EYES ON THE PRIZE:

When Women Vote, We All Win

MLAW

LEGISLATIVE PROPOSALS

NOVEMBER 4, 2023

mdlegagendaforwomen.org

LEGISLATIVE PROPOSAL PRESENTATION SCHEDULE

Group 1 – Facilitator: Shruti Bhatnagar

Group	Bill Title	Presenter(s)
1	Consent	Delegate Emily Shetty & Lisae Jordan
	Long-Term Care Insurance Study	Natalie Lynch & Senator Ariana Kelly
	End-of-Life Option Act	Alexa Fraser
	Sexual Solicitation of a Minor	Lisae Jordan
	Criminal Injuries Compensation Board - Victims of Nonfatal Strangulation	Melanie Shapiro
	Firearm Background Check Denial - Law Enforcement and Victim Notification	Melanie Shapiro

Group 2 – Facilitator: Angela McDaniel

Group	Bill Title	Presenter(s)
2	Home Care Worker Misclassification: Residential Service Agencies - Reimbursement - Personal Assistance Services	David Rodwin
	Prescription Drug Affordability Board Expansion	Vinnie DeMarco
	Dignity in Access to Healthcare Act	Jennifer Mercer
	Gender Affirming Care Protection Act	Scott Tiffin
	Investing in Direct Care Workers	Loraine Arikat
	Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)	Ninfa Amador

Group 3 – Facilitator: Elizabeth Joyce

Group	Bill Title	Presenter(s)
3	Wage Transparency	Delegate Jennifer White Holland & Kali Schumitz
	A joint resolution affirming the federal Equal Rights Amendment as the 28th Amendment to the United States Constitution	Mary Ann Gorman
	Climate Crisis and Environmental Justice Act	Wandra Ashley-Williams
	Bridge to Reentry – Planning, Training, Navigation Services for Women	Stephanie McGencey
	Two-year College Institutions - Reproductive Health Services Access - Requirements	Senator Ariana Kelly & Natalie Lynch
	Election Law - Ballot Petition Modernization Act	Linda Dorsey-Walker

Consent

One Sentence Synopsis: This bill proposes a definition of "consent" under sex crimes laws and would strike "force or threat of force" as an element of second degree rape.

Committees: Senate Judicial Proceedings, House Judiciary

Lead Senate Sponsor: Senator Ariana Kelly

Lead House Sponsor: Delegate Emily Shetty and Delegate Elizabeth Embry

Lead Group: Maryland Coalition Against Sexual Assault (MCASA)
Lead Group Contact: Lisae C Jordan, Executive Director & Counsel, Email: lcjordan@mcasa.org

Describe the problem:
Sex without consent is not enough to prove rape under Maryland's criminal law.
Maryland also requires proof of "force, or the threat of force". Proof of "force" requires that the survivor tried to stop the rape. Proof of "threat of force" requires that the survivor feared bodily harm so much that she did not try to stop the rape.

Maryland's rape law deprives many women and others of control over their own bodies.
Of all adult women residing in Maryland, 19%, or about 457,000 adult women, have experienced some form of completed or attempted rape in their lifetime. About 44%, or 1,058,000 of Maryland's women, and more than 23% of Maryland's men, about 520,800, have experienced other forms of sexual violence. (Bureau of Justice Statistics, Crime Victimization Survey, 1992-2015).

Improving Maryland's rape and sexual assault laws to give victim/survivors control over their own bodies will help all survivors and most survivors are women.

Describe your proposed solution:
This bill would change Maryland's sex crimes law by eliminating the elements of "force" or "threat of force" for rape and by defining "consent" for all sex crimes.

"Consent" would require clear and voluntary agreement and could be by words or conduct (affirmative consent is not proposed). The bill also clarifies that consent may be withdrawn, and that consent may not be constituted by a prior relationship by itself, or by manner of dress. Submission as a result of fear, threat, or coercion would not constitute consent. Documentation of consent explicitly would not be required.

Nearly 1 out of every 5 American women, 18 years or older, has been the victim of at least one attempted or completed rape in her lifetime. (National Intimate Partner and Sexual Violence Survey: 2015 Data Brief.) This bill will help empower survivors so the law reflects their experience and states clearly that sex without consent is rape.

Benefit to Communities of Color:
Black and Indigenous women who are victims of sex crimes receive less police protection, less interventions, fewer prosecutions of their assaulter, and less assistance. The U.S. Department of Justice

estimates that for every white woman that reports her rape, at least five white women do not report theirs; and yet, for every African-American woman that reports her rape, at least fifteen African-American women do not report theirs. Reporting Crime to the Police, 1992-2000, U.S. Department of Justice, Office of Justice Programs (March 2003), https://static.prisonpolicy.org/scans/bjs/rcp00.pdf. African American females experience intimate partner violence at a rate 35% higher than that of white females, and about 2.5 times the rate of women of other races, (Bureau of Justice Statistics, 2001). 48% of Latinas in one study reported that their partner's violence against them had increased since they immigrated to the US. (Dutton, Mary; Leslye Orloff, and Giselle Aguilar Hass. 2000, Characteristics of help-seeking behaviors, resources, and services needs of battered immigrant Latinas: Legal and Policy implications. Georgetown Journal on Poverty Law and Policy. 7(2)). This bill will help reform a criminal justice system that fails women of color.

Long-Term Care Insurance Study

One Sentence Synopsis: This legislation empowers the Department of Aging to conduct a feasibility study for long term care insurance program options to proactively equip Maryland for the growing longevity of our population while establishing an equitable and sustainable program that enhances the well-being of families.

Committees: Senate Finance, House Health and Government Operations

Lead Senate Sponsor: Senator Ariana Kelly

Lead House Sponsor: Delegate Bonnie Cullison

Lead Group: LeadingAge Maryland
Lead Group Contact: Allison Ciborowski, President and CEO; Aaron Greenfield, Government Affairs Consultant, Email: aciborowski@leadingagemaryland.org; aaron@agreenfieldlaw.com

Describe the problem:
In Maryland, we have a total population of 6.1 million; nearly 1.7 million of those people are adults over the age of 60. By 2030, nearly 1 in 5 Marylanders will be 60 and older. By 2034, older Marylanders are expected to outnumber children for the first time in history. The Administration on Aging reports that 70% of people who are 65 today will require some form of long-term care, care that lasts longer than three months and involves help with daily activities such as cooking, cleaning, dressing, bathing, and moving around the home, in their lifetime (LongTermCare.Gov).

