong></td>
</tr>
</tbody>
</table>
In 25 states, more than half of women live in a county without a clinic that provides abortion.
29 states were hostile or extremely hostile to abortion rights in 2017, only 12 supportive
Current landscape in the United States

► As of 2014, 89% of U.S counties lack an abortion clinic.

► People in 27 of the largest cities in the U.S. must travel over 100 miles to reach an abortion facility; the state with the largest number of such cities is Texas (n=10)

► Between 2011 and 2017, states enacted 401 new abortion restrictions, accounting for more than one-third (34%) of restrictions since Roe v. Wade.

► 23 states have anti-choice governments vs. 13 states that are pro-choice
The types of restrictions across the U.S.
from Guttmacher Institute 052120

- **Refusal to provide:**
  - 45 states allow individual health care providers to refuse to participate in an abortion.
  - 42 states allow institutions to refuse to perform abortions, 16 of which limit refusal to private or religious institutions.

- **Physician and Hospital Requirements:**
  - 40 states require an abortion to be performed by a licensed physician.
  - 19 states require an abortion to be performed in a hospital after a specified point in the pregnancy.
  - 17 states require the involvement of a second physician after a specified point.

- **Gestational Limits:**
  - 43 states prohibit abortions, generally except when necessary to protect the woman’s life or health, after a specified point in later pregnancy.
The types of restrictions across the U.S.
from Guttmacher Institute 052120

► Public Funding:
  ► 16 states use their own funds to pay for all or most medically necessary abortions for Medicaid enrollees in the state.
  ► 33 states and the District of Columbia prohibit the use of state funds except in those cases when federal funds are available: where the woman’s life is in danger or the pregnancy is the result of rape or incest.
  ► In defiance of federal requirements, South Dakota limits funding to cases of life endangerment only.

► Coverage by Private Insurance:
  ► 12 states restrict coverage of abortion in private insurance plans, most often limiting coverage only to when the woman’s life would be endangered if the pregnancy were carried to term.
  ► Most states allow the purchase of additional abortion coverage at an additional cost.
The types of restrictions across the U.S.
from Guttmacher Institute 052120

- **State-Mandated Counseling:**
  - 18 states mandate that women be given counseling before an abortion that includes information on at least one of the following: the purported link between abortion and breast cancer (5 states), the ability of a fetus to feel pain (13 states) or long-term mental health consequences for the woman (8 states).

- **Waiting Periods:**
  - 27 states require a woman seeking an abortion to wait a specified period of time, usually 24 hours, between when she receives counseling and the procedure is performed.
  - 14 of these states have laws that effectively require the woman make two separate trips to the clinic to obtain the procedure.

- **Parental Involvement:**
  - 37 states require some type of parental involvement in a minor’s decision to have an abortion.
  - 26 states require one or both parents to consent to the procedure.
  - 11 require that one or both parents be notified.
Contrary to public health and consensus among the medical community, some elected state officials are exploiting COVID-19 to deny the fundamental and constitutionally protected right of abortion access.

In order to push an anti-abortion agenda, state officials are classifying abortion care as “non-essential”
At least 14 states have attempted to restrict access to abortion by deeming it nonessential

- Alabama - restraining order granted against ban
- Alaska - ban lifted after only one week
- Arkansas - procedural abortion care with negative COVID-19 test result
- Indiana - contentious, clinics can provide care to avoid harm to patients
- Iowa - governor backed down after a lawsuit, abortion care is now under “elective”
- Kentucky - AG sought a ban, governor said it should be up to health professionals
- Louisiana - Dept of Health left judgement of providers to assess “emergency” cases
- Mississippi - ban expired April 27th
- Ohio - current injunction in place keeping abortion care available
- Oklahoma - injunction on ban placed on April 20th, affirmed by 10th Circuit on April 27th
- Tennessee - injunction on ban placed on April 17th, affirmed by 6th Circuit on April 24th
- Texas - ban lifted April 22nd
- Utah - AG signed an amicus brief supporting bans, but decision remains with provider
- West Virginia - AG sought ban, governor claims no exemptions for any procedure
Meanwhile, these 12 states chose to affirm access to abortion care during the pandemic

- California
- Hawaii
- Illinois
- Maryland
- Massachusetts
- Michigan
- Minnesota
- New Jersey
- New Mexico
- New York
- Oregon
- Virginia

Massachusetts and New Jersey explicitly exempted abortion care services from stay-at-home orders as essential healthcare. While the attorneys general of Delaware, Hawaii, New York and Oregon publicly stated that their states’ directives exempt abortion.

New Mexico and Washington clarified access to comprehensive family planning services by designating the “full suite of family planning services” as essential.

Other states, like Illinois and Montana, designated reproductive health providers more broadly as essential, and California’s Department of Health provided guidance to continue pregnancy-related services for state Medicaid recipients “during these unprecedented times.”

Proactive statements were made through executive orders or department of health directives about access to medical care essential to maintain the health of the patient.
State officials initiating abortion bans during the COVID-19 pandemic? Looking at SCOTUS cases helps us see how we got here...
SCOTUS cases reflect the changing strategies of the anti-choice movement

- If the national anti-choice groups could not criminalize abortion through a constitutional amendment to protect “unborn life”, what other ways could they plant seeds of dissent or question the legal or moral ground of abortion rights?
  - Doubting the discretion of medical providers to determine essential care
  - Distrusting patients’ ability to make informed medical care decisions by requiring “counseling”, waiting periods, and forced ultrasounds
  - Protecting the American Family by increasing family involvement through spousal and/or parental consent mandates
  - Casting abortion care as a societal harm that should never be publicly funded
  - Encouraging extra facility regulations to safeguard the health of patients
  - Questioning whether abortion care procedures are based in science
  - Arguing that since abortion harms patients’ physical or mental health, incremental restrictions should be constitutional
Griswold v. Connecticut (1965) 381 U.S. 479

Let’s start with contraception - Why is this case important?