While the wealthy can pay for this care out-of-pocket and many low-income seniors may qualify for long term care through the Medicaid program, the current “system” leaves most middle-income Marylanders without sufficient resources for personal care and supports as they age and has a disproportionate effect on women. Due to strict qualification requirements, extremely high costs and industry volatility only 150,000 Marylanders have private long term care insurance policies. This leaves a population of over 1.3 million Marylanders at or near retirement likely to need long term care with limited means for paying for this care.

The majority of adults 65+ rely on unpaid caregivers for their long-term care, a role that disproportionately falls on women and has negative impacts on their earnings, job security, and financial health. (The Commonwealth Fund). According to the CDC, 67% of residents in long-term care facilities are female. Women typically live longer than men and are less likely to seek medical treatment than men which leads to postponed diagnosis and long-term health issues.

Describe your proposed solution:
The first step in addressing the gap in Marylanders who can afford long-term care is to study the feasibility of implementing a long-term care insurance program and assess its potential impact. The study proposed in this legislation will look at costs, funding, potential eligibility and benefit parameters, administrative logistics, compare the potential program with existing programs, and gather public and stakeholder input. No in-depth study on the feasibility of long-term care insurance has existed in

Maryland before and time is of the essence. Washington passed legislation in 2015 requiring a feasibility study for a long-term care program and was the first state to pass legislation for a public long-term care insurance program in 2019. Through Washington's improvements to their program over the years, they've created a pathway for other states to follow, including California and Minnesota who are both currently conducting their own study.

Long-term care insurance secures care, safeguards assets, and relieves families from having to provide care (a burden that most often falls on women who reduce work hours to juggle care). Adults with long-term care needs are more likely to go into debt to cover expenses and are on social programs like food stamps and Medicaid and 1 in 4 women reported that they used most of their savings or borrowed money to pay for their medical expenses. (American Bar Association).

This study will provide the data necessary to determine if a public insurance program in Maryland will alleviate the gender and racial disparities in long-term care financing, provide relief for middle-class families, and promote wealth building in under-resourced communities.

Benefit to Communities of Color:
Hispanic and African American caregivers are spending more time caregiving than White caregivers, with 57% of African American high burden caregivers spending 30 hours per week caregiving, and 45% of Hispanic high burden caregivers spending 30 hours per week caregiving. (Family Caregiver Alliance) Additionally, Black caregivers more often provided over 40 hours of care per week at a rate of 54.3% compared to 38.6% of White caregivers. (Fabius CD, Wolff JL, Kasper JD) When you factor in that 81% of Black mothers are the sole breadwinners of their household compared to 50% of White mothers, this further leads to racial disparities in economic stability and inhibits building generational wealth.

A University of Pennsylvania report estimates that White households inherit over 6.4 times as much as Hispanic households and 5.3 times as Black households. Public long-term care insurance can play a crucial role in a family's ability to build multi-generational wealth by addressing the financial challenges associated with aging and long-term care needs. These challenges often deplete entire estates in lower-income communities and prevent families from anchoring themselves solidly in the middle class. Long-term care insurance will increase economic security for the vast majority of individuals who are not wealthy enough to pay long term care expenses out of pocket. Studies show the number of middle-income seniors will double by 2029 and this population will become more racially and ethnically diverse. Healthcare expenses limit generational wealth accumulation and preservation and an affordable option for public long-term care insurance program will help bridge the gap in accessibility and affordability for receiving the long-term care our seniors will need.

End-of-Life Option Act

One Sentence Synopsis: The bill would authorize medical aid in dying, which is a widely supported and time-tested medical practice that allows a terminally ill, mentally capable adult with a prognosis of six months or less to live, to request a prescription from their doctor for medication they can decide to self-ingest to die peacefully in their sleep.

Committees: Senate Judicial Proceedings, House Judiciary, House Health and Government Operations

Lead Senate Sponsor: Senator Jeff Waldstreicher

Lead House Sponsor: Delegate Terri Hill

Lead Group: Compassion & Choices
Lead Group Contact: Donna Smith, Maryland State Director, Email: dsmith@compassionandchoices.org

Describe the problem:
When faced with terminal diagnoses, Maryland residents deserve the full range of options for care at the end of life, including medical aid in dying. This bill affirms life and accepts the inevitability of death, increases access to the full range of end of life options, and empowers everyone to choose the end-of-life care that reflects their values, priorities, and beliefs.

As the COVID-19 pandemic continues, the relentless death toll has reinforced life's fragility and the limits of modern medicine to eliminate suffering at life's end. Women (and men) face a variety of health conditions–some of them terminal. The leading causes of death for women include cardiovascular disease and cancer. Reports from jurisdictions that have authorized medical aid in dying show that terminal cancer accounts for the vast majority of qualifying diagnoses for medical aid in dying, followed by neurodegenerative diseases such as ALS or Huntington's Disease as the second leading diagnosis and heart disease as the third leading diagnosis. The option of working with healthcare providers to implement individuals' wishes at the end of life is crucial. The End-of-Life Option Act helps to provide peace of mind and an additional support to alleviate suffering for women at the end of their lives.

Describe your proposed solution:
Historically, women have been denied control over their bodies, for example in regard to reproductive health. The law should respect women's (and all people's) bodily autonomy during all stages of life, including end-of-life. The End-of-Life Option Act would authorize medical aid in dying, which is a widely supported end-of-life option that provides dying people with peace of mind and comfort during a difficult time. The option exemplifies a medical system that respects patients by allowing them to assert their values and priorities as death approaches. Access to medical aid in dying affords women who are terminally ill autonomy and compassion during the most difficult time and improves end-of-life care even for those who don't choose the option. The bill is supported by the following women-led organizations: AAUW, League of Women Voters, and Maryland Wise Women.

Benefit to Communities of Color:
The End-of-Life Option Act requires a terminally ill individual's attending provider to inform the

individual requesting medical aid in dying of all end-of-life options, including palliative and hospice care. This informed discussion about end-of-life decision making with their provider will benefit individuals, especially those from historically marginalized communities. Racially and ethnically diverse communities, LGBTQ+ communities, and those with disabilities face systemic and persistent inequities in end-of-life healthcare, and, as a result, they are less likely to have the information necessary to be fully empowered to have a death consistent with their values and priorities. Data indicates that historically underserved communities are more likely to receive aggressive end-of-life care that does not increase, and may reduce, quality of life. Individuals with different beliefs may choose different levels of care. However, individuals seeking care deserve fully informed decision making, not limited access to available options due to systemic inequities in the healthcare system. The End-of-Life Option Act is supportive of access to the full range of end of life options.