- Established the fundamental right to be free from governmental intrusion in the marital home

Background

- Brought by Estelle Griswold, head of Connecticut’s Planned Parenthood
- Held a CT statute criminalizing the use of contraceptives violated married persons’ right to privacy
- In a 7-2 ruling, the Supreme Court found that the "spirit" of the First, Third, Fourth, Fifth and Ninth Amendments, as applied to the states by the Fourteenth Amendment, creates a general "right to privacy“
  - i.e. the Supreme Court located this fundamental privacy right in the “penumbras” of the Bill of Rights
- Eisenstadt v. Baird (1972) 405 U.S. 438 - established unmarried person’s fundamental right to use contraception
  - The Supreme Court struck down a Massachusetts statute limiting the distribution of contraceptives to only married persons
  - Equal Protection Clause Argument - the MA statute was providing dissimilar treatment for married and unmarried persons
At which university was Bill Baird arrested and charged with a felony for giving out vaginal foam to an unmarried woman at public forum?
At which university was Bill Baird arrested and charged with a felony for giving out vaginal foam to an unmarried woman at public forum?

- Boston University

Why is it important?

- **The first case about abortion to reach the Supreme Court** - and the first loss

Background

- A doctor, indicted in federal district court for performing abortions, challenged the constitutionality of a DC law permitting abortion only to preserve a woman's life or health
- The Court rejected the claim of the District Court that the statute was “unconstitutionally vague”, concluding that "health" should be understood to include considerations of psychological as well as physical wellbeing
- The Court also held that the burden of proof should be on the prosecutor who brought charges, not on the doctor
- There were concerns whether the statute left “too much discretion” to the physician to determine what is necessary for the preservation of maternal health
**Roe v. Wade (1973) 410 US 113**

**Why is it important?**
- Established the constitutional right to an abortion in the United States

**Background**
- Stemming from a Texas case filed against Dallas County District Attorney Henry Wade, a **7-2 majority decision** of the Supreme Court held the right to choose an abortion is protected under the 14th Amendment Due Process Clause
  - **Note:** this is the first time the Supreme Court has located a right to privacy under the liberty prong of the due process clause
- Court established a **trimester-based framework** for determining states’ ability to regulate abortion
  - **Note:** this trimester framework is a legal construct, not a medical construct
Roe v. Wade (1973) con’t

The Supreme Court held a fetus is not a person but rather is "potential life," and therefore does not have constitutional rights of its own

Trimester Framework:

During the first trimester, the state cannot regulate abortion i.e. the state’s interests cannot override the patient’s rights

During the second trimester, the state may regulate abortion to the extent that the regulation reasonably relates to the preservation and protection of maternal health

During the third trimester, the state may regulate or prohibit abortion to promote its interest in the potential life of the fetus, except where abortion is necessary to preserve the health OR life of the woman

Peter Keegan/Keystone/Getty Images
Sarah Weddington handled the oral arguments before SCOTUS. What is the name of the female attorney who actually filed the case and handled the written appeal?
Sarah Weddington handled the oral arguments before SCOTUS. What is the name of the female attorney who actually filed the case and handled the written appeal?

- Linda Coffee

- It was Coffee, in fact, who found the plaintiff, wrote the initial petitions, and filed the suit. It was Coffee who presented half the oral argument in U.S. District Court and appealed the ruling to the Supreme Court.

- The lawyers divided their oral argument before the U.S. District Court—Weddington spoke about privacy and personhood, while Coffee addressed the procedural points of jurisdiction and standing.

- Coffee wrote and filed the appeal to SCOTUS. Because Weddington enjoyed the performance of oral arguments more than the shy Coffee, Coffee sat behind Weddington during the Roe argument.
Doe v. Bolton (1973) 410 US 179

Why is it important?

- Held across all stages of pregnancies the right to access abortion care to preserve a woman's life or health or in cases of fetal abnormality or rape

Background

- Among other conditions, the overturned law required that all abortions be performed in accredited hospitals, and that a hospital committee and two doctors in addition to the woman's own doctor give their approval

- The Court held the Georgia law unconstitutional because it imposed too many restrictions and interfered with a woman's right to decide, in consultation with her physician, to terminate her pregnancy

- The Court ruled that a woman's right to an abortion could not be limited by the state if abortion was sought for reasons of maternal health

- The Court defined health as "all factors - physical, emotional, psychological, familial, and the woman's age - relevant to the well-being of the patient"

- This health exception expanded the right to abortion for any reason through all three trimesters of pregnancy
Bigelow v. Virginia (1975) 421 US 809

Why is it important?

- First SCOTUS case affirming the rights of abortion providers to advertise their services under the protection of the First Amendment.

Background

- Virginia Law made it a misdemeanor to “encourage or prompt the procuring of abortion”. This was common in many states at the time, which prohibited not just advertisements for abortion services available in their own states, but also services from other states.

- Jeffrey C. Bigelow, managing editor of Virginia Weekly, a Charlottesville paper, ran a 1971 ad about a New York based organization that helped women find abortion services - abortion had been legal in New York since 1971. Bigelow was convicted, and his conviction was reaffirmed by the Virginia Supreme Court.

- The U.S. Supreme Court ruled that states could not completely ban advertising about abortion clinics and other abortion related services. Such bans violate the First Amendment's guarantees of freedom of speech and freedom of the press especially in this case, because the advertisement conveyed truthful information about a matter of significant public interest.

- The case actually made its way to SCOTUS twice, the first time after VA Supreme Court affirmed the conviction, SCOTUS remanded the case back to VA after the ruling in Roe v Wade for reconsideration. VA SCOTUS reaffirmed the conviction a second time and the case ended up before SCOTUS again, when the final Bigelow v. Virginia decision was written.
What was the name of the New York-based organization in the advertisement that helped women find abortion services?
What was the name of the New York-based organization in the advertisement that helped women find abortion services?

- The Women’s Pavilion
Planned Parenthood v. Danforth (1976) 428 U.S. 52

Why is it important?
► Struck down restrictions related to consent and abortion methods

Background
► The Court invalidated broad portions of Missouri’s abortion law including those which:
  ► banned abortions by saline injection,
  ► required a married woman to obtain the consent of her husband prior to an abortion, and
  ► required consent of parents before an abortion could be performed on their minor daughter
► The court approved in principle, but without explanation, the need for informed consent.
**Maher v. Roe (1977) 432 U.S. 464**

Why is it important?

- **Trivia Q:** First SCOTUS case about state public funding of abortion care
  - **Note:** the Hyde Amendment was passed in 1976

**Background**

- The Connecticut Welfare Department issued regulations limiting state Medicaid benefits for first-trimester abortions to those that were "medically necessary."

- The Court held that a State “has authority to make a value judgment favoring childbirth over abortion” and to implement that judgment by the allocation of public funds.

- Therefore, the Court held CT can refuse to pay for an indigent’s “nontherapeutic” abortion
  - “Even though it subsidizes medical expenses related to pregnancy and childbirth under the State’s Medicaid program.”
A note about the strategy to strip or deny public funding of abortion care

- *Maher v. Roe* reflected the growing dialogue about public attitudes surrounding poverty and the social safety net. During the 1970s, anti-choice activists were still committed to a constitutional amendment to protecting unborn life by criminalizing abortion - so they focused on the societal harm of public funding for abortion.
Colautti v. Franklin (1979) 439 U.S. 379

Why is it important?

- Established that “viability” is a medical construct, and not a legal one

Background

- The Court rejected a Pennsylvania statute that would have required doctors to protect the life of a fetus who “may be viable” both during and after an abortion
- It ruled that only the doctor performing the abortion, and not a court or legislature, was competent to make a determination of viability
- The statutory definitions were held to be vague
- This ruling helps defeat state legislative attempts to declare that fetal “viability” should be set at a certain number of gestational weeks
When was the last time a bill was filed in the Maryland General Assembly attempting to legally define viability at a set time of weeks gestation?
When was the last time a bill was filed in the Maryland General Assembly attempting to legally define viability at a set time of weeks gestation?

- 2018
- SB0449
- Senator Steve Waugh
- 24 weeks
Bellotti v. Baird (1979) 443 US 622

Why is it important?

- Established that all minors must have the opportunity to approach a court for authorization to have an abortion, without first seeking the consent of their parents, and that these alternative proceedings must be fair, confidential, and expeditious.

Background

- Plaintiffs challenging a Massachusetts statute requiring women under 18 to obtain parental or judicial consent prior to having an abortion, but the parent had to be informed about the intent to seek a judicial bypass.
- The Court found the statute unconstitutional because, as it was interpreted by the state's highest court, it gave either a parent or a judge absolute veto power over a minor's abortion decision, no matter how mature she was and notwithstanding that an abortion might be in her best interests.
- Typically such state laws now require the minor petitioner must prove that she is mature enough to seek care without parental involvement; it is in her best interests to seek care without parental involvement; or parental involvement may lead to potential physical, emotional, or sexual abuse of her.
What is the name of the first statewide nonprofit in the United States to provide free legal services to pregnant minors, including judicial bypass for abortion care without parental involvement?
What is the name of the first statewide nonprofit in the United States to provide free legal services to pregnant minors, including judicial bypass for abortion care without parental involvement?

- Jane’s DUE PROCESS
- Founded in 2000
- Texas
- Diana Philip, founding director
**Harris v. McRae (1980) 448 US 297**

Why is it important?

- SCOTUS rejected a challenge to the *Hyde Amendment*, which banned the use of federal Medicaid funds for abortion except when the life of the woman would be endangered by carrying the pregnancy to term.

**Background**

- In 1965, Congress established the Medicaid program, via Title XIX of the Social Security Act, to provide federal financial assistance to states that chose to reimburse certain costs of medical treatment for needy persons.

- Beginning in 1976, Congress passed a number of versions of the "Hyde Amendment" that severely limited the use of federal funds to reimburse the cost of abortion care under the federal Medicaid program.

- Williams v. Zbaraz (1980) 448 US 358 later clarified that a state could use its own Medicaid programs to pay for abortion care outside of Hyde reasons, as long as it understood that the federal government would not reimburse the state for non-Hyde reasons.

- In 1994, the Hyde Amendment began including funding for abortions where pregnancy was the result of rape or incest.
Maryland is one of 16 states that has a policy that directs state Medicaid to pay for all or most medically necessary abortions. One other state provides Medicaid abortion care coverage only in cases of life endangerment, in violation of the federal standard of also including coverage for a pregnancy as a result of rape or incest. Which state’s Medicaid policy is stricter than the Hyde Amendment?
Maryland is one of 16 states that has a policy that directs state Medicaid to pay for all or most medically necessary abortions. One other state provides Medicaid abortion care coverage only in cases of life endangerment, in violation of the federal standard of also including coverage for a pregnancy as a result of rape or incest. Which state’s Medicaid policy is stricter than the Hyde Amendment?

- South Dakota

Why it is important?

- Big win in striking abortion restrictions back in 1980’s Ohio

Background

The Court ruled that the city could not require:

- minors under 15 to obtain parental or judicial consent for an abortion
- physicians to give women information designed to dissuade them from having abortions (risks of abortion, fetal development, alternatives to abortion)
- a 24-hour waiting period after the signing of the consent form
- that fetal remains be disposed of in a “humane and sanitary” manner
- that all abortions after the first trimester be performed in a hospital
Other reasons why the *City of Akron* case was important:

- Groups like the National Right to Life contended that since abortion sometimes harms women, incremental restrictions should be unconstitutional only if they unduly burdened women rather than help them.

- The anti-choice movement also got excited about Justice Sandra Day O’Conner’s dissent in this case in which she starting exploring the notion of an undue burden standard.

- The anti-choice movement began to think about the composition of the SCOTUS, and working with the Republicans to determine who should be on the bench in the future. Some feel that it is this case in which the antis began rethinking their constitutional amendment strategy, and the decision to begin chipping away at Roe ruling until it is overturned.

Why is it important?

- The first case heard before SCOTUS about later abortion methods
- It is also the first case in which the U.S. argued to overturn Roe
- Trivia Q: It was the last case to fully affirm and apply Roe

Background

The Supreme Court struck down provisions in Pennsylvania statute requiring:

- doctors to use abortion techniques that maximized the chance of fetal survival, even when such techniques increased the medical risks to the pregnant woman's life or health
- informed consent on fetal development, abortion alternatives, and the medical risks of abortion
- reporting statistics about patients and medical care provided
Webster v. Reproductive Health Services (1989) 492 US 490

Why is it important?