Sexual Solicitation of a Minor

One Sentence Synopsis: Expands Sexual Solicitation of a Minor to include Production of Child Pornography

Committees: Senate Judicial Proceedings, House Judiciary

Lead Senate Sponsor: Senator Arianna Kelly

Lead House Sponsor: Delegate Sandy Bartlett

Lead Group: Maryland State's Attorney's Association
Lead Group Contact: Joyce King, Email: jking1@statesattorney.us

Describe the problem:
We now see the online sexual exploitation of female children has increasing tremendously. The proliferation of phones and technology has moved predatory sexual offenders online. In 2022 alone, the National Center for Missing and Exploited Children received 32 million CyberTipline reports of suspected online child sexual abuse – this is a nearly 8,000% increase from 2012. Predators meet children online and ask them to produce sexual images and videos of themselves. Offenders send minors pornography, explicit instructions, and in some cases, they send sex toys for the minor to utilize in the photo and videos. This conduct is currently not prohibited in the current 3-324 statute.

Describe your proposed solution:
Adding 11-207 Production of Child Pornography to the listed prohibited offenses in 3-324 Sexual Solicitation of a Minor will enable law enforcement to hold offenders accountable and protect female children that are being victimized online.

Benefit to Communities of Color:
Online sexual exploitation of children occurs in rural, urban, and tribal areas, and impacts children of all races and socioeconomic statuses, and all ages, genders, and sexual orientations. However, evidence suggests children of color, LGBTQI+ children, and children from lower income families and communities are disproportionately affected by Online sexual exploitation of children.

Criminal Injuries Compensation Board - Victims of Nonfatal Strangulation

One Sentence Synopsis: This bill would require that non-fatal strangulation forensic examination expenses be paid for through the Criminal Injuries Compensation Board.

Committees: Senate Judicial Proceedings

Lead Senate Sponsor: Senator William Folden

Lead House Sponsor: TBD

Lead Group: Maryland Network Against Domestic Violence
Lead Group Contact: Melanie Shapiro, Public Policy Director, Email: mshapiro@mnadv.org

Describe the problem:
Current law requires the reimbursement for forensic examinations and other eligible expenses including emergency medical treatment and follow-up care for injuries resulting from an alleged rape, sexual assault, or child sexual abuse. Existing law does not require the reimbursement for forensic examinations, emergency medical care, or other eligible expenses for survivors of nonfatal strangulation that did not result from an alleged rape, sexual offense, or sexual abuse. The ability to pay for a forensic evaluation or medical treatment should not be a deterrent for a survivor of a non-fatal strangulation if seeking medical care. A woman who has suffered a non-fatal strangulation incident with her intimate partner is 750% more likely to be killed by the same perpetrator.

Describe your proposed solution:
Strangulation is an indicator of lethality in domestic violence. After a strangulation attempt there are numerous medical risks that must be evaluated by a medical provider since most are invisible injuries including damage to the interior neck anatomy, lack of oxygenation, and an increased risk for strokes that can last for months after the assault. Every survivor of strangulation should seek medical attention due to the many and possible fatal consequences. 1 in 4 women have been victims of severe physical violence, including strangulation, by an intimate partner in their lifetime. Expanding the existing reimbursement law for forensic exams to include non-fatal strangulation that did not result from an alleged rape, sexual offense, or sexual abuse could save women's lives by removing financial barriers to seeking medical treatment in the immediate aftermath of the violence. When women seek medical treatment, they can also be connected to services which can include safety planning and hopefully prevent a future domestic violence fatality.

Benefit to Communities of Color:
Yes. Domestic violence disproportionately impacts the Black community, especially Black women. This disproportionality is supported by national and state statistics, including Maryland's domestic violence homicide report. According to this data, 57.8% of Maryland's domestic violence deaths in 2022 were Black women. With non-fatal strangulation dramatically increasing the risk of lethality we must ensure that survivors are not deterred from seeking medical care due to the cost of medical bills. By removing financial barriers to medical care following a non-fatal strangulation and requiring reimbursement more women will seek medical care and then be connected to services.

Firearm Background Check Denial - Law Enforcement and Victim Notification

One Sentence Synopsis: This bill would require law enforcement and victim notification if a prohibited person attempts to purchase a firearm and fails the background check.

Committees: Senate Judicial Proceedings

Lead Senate Sponsor: Senator Shelly Hettleman

Lead House Sponsor: TBD

Lead Group: Maryland Network Against Domestic Violence
Lead Group Contact: Melanie Shapiro, Public Policy Director, Email: mshapiro@mnadv.org

Describe the problem:
According to the National Instant Criminal Background Check (NICS) data there were over 3,800 federal denials for persons attempting to purchase a firearm that were prohibited by law from doing so. Maryland is a partial point of contact state for NICS checks. Therefore, in Maryland, the State Police handle background checks on handguns and assault-style weapons, while the FBI handles background checks for other long guns. It is imperative that there be laws and a process in place in Maryland for when a prohibited person attempts to lawfully purchase a firearm and fails a background check and that the victim be notified of the attempted purchase. The risk of homicide for women increases by 500% with the presence of a gun in the home. In Maryland, there were 56 domestic violence fatalities in 2022 and 75% of those deaths were caused by a firearm.

Describe your proposed solution:
Maryland is an outlier since we are a partial point of contact state and conduct background checks on handguns and assault-style weapons but do not have a process or law in place for when a person fails a background check that ensures that local law enforcement and the victim is notified. This bill would establish a requirement and process for law enforcement and victim notification when a person fails a background check conducted by Maryland State Police. Notification of local law enforcement and victims creates an opportunity to intervene and prevent future violence. An individual becomes a prohibited person when they are the Respondent on a final protective order in Maryland. Most intimate partner homicides are committed with firearms and nationally an average of 70 women are shot and killed by an intimate partner a month. Establishing in statute notification requirements for local law enforcement and victim notification would save women's lives.

Benefit to Communities of Color:
Women of all ages, races, and ethnic backgrounds are victims of intimate partner homicide, but young, racial/ethnic minority women are especially at risk and represent a disproportionate number of domestic violence homicides. The majority of domestic violence homicides of women are committed with a firearm. Preventing abusers from access to firearms and ensuring law enforcement and victims are notified when a domestic abuser attempts to purchase a firearm and fails a background check is the type of policy needed to reduce domestic violence homicides.

Home Care Worker Misclassification: Residential Service Agencies - Reimbursement - Personal Assistance Services

One Sentence Synopsis: This bill will ensure that home care workers (84% of MD's home care workers are women) who work for agencies that receive Medicaid reimbursements are not misclassified as independent contractors and therefore are entitled to overtime, sick and safe leave, unemployment insurance, and workers' compensation.