- The Supreme Court upheld many anti-choice provisions of a newly enacted Missouri law, opening the door to greater state regulation of abortion

Background

- The Court upheld restricting the use of public facilities, staff, and funding in providing or counseling about abortion care except those necessary to save the patient's life
- The Court struck down the requirement of physicians to perform tests to determine the viability of fetuses after 20 weeks of gestation
- The Court did not, however, accept the invitation of the United States Solicitor General and others to use the case as a vehicle for overruling Roe v. Wade, although four justices urged its reconsideration
Who wrote the majority decision in the Webster ruling?
Who wrote the majority decision in the Webster ruling?

- Chief Justice William Rehnquist

Why is it important?

- Established that minors have a right to judicial bypass when the state law requires notification of a parent or legal guardian, not only in cases where the state is mandating consent

Background

- This case was a challenge to Minnesota law that required a minor to notify both biological parents before having an abortion
- It made no exception for parents who were divorced, who had not married, or who were unknown to their daughters
- The ruling clarified that minors have the option of going to court to obtain authorization for an abortion, when they could not or would not comply with a parental notification law
Why is it important?

- It was the first case regarding a domestic gag rule heard before SCOTUS - and the providers lost

Background

- Family planning providers challenged the Reagan Administration's "gag rule" barring abortion counseling and referral by family planning programs funded under Title X of the federal Public Health Service Act
- Under the new rule, clinic staff could no longer discuss all of the options available to patients facing unintended pregnancies, but could only refer them for prenatal care
- Even though the rule reversed 18 years of policies that had allowed non-directive, comprehensive pregnancy options counseling, the Court upheld it
How did the domestic gag rule from the Reagan Administration eventually get overturned?
How did the domestic gag rule from the Reagan Administration eventually get overturned?

- President Clinton rescinded the "gag rule" by executive order shortly after his inauguration in 1993.

Why is it important?
▶ Declared that state abortion regulations are unconstitutional if they impose an “undue burden” or a “substantial obstacle” on women seeking abortions.
▶ This decision upheld all the provisions except for spousal notification

Background
▶ Several abortion providers challenged Pennsylvania statutes, requiring:
  ▶ 24-hour waiting period, informed consent, parental consent for minors, and spousal notification prior to abortion procedures
▶ In a 5-4 decision, the Court upheld the essential holding of Roe v. Wade, but altered its trimester framework by establishing an “undue burden” standard for abortion laws - opening the door further for states to restrict access to care
▶ This case is also seen as an example of the anti-choice movement using the strategy of defending restrictions on abortion care access in the name of protecting the American family by increasing family involvement through spousal and parental consent provisions
Which U.S. Supreme Court justice created the legal standard of “undue burden”? 
Which U.S. Supreme Court justice created the legal standard of “undue burden”?

- Justice Sandra Day O’Connor: “purpose or effect [of the regulation] is to place a substantial obstacle in the path of a woman seeking an abortion before the fetus attains viability.”

Why is it important?
- First SCOTUS ruling which upheld clinic buffer zones

Background
- The ruling addressed the constitutionality of two provisions of an injunction obtained by abortion clinics in western New York as a remedy against blockades and other disruptive forms of anti-choice protest
- The Court upheld a fixed 15-foot buffer zone around clinic doorways, driveways, and parking lot entrances
- It struck down a floating 15-foot buffer zone around people or vehicles entering or leaving the clinic area

Why is it important?

- SCOTUS upheld sidewalk “counseling” by anti-choice activists outside clinics

Background

- A Colorado statute was upheld prohibiting sidewalk counseling within 100 feet of a “health care facility,” including an abortion clinic, by making it illegal to approach within 8 feet of a person to counsel, educate, show a sign, or pass out a leaflet

- The statute was found constitutional by protecting listeners from unwanted communication, being content neutral, and having a reasonable restriction on time, place, and manner
Why is it important?

- SCOTUS upheld the right for providers to use a surgical method in later pregnancy, coined by anti-choice activists as “partial-birth abortion”

Background

- Sending a strong message regarding the paramount importance of women's health, the Court struck Nebraska's law on two independent grounds:
  - the ban's failure to include a health exception threatening a patient's health, and
  - the ban's language restricting the using the most common method of second-trimester abortion, placing a substantial obstacle in the path of women seeking abortions and thereby imposing an "undue burden"

- An emerging strategy of the antis: since SCOTUS rulings kept defending abortion care access as rights, they would have to turn to arguing that abortion damaged women’s health and bringing the public to question what was a matter of science
In which states was Dr. Lee Carhart providing later abortion care at the time of this case?
In which states was Dr. Lee Carhart providing later abortion care at the time of this case?

- Nebraska and Kansas

- After Nebraska passed state ban of abortion access at 20 weeks, Dr. Carhart began providing care in Maryland beginning in 2008, at Germantown Reproductive Health Services. He now has his own clinic in Bethesda.

- We honored Lee and Mary Carhart at our 2018 gala.
Gonzales v. Carhart and Gonzales v. Planned Parenthood Federation of America, Inc. (Carhart II) (2007) 127 S. Ct. 1610

Why is it important?

> SCOTUS ruled on the first-ever federal ban on abortion methods, one that failed to include an exception to protect women's health

Background

> In a 5-4 decision, the Court upheld the federal ban, *undermining a core principle of Roe v. Wade* that women's health must remain paramount - overturning its decision in *Stenberg v. Carhart* issued only seven years earlier

> Writing for the majority, Justice Kennedy evoked antiquated notions of women's place in society and called in to question their decision-making ability

> Furthermore, Kennedy held that in the face of "medical uncertainty" lawmakers could overrule a doctor's medical judgment and that the "State's interest in promoting respect for human life at all stages in the pregnancy" *could outweigh a woman's interest in protecting her health*
In which state did Alberto Gonzales serve as General Counsel to the governor, prior to becoming the U.S. Attorney General?
In which state did Alberto Gonzales serve as General Counsel to the governor, prior to becoming the U.S. Attorney General?

- Texas, under then Governor George W. Bush
- As General Counsel, Gonzales advised Bush on clemency requests. The State of Texas executed more prisoners during Gonzales's term than any other state.
Whole Woman’s Health v. Hellerstedt 579 U.S. ___ 2016

Why is it important?

- SCOTUS ruled that requiring abortion clinics to abide by a Targeted Regulation of Abortion Provider law (TRAP) imposed an undue burden without producing any medical benefits, and is thus unconstitutional
- The Court established a balancing test to determine what an “undue burden” is

Background

- In 2013, the Texas Legislature passed House Bill 2 requiring:
  - any physician providing abortion care have admitting privileges at a hospital within 30 miles of where the abortion was performed, and
  - another provision requiring that all abortion clinics comply with standards for operating as ambulatory surgical centers
- The petitioners were a group of abortion providers who sued the state arguing the statute denied equal protection, unlawfully delegated lawmaking authority, and constituted arbitrary and unreasonable state action.
- The Court held both of H.B. 2’s provisions unconstitutional, because they would shut down most clinics in the state and cause Texans an “undue burden” to access safe, legal abortion.
Who is the founder of Whole Woman’s Health?
Who is the founder of Whole Woman’s Health?

- Amy Hagstrom Miller
- Started her first clinic in Austin, Texas in 2000
- One of her clinics is located in Baltimore
- We honored Amy at our gala last year

Amy Hagstrom Miller is the founder and president of both Whole Woman’s Health and Whole Woman’s Health Alliance; organizations that operate holistic abortion care services and work to shift stigma surrounding abortion care through education, training, and protective policy advocacy. Her clinics offer reproductive healthcare services to more than 30,000 people annually.
What are TRAP laws? TRAP stands for Targeted Regulation of Abortion Providers

TRAP laws single out the medical practices of doctors and clinics that provide abortion care and impose requirements that are different and more burdensome than those imposed on other medical practices. Make no mistake, TRAP laws are not medically justified; the intent of TRAP laws is to close abortion clinics.

Examples of TRAP laws:

1. Hospital admitting privileges
   - in most cases, a provider has to admit a certain number of people to a hospital in order to have admitting privileges, which does not often happen in abortion care since serious complications are rare.

2. Hallways that are a certain width, which requires costly and unnecessary modifications.

3. Requiring grass around the premises to be cut to a certain height.

Why is it important?

- First case before SCOTUS attempting to counter the deceptive practices of anti-choice information centers, also known as crisis pregnancy centers (CPCs)
- The Court reversed and remanded the 9th Circuit’s ruling that it should be upheld

Background

- The National Institute of Family and Life Advocates and two other religiously-affiliated pro-life entities engaged in providing pregnancy-related services sought to enjoin the enforcement of the California Reproductive Freedom, Accountability, Comprehensive Care, and Transparency Act (the “Act”)
- The law’s stated purpose is to ensure access to reproductive health services for all California women, regardless of income
- NIFLA argued that the Act’s requirements that (1) licensed clinics provide information to patients about free and low-cost publicly funded family planning services, including contraception and abortion, and that (2) unlicensed clinics inform patients of their unlicensed status violated their free speech and free exercise rights under the First Amendment.
Which state was the first in the nation to introduce state legislation to counter the deceptive advertising practices of anti-choice crisis pregnancy centers?
Which state was the first in the nation to introduce state legislation to counter the deceptive advertising practices of anti-choice crisis pregnancy centers?

- Maryland
- 2008
- HB1146, Limited Service Pregnancy Centers - Disclaimers,
- Delegate Roger Manno - lead bill sponsor
June Medical Services LLC v. Russo (oral arguments held March 4, 2020)

CONTEXT:
• Justice Anthony Kennedy has retired
• Conservative majority now on the Supreme Court

Why is it important?
► This case will either uphold or overturn WWH v. Hellerstedt’s determination that TRAP laws (like hospital admitting privileges) constitutes an undue burden AND brings into question whether providers have the right to sue on behalf of their patients (issue of standing)

Background
► Abortion providers have challenged a Louisiana law which requires abortion providers to have hospital “admitting privileges”
► This law is IDENTICAL to the Texas statute that the Supreme Court struck down in WWH v. Hellerstedt
► Decision expected June 2020
Maryland Laws on Abortion
Maryland’s Codification of Roe v. Wade: The Freedom of Choice Act

Maryland codified the *Roe v. Wade* ruling in 1992 by ballot referendum (Question 6), meaning that if the Supreme Court later overturned the decision, the rights to provide and receive abortion care would remain legal in Maryland.

- “[T]he state may not interfere with the decision of a woman to terminate a pregnancy:
  
  (1) Before the fetus is viable; or
  
  (2) At any time during the woman’s pregnancy, if [t]he termination procedure is necessary to preserve the life or health of the woman; or . . . [t]he fetus is affected by a genetic defect or serious deformity or abnormality.” *Md. Code Ann., Health-Gen. § 20-209* (Enacted 1991).

- The legislation passed in 1991, following an unsuccessful attempt in 1990 that ended after a 8-day filibuster.
The actual language of Question 6

Revises Maryland's abortion law to prohibit state interference with woman's abortion decision before fetus is viable, or, under certain conditions, at any time and to provide certain exceptions to the requirement that a physician notify an unmarried minor's parent or guardian prior to minor's abortion; repeals pre-abortion information requirements about abortion alternatives; repeals some, and clarifies other, provisions related to abortion referral; requires that abortions be performed by licensed physicians; provides good-faith immunity under certain conditions to physicians performing abortions; authorizes the State to adopt abortion regulations; repeals certain penalty and disciplinary provisions related to the performance of abortions.
Restrictions in Maryland Law

Physician-Only Restriction: Only a physician, including a doctor of osteopathy, licensed by the state to practice medicine in the state may perform a surgical or procedural abortion. As of January 2020 through an official written opinion by the Maryland state Attorney General, advanced medical practitioners can provide medication abortion. Md. Code Ann., Health-Gen. § 20-207 (Enacted 1970; Last Amended 1982); Md. Code Ann., Health-Gen. § 20-208 (Enacted 1991)

Post-Viability Abortion Restriction:
Abortion care may be prohibited after viability unless necessary to preserve the woman's life or health or unless the fetus is affected by a genetic defect or serious deformity or abnormality (viewed as having appropriate exceptions). Md. Code Ann., Health-Gen. § 20-209 (Enacted 1991).

Maryland Refusal Clauses: allows certain individuals or entities to refuse to provide
- abortion services,
- sterilization services, and

Certain employers and/or insurers may require that their plans exclude coverage for contraception (religious reasons). MD. Code Ann., Ins. § 15-826 (Enacted 1998)
Access Rights in Maryland Law

Protections against Clinic Violence:

➢ A person who physically detains an individual or obstructs, impedes, or hinders an individual's passage, with the intent to prevent the individual from entering or exiting a medical facility, is guilty of a misdemeanor and may be fined up to $1000, imprisoned for up to 90 days, or both.  