Committees: Senate Finance, House Health and Government Operations

Lead Senate Sponsor: TBD

Lead House Sponsor: Delegate Robbyn Lewis

Lead Group: Public Justice Center
Lead Group Contact: David Rodwin, (410) 625-9409 extension 249, Email: rodwind@publicjustice.org

Describe the problem:
Many personal care aides who provide vital in-home care under Medicaid programs are misclassified as independent contractors, denying them access to the social safety net and reducing job quality when Maryland faces a shortage of these important workers. This large workforce consists of between 20,000 and 30,000 workers, who are vastly women -- about 90% are women and about 70% are Black. This majority women-of-color workforce deserves employee protections.

Currently, many of the agencies that employ these workers illegally misclassify them as independent contractors. When they are misclassified, they are cut out of the social safety net and lose protections like sick leave, workers' compensation, health insurance, and more – and they face a higher "self-employment" tax when they should be getting a tax refund. Misclassification also hurts those they care for by shrinking the size of the workforce. And it hurts law-abiding RSAs by forcing them to compete on an uneven playing field with RSAs that save money by misclassifying their workers.

Describe your proposed solution:
This bill is a simple fix for a serious problem. By requiring that their employing agencies properly classify their workers as employees in order to receive Medicaid reimbursements, this will improve the quality of these vital home care jobs.

Workers lose safety net protections when they are classified as independent contractors, and often cite lack of these benefits a reason for leaving the field of home care.

--Health insurance: Independent contractors do not get employer-based health insurance.
--Workers' compensation: Independent contractors do not have a right to workers' compensation if they are injured on the job. This is especially harmful for home care workers because workers often injure themselves lifting the people they care for.
--Sick and safe leave: Independent contractors do not have a right to sick and safe leave under the Maryland Healthy Working Families Act.

--Unemployment insurance benefits: Independent contractors cannot get unemployment benefits if they lose their job through no fault of their own.
--Paid family and medical leave: Independent contractors will generally not get paid family and medical leave through Maryland's new FAMLI Program.
By classifying these workers as the employees they are, they will receive all of these protections, which they should be receiving but are not due to illegal misclassification by their agencies.
This large workforce consists of between 20,000 and 30,000 workers, who are vastly women -- about 90% are women and about 70% are Black. This majority women-of-color workforce deserves employee protections and this bill will provide it.

Benefit to Communities of Color:

This large workforce consists of between 20,000 and 30,000 workers, who are vastly women -- about 90% are women and about 70% are Black. This majority women-of-color workforce deserves employee protections and this bill will provide it.

Prescription Drug Affordability Board Expansion

One Sentence Synopsis: This legislation expands the authority of Maryland's Prescription Drug Affordability Board (PDAB) to allow the PDAB to set upper payment limits for high-cost medications for all Marylanders, building on their work to make prescription drugs more affordable for state and local government entities.

Committees: Senate Finance, House Health and Government Operations

Lead Senate Sponsor: Senator Dawn Gile

Lead House Sponsor: Delegate Bonnie Cullison

Lead Group: Maryland Health Care for All! Coalition
Lead Group Contact: Catherine Kirk Robins, Deputy Director, Email: catherine@healthcareforall.com

Describe the problem:
The skyrocketing cost of prescription drugs impacts all Marylanders-- whether at the pharmacy counter, through our insurance premiums, or our taxpayer dollars, we all feel the burden of expensive medications. Unfortunately, due to continued gender pay gaps and social inequities, women find it harder to afford health care and the prescription drugs that they need. Polling routinely shows that women are more likely than men to skip or ration their medication, leaving them more susceptible to poor health outcomes. Furthermore, many of the most prohibitively expensive medicines on the market are used in treatment for diseases that disproportionately impact women-- a notable example is Herceptin, a drug used to treat breast cancer. Despite being on the market since 1985, the manufacturers of Herceptin have abused the patent system to maintain market exclusivity, allowing them to keep prices over $60,000 per year. Finally, with the majority of single-headed households being led by mothers, women are often left responsible for affording the medications their children need, as well. ~26% of female-headed households live in poverty in Maryland, meaning burdensome prescription drug costs can be incredibly detrimental to the financial stability of our families and neighbors.

Describe your proposed solution:
In 2019 (with the support of MLAW, thanks!) the Maryland General Assembly created the nation's first Prescription Drug Affordability Board, an independent body with the authority to evaluate expensive drugs and recommend appropriate rates and means for addressing this issue. The Board serves as a watchdog for Maryland patients, working to address the runaway costs of many medications. While our initial proposal included providing the Board with the authority to address high-cost drugs for all Marylanders, the MGA decided to take a phased-in approach, first granting the Board the ability to make prescription drugs more affordable for state and local governments and requiring that additional legislation be introduced to expand the Board's reach.

We are pleased with the work the Board has done so far to establish the groundwork needed to select and review expensive medications, and look forward to how it will alleviate strain on our state and local government budgets. We know, however, that the skyrocketing costs of prescription drugs continue to threaten the health and financial stability of many Marylanders. This year, we are advocating for legislation that will allow the Board to set upper payment limits on high-cost medications for all

Maryland purchases and payers. The Board will continue to review prescription drugs that create affordability challenges for the Maryland Health Care system and/or patients, and set fair affordable payment rates for Marylanders. The Board will consider a broad range of economic factors across the entirety of the pharmaceutical supply chain, ensuring that cost savings make it all the way to the consumer.

It's time that we give our Board the authority it needs to address the cost of expensive medications for all Marylanders, because drugs don't work if people can't afford them.

Benefit to Communities of Color:

The inequity detailed in the previous section is compounded for women of color, who have even greater wage and wealth gaps due to systemic racism. Even more notably, there are massive disparities in health care/outcomes for people of color. Social, political, and economic conditions result in Black Americans being more likely to suffer from chronic conditions like high blood pressure and diabetes, both of which require expensive prescription medications. The Latino population has the highest uninsured rates in the state/country, which can make health care and prescription drugs out of reach. As long as prescription drug manufacturers are allowed to charge whatever they deem the market can bear, those with the fewest economic resources in our country will shoulder the heaviest burden.

Dignity in Access to Healthcare Act

One Sentence Synopsis: The Dignity in Access to Healthcare Actl creates a safe access zone around sexual and reproductive health clinics to protect patients, providers, and advocates from harassment and risk of physical harm.

Committees: Senate Judicial Proceedings, House Judiciary, To Be Determined

Lead Senate Sponsor: TBD

Lead House Sponsor: Delegate Lesley Lopez

Lead Group: Pro-Choice Maryland
Lead Group Contact: Jennifer A. Mercer, Co-Chair, Pro-Choice Maryland Policy & Endorsement Committee, Email: jamercerlaw@gmail.com

Describe the problem:
In the aftermath of Dobbs, anti-choice advocates have been successful in drastically reducing or eliminating access to abortion and other reproductive health care in many states, particularly in the Southeast. In Maryland we are rising to meet the challenge of providing access to sexual and reproductive health care to not only Maryland women, but people coming from all over the country. Just as people come here from all over seeking abortion care, so too will anti-choice advocates focus their efforts here as they work to eliminate abortion access elsewhere. All people seeking sexual and reproductive health services deserve the dignity of safe passage into our health care facilities. At present, Maryland law prohibits the obstruction of clinic entrances, but does not provide for any kind of safe access zone around them. Four other states have passed “bubble zone” laws that create a designated safe space around patients within a certain distance from clinic entrances and our bill will do the same. This safe access zone will reduce patient, clinic, and provider harassment and reduce the risk of physical harm.

Describe your proposed solution:
By providing for a safe access zone around clinics, this bill will protect the rights of women and other people seeking access to sexual and reproductive health care to pass freely without harassment. People accessing sexual and reproductive health care are often subjected to protestors yelling at them, sometimes from within inches, and trying to dissuade them from accessing essential healthcare. They commonly do this with disinformation and signs displaying grotesque imagery that has been photoshopped to shock and terrorize patients. People seeking sexual and reproductive health care may have a variety of feelings about their experience, and as such can be vulnerable to the intimidation tactics of the anti-choice movement. Women benefit when they are able to access sexual and reproductive health care free of intimidation and judgment.

Benefit to Communities of Color:
Yes. Communities of color, who face disparate health outcomes, are already in a disadvantaged position with respect to access to sexual and reproductive health care due to the effects of systemic racism. These include the locations of many facilities in predominantly-white areas, financial constraints related

to the wealth gap, and mistrust of the medical profession (and gynecology in particular) due to its racist history and their lived experiences of racism as patients. Furthermore, the maternal mortality rates of Black women are three to four times higher than those of white women, which makes it even more important that they be able to access sexual and reproductive healthcare with dignity. When people of color access reproductive health care, they deserve to do so free of intimidation from largely white anti-choice crowds.

Gender Affirming Care Protection Act

One Sentence Synopsis: Extend current shielding protections that protect reproductive health care to cover gender-affirming care

Committees: Senate Finance, House Health and Government Operations

Lead Senate Sponsor: Senator Clarence Lam

Lead House Sponsor: Delegate David Moon

Lead Group: Trans Rights Advocacy Coalition
Lead Group Contact: Scott Tiffin, Chief of Staff to Senator Lam, Email: clarence.lam@senate.state.md.us

Describe the problem:
There is a nationwide rise in threats against gender-affirming care (GAC) providers and patients just like the ones against abortion providers, coming from the same regressive, extremist forces that do not align with the values of a vast majority of Marylanders. As gender-affirming care becomes criminalized in other states, we can expect to see more out-of-state transgender patients traveling to Maryland for gender-affirming healthcare. Like abortion care, access to gender-affirming care touches on core issues of personal autonomy, and it is essential that we ensure that all Marylanders have a right to direct their healthcare.

Last year, with the assistance of MLAW, the MDGA passed shielding legislation for reproductive care providers (SB859/ HB808). That bill was a victory and a step in the right direction – however, the shield we handed our abortion care providers has holes in it. We aim to build upon last year's great victory with our bill by extending those same protections to gender-affirming care providers and patients. Most abortion care providers in Maryland also provide gender-affirming care, and transgender people deserve access to lifesaving, medically necessary healthcare to be legally protected. When we protect reproductive care but not gender-affirming care, we're still leaving abortion care providers at risk. This can reduce access to abortion in Maryland. The effects would be devastating, especially as we're already facing a staffing crisis in healthcare.

In addition to going after providers and patients, there have been attempts in other states to prevent parents from being able to assist their children in accessing gender-affirming care. So, in addition to protecting women seeking care, it is imperative that Maryland protect mothers who are helping their children access essential health care.

Describe your proposed solution:
Transgender women will have the legal protections they need to access lifesaving, medically necessary gender-affirming healthcare. gender-affirming care is critical and necessary for trans women because "passing" helps to vastly reduce the gender-based violence that targets trans women, improves mental health outcomes for trans women by reducing suicide rates and depression, and alleviates other types of discrimination.

With the passage of our bill, healthcare workers who provide gender-affirming care will be legally protected, which ensures they will be able to continue providing high-quality healthcare to all women and transgender people.

Governor Wes Moore issued an executive order protecting gender-affirming healthcare. This bill will legislatively codify and expand those protections. Codification is important because if a transphobic Governor is elected, they could easily rescind Governor Moore's executive order. Additionally, certain protections can only be provided via legislation. For example, shielding from Texas SB8 "bounty hunter" lawsuits require legislation.

Benefit to Communities of Color:
Yes. In Maryland, a majority of transgender people are people of color, and transgender people of color face greater barriers to receiving gender-affirming healthcare. This bill will remove some barriers by ensuring Trans People of Color have the legal right to seek this care. People of Color experience disproportionate criminalization and are targeted by police, making the legal protections for receiving or providing gender-affirming care especially important for transgender People of Color. Professional penalties by licensing boards are also likely to be disproportionately harsh on providers of color. Compared to white transgender people, transgender people of color are more likely to experience homelessness, experience sexual assault, and attempt suicide. Loss of access to care would disproportionately harm transgender people of color.

Investing in Direct Care Workers

One Sentence Synopsis: This legislation will ensure a just percentage of Maryland Medicaid Provider reimbursements is allocated towards direct care workforce wages and benefits within skilled nursing facilities.

Committees: Senate Budget and Taxation, House Health and Government Operations

Lead Senate Sponsor: Senator Jim Rosapepe

Lead House Sponsor: Delegate Ashanti Martinez

Lead Group: 1199 SEIU United Healthcare Workers East
Lead Group Contact: Loraine Arikat, senior policy analyst, Email: loraine.arikat@1199.org

Describe the problem:
Lack of oversight of public dollars contributes to high staff turnover, low quality jobs, and poor quality of care. The nursing home population depends heavily on public sources of funding. 95% of Medicaid expenditures for nursing home residents went to nursing facilities. In 2020, total Medicaid expenditures were $976 million for those 65 and older in Maryland.

Improved nursing home quality is an important factor with rising private and public nursing home prices. On average, from FY 2016 to FY 2020, total Medicaid per member per month (PMPM) expenditures were $6,878 for all age groups.

83% of residents in nursing homes are discharged from hospitals contributing to increasing levels of acuity that require an investment into the direct care workforce training and wages to meet the need. About half of all nursing home residents in Maryland are diagnosed with 6 or more chronic conditions. The percentage of nursing facility residents diagnosed with depression increased from 40% in FY 2016 to 47% in FY 2020. Key to promoting quality of care is recruiting and retaining a well trained, stable workforce which include registered nurses, licensed practical nurses, therapists, and certified nurse aides who provide the bulk of care on a day-to-day basis.