Md. Code Ann., Crim. § 10-204 (Enacted 2002)

Access via Telehealth:

➢ Emergency legislation passed during the 2020 Maryland General Assembly included HB0448/SB0402, establishing authorization for medical practitioners to be able to serve patients using telehealth services, and held to the same standards of practice that are applicable to in-person settings. One of the benefits of this legislation is increasing access to timely reproductive healthcare, especially among family planning providers with sites located in rural areas.
A person may be prosecuted for murder or manslaughter if the actor:

- Intended to cause the death of the viable fetus;
- Intended to cause serious physical injury to the viable fetus; or
- Wantonly or recklessly disregarded the likelihood that the person's actions would cause the death of or serious physical injury to the viable fetus.

Nothing in this law applies to or infringes on a woman's right to terminate a pregnancy, nor subjects a physician or other licensed medical professional to liability for fetal death that occurs in the course of administering lawful medical care.

Nothing in this law applies to an act or failure to act of a pregnant woman with regards to her own fetus; or shall be construed to confer personhood or any rights on the fetus.

Attempts to amend fetal homicide law

During the 2018 session of the Maryland General Assembly, there were attempts by anti-choice legislators to change “viability” to a “fertilized egg, zygote, or embryo”, in order to establish “personhood”, and another attempt in 2019 to have the law apply to a pregnancy loss of a fetus of 8 weeks or more.

The result was a significantly amended bill in 2019 that establishes that a prosecutor has the right to request up to an additional 10-year sentence enhancement if the intention of the underlying criminal act was to cause harm towards someone believed to be pregnant.

Such a law may be used in sentencing practices for cases involving domestic violence, gender violence, or clinic violence.

Minors’ Access to Abortion

• In the state codification of *Roe V. Wade*, Maryland established the requirement for at least one parent or legal guardian to be notified before abortion care is provided to an unmarried patient under the age of 18. If no longer living with a parent or legal guardian, a mailed notification may be sent to the last known address.

• However, unlike the 36 other states that have enacted parental involvement laws, Maryland is the only state with physician bypass, without judicial bypass, allowing a third-party mechanism for minors to access care through the professional judgement of the healthcare provider.

• There are three situations in which a physician has discretion to perform an abortion for a minor without parental notification. The physician would make the professional judgment that either:

1. Notice to the parent may lead to physical or emotional abuse of the minor;
2. The minor is mature and capable of giving informed consent to an abortion; or
3. Notice would not be in the best interests of the minor.

(Article 20-103 of the Maryland Annotated Code) (Enacted 1991)
Maryland Medicaid and Abortion Care

- Abortion care can be paid for through one of three ways: private insurance, state Medicaid, or out-of-pocket. Many private insurance companies cover abortion care, and clinics will often include information about the insurance they accept on their website, but to be sure, call the clinic or your insurance company.

- The 1976 Hyde Amendment prohibits federal funding from being allocated toward abortion care.

  - However, states can “opt-in” and direct state Medicaid funding to cover abortion care.

  - Because Maryland is one of those states, if you are a Maryland Medicaid recipient, you can use that to cover your procedure, but only for medical reasons. Medicaid will cover the procedure for individuals up to 264% of the federal poverty level.

  - For more information about Medicaid coverage in Maryland, visit our dedicated website: [http://mdmedicaidabortion.org/](http://mdmedicaidabortion.org/)
State Medicaid Coverage of Abortion Care

Maryland prohibits public funding for abortion for women eligible for state medical assistance for general healthcare (Medicaid) unless:

1. continuation of the pregnancy is likely to result in the woman’s death;
2. the woman is a victim of rape, incest, or a sexual offense reported to a law enforcement, public health, or social agency;
3. the fetus is affected by a genetic defect or serious deformity or abnormality;
4. abortion is medically necessary because there is substantial risk that continuation of the pregnancy could have a serious and adverse effect on the woman's present or future physical health; or
5. continuation of the pregnancy is creating a serious effect on the woman’s mental health and if carried to term there is substantial risk of serious or long lasting effect on the woman’s future mental health.

What is Maryland landscape in terms of abortion access?

- 21 abortion providers, located in 1/3 of the state
- No TRAP laws
- One of 16 states that uses their own Medicaid funds to cover abortion care in some “medically necessary” circumstances, thereby expanding access to lower income folks
- Later abortion care access is available in Bethesda & DC
  - people come to Maryland all over the country and the world to access this expert care - only 3 states and DC have clinics that provide this care (the other two states are Colorado and New Mexico)
- Able to maintain strong laws and policies thanks to a 2:1 pro-choice majority in both chambers of the Maryland General Assembly; pro-choice state attorney general and comptroller
Where are Maryland’s 21 abortion providers located?

Key

- Independent abortion provider (n=13)
- Planned Parenthood (n=6)
- Hospital-based provider (n=2)
What are CPCs?
There are approximately 50 crisis pregnancy centers (anti-abortion fake “clinics”) in Maryland. The purpose of these centers is to stop people from obtaining abortion care. They do this through false advertising deception, scare tactics, and (in some cases) physically detaining people. Below are examples of their signage:
Blue sites are Title X funded clinics

Red sites are CPCs
State legislative initiatives regarding CPCs

- The findings of the NPCMF 2008 report, “The Truth Revealed” spurred the earliest legislation mandating these centers to disclose the types of services they do not offer, instead of portraying themselves as healthcare providers, resulting in significant delays for patients who were seeking authentic medical care - both prenatal and abortion care.
  - 10 years later, we did another study and found more deceptive tactics: read it here.
- Maryland was the first state in the nation to introduce such measures. A bill was introduced during the 2009 Maryland General Assembly requiring that all CPCs advertise in writing and orally to visitors that they do not provide or refer to abortion or contraceptive services, nor intend to offer medical advice or establish a doctor/patient relationship.
- While the measures failed to advance out of committee, similar Maryland local ordinances were introduced in Montgomery County and Baltimore City; however, both were crippled through legal challenges.
  - After four years, the Montgomery County measure lost in the U.S. Court of Appeal for the Fourth Circuit in 2014.
  - The Baltimore City ordinance was appealed twice to the same court over nine years. After the last judgement issued in favor of the CPC in January, 2018, the city appealed to the U.S. Supreme Court, and lost.
- Enactment of local and statewide measures in California, New York, Washington, and Hawaii have all cited Baltimore City and Montgomery County’s CPC regulation efforts.
Maryland attempts to counter CPCs: Montgomery County

- **Centro Tepeyac v. Montgomery County**

- In February, 2010, the Montgomery County Council, adopted the Resolution No. 16-1252.