80% of residential long term care workers are women and more than half are people of color. 45% of women who are CNAs have a child below the age of 18. In Maryland the hourly wage for nursing assistants in skilled nursing facilities is $15.43 while in DC it is one of the top highest in the country at $18.43. Many are leaving long term care to earn more in other industries. The median annual turnover rate is at 51.2%. Many direct care staff including custodial services, dietary aides, CNAs, and GNAs are working at multiple long term care facilities to earn more money. Because of the physical demands of the jobs they are 3 times more likely to be injured on the job that the typical worker.

Staffing shortages are expected to grow as workers find better pay in other industries.

As of June 2023, employment levels were still more than 11% below pre-pandemic levels for workers in skilled nursing care facilities and 3% below pre-pandemic levels for workers in elderly care facilities. The lack of transparency within long term care has degraded quality with data showing a decreasing number of 4 and 5 star nursing facilities nationally.

Describe your proposed solution:

Adequate oversight and accountability in Maryland will ensure that public Medicaid dollars are being spent appropriately on worker wages and benefits which is one important way to improve worker retention, safe staffing, and quality care. This legislation calls for additional staff at the Maryland Department of Health to be responsible for oversight. Wage passthroughs have been implemented to improve quality and staffing at long term care facilities in over 22 other states. There is promising evidence from Michigan, Massachusetts, that show decrease in turnover and increase in wages. When women are supported through structural changes like adequate staffing and higher pay at the work place, it can improve their overall wellbeing and ability to meet personal and family needs. Pandemic or not, care workers deserve compensation that reflect the inherent value of their work in long term care facilities.

Benefit to Communities of Color:

Long term services, including care received in residential settings such as nursing homes are highly racially segregated. Black, Indigenous, and persons of color have less access to quality care and report poorer quality of care compared to their white counterpart. Systemic racism lies at the root of these disparities, manifesting by racially segregated care, low Medicaid reimbursement, and lack of livable wages for staff, all of which exacerbate disparities. Skilled nursing facility workers are predominantly women of color who are struggling to ensure they have child care, elder care, and other basic needs that require a family-sustaining wage. Economic justice for staff at nursing homes will ensure that patients receive adequate care.

Health Insurance - Qualified Resident Enrollment Program (Access to Care Act)

One Sentence Synopsis: This bill would open the Maryland Health Benefit Exchange, which is the state's private insurance marketplace, to all residents regardless of immigration status.

Committees: Senate Finance, House Health and Government Operations

Lead Senate Sponsor: TBD

Lead House Sponsor: Delegate Bonnie Cullison

Lead Group: CASA
Lead Group Contact: Ninfa Amador, Policy Analyst, Email: namador@wearecasa.org

Describe the problem:
Since its establishment in 2010, the Affordable Care Act has allowed 28 Million people across the country to gain access to affordable care. Through the creation of the Maryland Health Benefit Exchange and subsequent healthcare expansion legislation the state has lowered the uninsured rate to 6%- about 300,000 uninsured residents. Unfortunately, more 275,000 undocumented immigrants in Maryland are ineligible for care through the Maryland Health Benefit Exchange.

As a result, thousands of immigrant families forego routine, annual checkups, causing many to go years without medical attention and increasing use of the emergency rooms. Furthermore, lack of access to care disproportionately impact women, with Black, Latino/a/e, Afro-descendent, Indigenous, and Immigrant women, in particular, being at risk. The National Conference of State Legislatures has acknowledged this and has stated that "long-term care issues affect women more often because they live longer; have higher rates of disability and chronic health problems; and lower incomes than men on average—putting them at greater need of state and community resources, such as medical aid." Healthcare coverage options beyond the Maryland Healthcare Connection prove to be excessively expensive for the typical immigrant family. These families are not second-class citizens and should have be shown the backdoor for health insurance access.

In the 2023 Transition Report, the State has recognized that we need to “review gaps in insurance coverage and develop a roadmap to ensure all Marylanders, regardless of immigration status, have access to health coverage."

Multiple states across the country have already established comprehensive programs to extend coverage to immigrants regardless of their immigration status, we hope that Maryland soon becomes of those states.

Describe your proposed solution:
Immigration status should not determine healthcare access. We believe that healthcare is a human right and that every Marylander should have access to timely, equitable, coordinated, and comprehensive care. The Access to Care Act would eliminate immigration as a barrier to purchase qualified health or dental plans through MHBE. This will allow the more than 275,000 undocumented Maryland residents

to go through the Maryland Health Connection system and receive health insurance options according to their needs and ability to pay.

The General Assembly has continued to work hard to ensure that all Marylanders have equitable access to care. HB367 and HB1217 have opened up access to care to many low-income Marylanders who faced financial barriers to receiving the care they deserve. Now, supplemental breast cancer examinations and biomarker testing are covered through insurance for those who need it.

Regrettably, for Maria Peralta, a Baltimore County resident, a mother of two boys, an immigrant from the Dominican Republic, and a triumphant survivor of triple-negative breast cancer without medical insurance, she has been unable to continue monitoring her cancer and has not had much-needed reconstructive surgery. Furthermore, her immigration status renders her ineligible for to receive care under either HB367 or HB1217.

There thousands of immigrant women and female identifying Marylanders who are uninsured and left without healthcare, with similar stories to Ms. Peralta's, solely due to their immigration status. We have seen the success of the Healthy Babies Equity Act, a law that allows pregnant individuals access to care, regardless of their immigration status. Imagine the great success of the passage of the Access to Care would be! Communities across Maryland would be healthier and more vibrant!

Benefit to Communities of Color:
Yes. CASA is a member led organization and the foremost immigrant advocacy organization in the Mid-Atlantic. CASA's legislative priorities are chosen and voted on by members. CASA is focused on improving the quality of life in working-class: Black, Latino/a/e, Afro-descendent, Indigenous, and Immigrant communities.

In addition to the information aforementioned, the Access to Care Act will impact CASA members all over Maryland whose immigration status preclude them from accessing the Maryland healthcare system. CASA members predominantly come from countries in Central and South America, the Caribbean, West and Central Africa.

Wage Transparency

One Sentence Synopsis: This bill creates wage transparency by requiring employers to include pay ranges and a general description of benefits and other compensation in job postings, helping Maryland businesses attract and retain talent, save time and resources, and address the gender and racial/ethnic pay gap.