- The Resolution required each such center to “post at least 1 sign in the Center” disclosing, that “the Center does not have a licensed medical professional on staff,” and that “the Montgomery County Health Officer encourages women who are or may be pregnant to consult with a licensed health care provider.” The sign was to be “written in English and Spanish,” “easily readable,” and “conspicuously posted in the Center’s waiting room or other area where individuals await service.”

- The U.S. District Court for the District of Maryland issued a preliminary junction decision enjoining enforcement of the resolution’s disclosure that “the Montgomery County Health Officer encourages women who are or may be pregnant to consult with a licensed health care provider” while leaving in place the resolutions requirement to disclose that “the center does not have a licensed medical professional on staff”.

- In 2014, the U.S. Fourth Circuit Court of Appeals ruled that the County failed to establish that the practices of limited service pregnancy resource centers are causing pregnant women to be misinformed which is negatively affecting their health. Therefore, the court granted the motion for summary judgment permanently enjoining the county from enforcing the resolution.
Baltimore City ordinance

- Greater Baltimore Center for Pregnancy Concerns, Inc. v. Mayor & City Council of Baltimore

- In December of 2009, the City enacted Ordinance 09-252.79 Under the ordinance, “[a] limited-service pregnancy center must provide its clients and potential clients with a disclaimer substantially to the effect that the center does not provide or make referral for abortion or birth-control services.” The disclaimer was to be made through one or more easily readable signs conspicuously posted in the center’s waiting room and written in English and Spanish.

- Following its enactment, a CPC challenged the ordinance arguing that it violates the First Amendment right to freedom of speech. The U.S. District Court for the District of Maryland applied strict scrutiny analysis and determined that the ordinance was too restrictive and unconstitutionally broad at the summary judgment stage. In striking down the ordinance, the Court stated that the city did not utilize the least restrictive means to fulfill the governmental interest.

- After several years in appeals, the Fourth Circuit issued an opinion in January, 2018, finding Baltimore City’s CPC ordinance unconstitutional as it violated the First Amendment’s freedom of speech clause. The court noted that while a city has considerable latitude in regulating public health and deceptive advertising, Baltimore’s chosen means are “too loose a fit with those ends.” A crucial take-away from the decision was the Court’s position on the importance of the city addressing allegedly deceptive advertising and preventing health risks that can accompany delays in seeking to end a pregnancy. The court also said that states must have ample room to regulate deceptions and health risks.

What advancements are needed in Maryland?
The differences between reproductive health, rights, and justice

As we evolve as a nation, reproductive freedom has been expanding to encompass how we:

- provide comprehensive and quality reproductive healthcare through the lifespan;
- further laws, policies, and regulations that protect the right to meaningful and timely access to care; and
- strive to eliminate barriers to access and rights so that individuals have the ability to choose if/when/how to form their families, and to parent in dignity, safety, and good health.

Defining these three areas of Reproductive Freedom warrants its own presentation!
What is reproductive freedom?
(not an exhaustive image, but you might get the point)
The Maryland General Assembly passed in 2017 the Family Planning Services - Continuity of Care law which would reimburse Planned Parenthood clinics for services provided to Medicaid recipients if PP is defunded by the federal government, and recently passed the same provision in 2019 to cover services eligible under Title X.

With attempts to dismantle and/or replace the Affordable Care Act, there are concerns that patients will not have access to the full range of sexual and reproductive healthcare in future health insurance exchanges, including contraceptive coverage and maternal care, due to the actions of the Trump/Pence Administration.

It is crucial for the state to continue providing coverage for Maryland Medicaid recipients who qualify for any type of abortion procedures, knowing that many patients are still falling through the cracks.

It important that the state maintains its policy to not have public funding be allocated to anti-choice crisis pregnancy centers, whose services are not rooted in evidence-based science, and not reflective of the comprehensive range of sexual and reproductive healthcare.
Reproductive rights of youth

- Comprehensive sex education is still an issue in Maryland, including teaching about age-appropriate affirmative consent and preventative care for youth of any gender identity or sexual orientation.

- College and high school-based clinics are struggling to offer meaningful and timely access to sexual and reproductive health to their students, including access to emergency contraception and long acting reversible contraceptive devices (LARCs).

- In the 2017 session, Maryland passed a bill to prevent discrimination of pregnant and parenting students in schools by clarifying excused absences to allow them to take care of their health and legal needs, as well as their new babies, discouraging school push-out and keeping them on track to graduate. However, more must be done to address the high drop-out rate so that they youth have the same rigorous education as their non-parenting peers and opportunities to realize economic security.
Access to reproductive health

- Maryland has almost 50 crisis pregnancy centers, run by anti-choice groups with goals to discourage those visiting these non-medical clinics from seeking abortion care or using certain or all methods of birth control, often providing extremely misleading information that can delay access to real healthcare.

- Anti-abortion bills are filed each year to deter or delay access to care or limit the kinds of medical procedures patients and doctors rely upon to safeguard fertility and produce positive health outcomes.

- Advocates are calling for increased access to abortion, such as authorizing non-physician medical providers to offer care, allowing patients to self-administer using safe and effective means like medication abortion, or funding Medicaid coverage for all abortion care, instead of only for serious physical or mental health issues.

- In 2018, a new law eliminated insurance and Medicaid co-pays for contraception, and in 2019, another law authorized pharmacists to prescribe and dispense certain forms of birth control, such as the pill, the ring, and the patch. We look forward to seeing full implementation throughout the state.
Focus on marginalized populations

- There are concerns that inmates and detainees in adult and juvenile facilities are being denied timely access to sexual and reproductive healthcare, and experiencing varying degrees of reproductive coercion.

- As more undocumented individuals become wary of seeking healthcare due to immigration-related raids, advocates are calling for healthcare centers to be deemed sanctuary spaces.