Committees: House Economic Matters

Lead Senate Sponsor: TBD

Lead House Sponsor: Delegate Jennifer White Holland

Lead Group: Maryland Center on Economic Policy
Lead Group Contact: Kali Schumitz, Email: kschumitz@mdeconomy.org

Describe the problem:
This bill attempts to address pay inequities in the workplace. Women continue to make 78 cents for every dollar a white male makes. This inequity is significantly greater for women of color, where Black women make 67 cents and Latina women make 52 cents for every dollar a white male makes. To close the wage gap and advance gender parity in the workplace, wage transparency is a tool that benefits businesses and employees, especially women.

Describe your proposed solution:
This bill requires an employer to disclose salary wages on job postings and expands the applicability, requirements, and penalties of the State's Equal Pay for Equal Work Law. This bill requires employers to set the wage range in good faith and prohibits an employer from taking certain retaliatory action. This will better position women to be informed about the negotiation context, specifically about pay ranges. As a result, gender differences in negotiation outcomes diminish. Pay transparency also increases wages for low-paid workers, who are disproportionately women. This saves women time and resources on where to apply and how to position themselves for success. Overall, wage transparency benefits women by closing gender and racial wage gaps.

Benefit to Communities of Color:
Women of color continue to face gender inequities in the workplace and are significantly impacted by the gender and racial wage gap. According to National Women's Law Center, Black women who work full-time lose $22,692 per year and over $900,000 over their lifetime of work. For Latina women and other women of color, these yearly and lifetime losses are even greater. This wage transparency bill is a valuable tool that will address these losses, shift power, give women and their families what they need, and diminish the persistent wage gap that disproportionately impacts communities of color.

A joint resolution affirming the federal Equal Rights Amendment as the 28th Amendment to the United States Constitution

One Sentence Synopsis: This joint resolution expresses the sense of the Maryland Legislature that the federal article of amendment commonly known as the "Equal Rights Amendment" has met all Article V requirements for an amendment to the Constitution of the United States and is valid as the 28th Amendment to the Constitution of the United States and urges the President and Congress of the United States to affirm the validity of the Equal Rights Amendment and direct the Archivist of the United States to certify and publish the Equal Rights Amendment as the 28th Amendment without delay.

Committees: To Be Determined

Lead Senate Sponsor: TBD

Lead House Sponsor: Delegate Edith Patterson

Lead Group: Maryland Chapter, National Organization for Women (Maryland NOW)
Lead Group Contact: Mary Ann Gorman, Equal Rights Amendment Task Force Chair, Maryland NOW, Email: maryann.gorman@marylandnow.org

Describe the problem:
The federal Equal Rights Amendment is an amendment to the United States Constitution that prohibits discrimination based on sex. Without the federal Equal Rights Amendment, the United States Constitution does not prohibit discrimination based on sex. The United States Supreme Court emphasized this view in its recent Dobbs decision determining the 14th Amendment (which prior courts have ruled provided limited protections from sex discrimination) was not intended to apply to issues of sex discrimination – or to issues of contraception or same-sex marriage for that matter. The Equal Right Amendment not only restores these protections for women and LGBTQ+ individuals, but strengthens them.

Marylanders adopted a state-level equal rights amendment in our state constitution in 1972, protecting all Marylanders from discrimination based on sex. Absent the federal Equal Rights Amendment in the United States Constitution, Maryland's state-level equal rights amendment can be overridden. In addition, state and federal laws advancing sex equality can be readily repealed or replaced, as we have seen recently with federal bills being introduced to prohibit abortion and court decisions prohibiting the sale of abortion medication.

The federal Equal Rights Amendment has met all requirements in the United States Constitution for an amendment having been passed by 2/3 of Congress in 1972 and fully ratified by ¾ of the states in 2020. It is the first fully ratified amendment not to be certified and published as part of the United States Constitution. This resolution reflects the decades-strong collective will of Marylanders for sex equality and sends a strong message to the federal government that, as a ratifying state, the Maryland Legislature expects its constitution powers in the amendment process and to be respected.

Describe your proposed solution:
This resolution benefits women by sending a clear message to the federal government, other states, and Marylanders themselves that the Maryland Legislature views the federal Equal Rights Amendment as

part of the United States Constitution and enforceable as such. The federal Equal Rights Amendment benefits women by:
• making it easier for women who face discrimination on the basis of sex to seek legal recourse;
• giving the United States Congress greater power to enact laws that ensure adequate women's protection against sexual assault and domestic violence;
• preventing the United States Congress from enacting laws that curtail women's access to medical treatment and infringe upon their civil rights, thus protecting abortion, contraception, equal pay guarantees, no-fault divorce, gender affirming care, marriage equality and a host of other rights; and
• setting a clear expectation of sex equality in all aspects of life and making it a fundamental and irrevocable tenet of society.

Five states have passed resolutions to affirm the federal Equal Rights Amendment, and seven others have introduced such resolutions. According to constitutional law scholars, clear statements by state legislatures could have a strong impact on the final affirmation, certification, publication, and judicial backing of an amendment to the United States Constitution. Maryland women have historically benefited from and will continue to benefit from the leadership role of the Maryland Legislature in the fight for sex equality.

Benefit to Communities of Color:
Constitutional equality on the basis of sex is a formally race-neutral idea, but it significantly uplifts communities of color due to the intersecting harms of race-based and sex-based discrimination. Certification and publication of the federal Equal Rights Amendment would have significant positive impacts for communities of color because the amendment would give advocates another powerful and lasting legal tool to address the harms caused by sex-based oppression, which we know are frequently compounded by discrimination based on a person's race. As an example of intersecting discrimination: regardless of their race, women are harmed by the gender pay gap, but study after study demonstrates that women of color and especially Black women face additional discrimination and related systemic barriers due to their race that ultimately reduce their wages further. The Equal Rights Amendment provides a federal constitutional lever that legal advocates could use to address the overlapping forms of discrimination that compound harms related to someone's sex, including racial discrimination.

Climate Crisis and Environmental Justice Act

One Sentence Synopsis: The Climate Crisis and Environmental Justice Act (CCEJ) will help meet Maryland's greenhouse gas (GHG) reduction target of net-zero emissions by 2045, in a just and equitable way by enhancing resilience to climate impacts; demanding accountability from fossil fuel companies by charging them a fee for the damages they are causing; directing half of the revenue from the fee to a benefits fund to help protect low- and moderate-income (LMI) households many of which are headed by women from financial harm; invest in projects that are directly located within and provide meaningful benefits to disproportionately affected communities; and aid county and municipal governments in funding projects to mitigate GHG's and build resilience

Committees: Senate Education, Health, and Environmental Affairs, Senate Budget and Taxation, House Economic Matters, House Environment and Transportation

Lead Senate Sponsor: Senator Malcom Augustine

Lead House Sponsor: TBD

Lead Group: Rebuild Maryland Coalition
Lead Group Contact: Wandra Ashley-Williams, Regional Director, Climate XChange Maryland, Email: wandra@climate-xchange.org

Describe the problem:
Climate change is one of the greatest global challenges of the twenty-first century. Based on the findings of the Intergovernmental Panel on Climate Change (IPCC), people who are already most vulnerable and marginalized experience the greatest impacts. Climate change also reflects racial disparities and the widening gulf between rich and poor. Low- and moderate-income (LMI) communities are hit the worst by the climate crisis. A large percentage of such households are families of color and rural family households many of which are headed by women.