- Pregnant workers are being forced to take paid or unpaid leave when employers refuse to offer reasonable accommodations for them to do their jobs while maintaining healthy pregnancies or addressing lactations needs.

- Advocates are calling for better support of parenting workers, especially in low-wage, hourly shift work, where paid or unpaid safe/sick leave is limited, no paid family or medical leave is offered, work schedules are not posted in advance, and requests for space and time to pump breast milk are dismissed.
What are our campaigns?

➢ It is important to understand that we cannot separate abortion care from the full scope of sexual and reproductive healthcare.

➢ Meaningful access to the full scope of care is necessary for child-bearing individuals to successfully determine when/if/how they form their families, and to parent in good health, in safety, and with dignity.

➢ To help Marylanders realize their family formation goals, our affiliate has 7 campaigns to increase access to sexual and reproductive healthcare, especially for our most vulnerable and disenfranchised populations across our state. We anticipate that as the movement continues to evolve, there will be more.
A) Addressing deceptive advertising and practices of anti-choice crisis pregnancy centers

- Identify the scope of non-evidence based practices in anti-choice crisis pregnancy centers (CPCs) throughout the state.
- Research ways to hold them accountable for misleading the public that they are authentic medical providers.
- Decrease deceptive ways in which CPCs attract visitors to influence pregnancy outcomes and interconception care.
- Continue state policy to not publicly fund CPCs mistaken for evidenced-based medical care providers.
- Increase awareness of how the public can differentiate CPCs from authentic medical care providers.

See our 2018 investigative report.
B) Improving sexual and reproductive healthcare and rights in public schools

- Improve as well as expand the range of sexual and reproductive healthcare offered by school-based health centers (SBHCs).
- Identify ways for referrals to comprehensive healthcare can be made to students off-campus.
- Improve sex education curriculum to be evidence-based and inclusive of all gender identities and sexual orientations.
- Improve menstrual equity in elementary and secondary schools.
- Protect the rights of pregnant, expectant, and parenting students (PEPS) so they may realize their family formation and educational goals.
- See our 2018 report on SBHCs
- See our resource guide on the Rights of Pregnant Youth in Maryland.
- Our research and coalition work led to the passage of an excused absence law to protect the rights of PEPS in 2017, and the introduction of 2020’s HB1298
C) Improving sexual and reproductive healthcare and rights on public college campuses

- Improve as well as expand the range of sexual and reproductive healthcare offered by college wellness centers.
- Support student organizing efforts around the most pressing issues, such as 24/7 access to over-the-counter emergency contraception on campus.
- Help students identify ways in which their colleges can better meet the needs of those in the LGBTQ community, pregnant and parenting students, and survivors of sexual assault.
- Improve menstrual equity
- See our fact sheet on challenges to accessing reproductive healthcare on and near college campuses.
- See our 2020 EC on-campus organizing manual
D) Increasing access to contraception

➢ Reduce barriers to accessing contraceptive prescriptions and devices under insurance and Medicaid plans.
➢ Expand access to all forms of emergency contraception to the general population, as well as in communities where vulnerable and disenfranchised individuals experience significant barriers to care.
➢ Increase access to more forms of birth control not requiring a clinic appointment
➢ Expand affordability
➢ Advance access hormonal birth control over the counter
➢ Implement recent laws eliminating cost sharing for birth control methods, and authorizing pharmacists to prescribe and dispense the pill, patch, or ring
➢ See our 2017 report on access to over-the-counter EC in Maryland.
E) Protecting and advancing access to abortion care

- Continue to defeat attempts to restrict the types of abortion care provided in the state.
- Increase the range of coverage for abortion care within the state Medicaid system.
- Improve relationships between the state and abortion care providers to maintain and increase the number of clinics serving Medicaid recipients.
- Increase access to abortion care in rural areas.
- Develop a patient navigation system to support patients seeking transportation, escorting, lodging, childcare, and interpretation services traveling within as well as to Maryland, especially those seeking later abortion care.
- Authorize advanced medical care providers to offer surgical abortion care.
- See our website dedicated to explaining how to access abortion care in Maryland: http://mdmedicaidabortion.org/
F) Advocating for the care/custody/control of those in the state

- Increase access to timely and quality sexual and reproductive healthcare for system-involved women and girls in any correctional facility or detention center, long- or short-term placements, inclusive of comprehensive pregnancy options counseling, miscarriage management, prenatal care and testing, quality labor and delivery, access to abortion care, positive postpartum care, lactation supports, as well as access to contraceptives, including emergency contraception.

- Help those coming into the system and being released from the system to have access to family planning, pregnancy related healthcare, and legal resources to protect child custody and visitation rights.

- See more about the coalition we convened in 2017, Reproductive Justice Inside.

- To help build a foundation to effectively address these issues, we led advocacy efforts to pass three laws during the 2018 and 2019 Maryland General Assembly sessions.
G) Parenting with Dignity and in Economic Security

- Ensure that all pregnant and parenting workers have the same rights as non-pregnant and non-parenting peers to keep their jobs, not be downsized in responsibilities or pay, remain eligible for professional development and advancement, and not be forced into paid or unpaid leave
- Allow all pregnant workers the right to reasonable accommodations to keep their pregnancies healthy, to compliment existing law for complicated pregnancies
- Create protections, accommodations, and break time for the right to express breast milk at the workplace
- Help implement statewide sick/safe leave legislation
- Advocate to pass a paid medical and family leave law
- Pass legislation for fair scheduling rights so that hourly workers can effectively plan for time-sensitive tasks, such as medical prevention or treatment, childrearing responsibilities related to school and childcare, appointments with caseworkers for adopting or fostering children, and more
Ways to Support:

- **Membership** - please ask your friends and family to join us! [Renew or join here](#)

- **Help** sponsor or organize local public forums or social events! Interested? Email [events@prochoicemd.org](mailto:events@prochoicemd.org)

- **Volunteer** or intern! Research, education, organizing, or fundraising! Interested? Email [diana@prochoicemd.org](mailto:diana@prochoicemd.org)

- **Join** one of our boards or the Political Action Committee! Interested? Email [diana@prochoicemd.org](mailto:diana@prochoicemd.org)

---

In closing!
Thank you!