Women's vulnerability to climate change stems from several factors - social, economic, and cultural. Although climate change is a collective problem, women are increasingly observed as more vulnerable than men to the effects of climate change and its burdens.

The American College of Obstetricians and Gynecologists 2019 position paper states that "climate change is an urgent women's health concern as well as a major public health challenge." Continuous exposure to fossil fuels often leads to detrimental health effects for women, such as infant mortality, chronic bronchitis, and worsening of cardiac disease. Poor air quality can trigger asthma attacks, and elevated blood lead levels in children can cause developmental disabilities. These adverse health effects are most consequential to at-risk populations, which include a high number of pregnant women and developing fetuses.

During pregnancy, if a woman has higher exposure to these elements, they have a higher risk of preterm birth, low birthweight, and stillbirth. Birth weights have declined as rates of natural gas production have increased, according to a first-of-its-kind study conducted by Summer Sherburne Hawkins, an associate professor at the Boston College School of Social Work. She concludes that, "With our study, we're able to say that this is not unique to a specific state but is true across the country." Because housing and

zoning policies are rooted in systems of racial inequity, African American mothers are at highest risk for these outcomes, which also means that policies that reduce air pollution burden will have the greatest benefit for these communities.

Children and teenagers face greater risk of infection, coughing and bronchitis from air pollution. Growing up breathing high air pollution may even affect how children's lungs develop. Children and teens can be more active when they are outdoors, so they may inhale more pollution, putting them at greater risk of lung disease as they age.

The Maryland Department of Health reports that asthma is the most common chronic condition in Maryland schoolchildren, affecting more than 60,000 students statewide. When kids miss school from asthma, they risk falling behind in their studies and in many cases, it also means that parents miss days of work (and income) or must pay for unanticipated childcare. Air pollution can also affect cognitive development in young children.

Climate solutions are health solutions and have local health benefits. Strong climate legislation, such as the Climate Crisis and Environmental Justice Act, will improve the health of all Marylanders now and for generations to come.

Describe your proposed solution:
The CCEJ incentivizes the reduction of fossil fuel CO_2 emissions by charging polluters a fee at the point the fossil fuel enters the State. The fee is charged to the companies providing the fuel, not the citizens of Maryland. The revenue from the fee will generate billions of dollars for investment in clean energy infrastructure, all while providing protective benefits to Maryland's LMI households and disproportionately affected communities. Climate justice as well as racial/gender and environmental justice are inextricably intertwined and provide the foundation for policies designed to rebuild Maryland's economy.

The CCEJ establishes two types of fossil fuel fees that is charged to the polluter: 1) non-transportation fuel fee (Building Heat); and 2) transportation fuel fee (Gas). Revenue from these fees will be used to establish two separate funds:
1) Benefit Fund - 50% of the total revenue will go to LMI households and energy-intensive trade-exposed (EITE) businesses to protect them from financial harm.
2) Infrastructure Fund - 50% of the total revenue will go to invest in projects that are directly located within and provide meaningful benefits to environmental justice communities; shall be disbursed to qualified county and municipal governments for projects to mitigate GHG and build resilience; and shall provide technical assistance, capacity, and planning tools to county and municipal governments to develop qualified local climate plans.

Those who are most affected by climate change including women, girls and marginalized communities will qualify for the benefits of these funds. While addressing climate risks and mitigating their consequences must be among the state's top priorities, we must ensure that these vulnerable communities are protected from any additional costs in the transition to a clean energy economy.
To further protect impacted households, fees charged may not be passed through as a direct cost to an end user of a fossil fuel or a customer of a gas company. The CCEJ Act has been designed to DO NO HARM.

How Will Women Benefit from This Legislation: By setting new statewide, greenhouse gas emission reduction goals to 60% by 2031 and net-zero emissions by 2045, Maryland will reduce the negative impacts on the public health, economic well-being, and natural treasures of the State. This reduction will greatly reduce the negative health effects of women and children.

The CCEJ will hold polluters accountable for the damage they cause by charging a fee that will increase annually until the target reduction is met. The revenue from the fee is currently projected to be at least $17.8B by 2025. Two funds will be established with the revenue from the fee – the Benefits Fund and the Infrastructure Fund as described above. These funds will be directed to the same vulnerable households and communities including women as indicated in the 2021 Maryland Women - A Status Report data listed below.

Half of the Benefits Fund will go directly to low-income households – to the pocketbook of women in LMI communities. They will receive regular rebates to pay their utility bills, pay for their prescription drugs, put gas in their car, pay for public transportation, or spend however they choose. Half of the Infrastructure Fund will be directed to the same community to help them move into this green environment we are creating. Some people can afford to put solar panels on their roofs, purchase electric cars, protect their homes from flooding, or move to a less polluted community. Some of our citizens cannot. The Infrastructure Fund provides funding to those communities to ensure everyone has a just transition. Women and children living in those communities will qualify for these funds.

Here is some Maryland specific data. The Maryland Commission for Women 2021 Maryland Women – A Status Report indicates that:
- Women and girls represent more than 51% (3.1 million) of the population in Maryland.
- 49% of Marylander's workforce are female
- 60% of minimum wage workers are women – nearly 6 in 10 minimum wage workers in Maryland is women.
- Women's average earnings are less than men's at every education level ($58,245 male vs $44,988 female overall earnings) and ($106,133 male vs $75,625 female with graduate degree)
- Of mothers employed outside the home in Maryland, 29.5% are married and 20% are not married with children under 6
- 23% of single female-headed households with children under 18 live in poverty

Benefit to Communities of Color:

The CCEJ Act specifically states that every investment in communities must help to eliminate racial injustice. African Americans suffer the most from climate change.
The bill will create the Climate Crisis Infrastructure Fund to invest in projects that are directly located within and provide meaningful benefits to underserved and underrepresented populations and invest in initiatives that improve the health and welfare of the citizens of the State by creating a cleaner, more just, and more efficient transportation sector throughout the State; sequestering carbon in forests, soils, and wetlands; promoting a just transition to clean energy; as well as providing funding for resilience against climate change and weather events that have a devastating impact on the lives of the citizens of the State and its economy.

Bridge to Reentry – Planning, Training, Navigation Services for Women

One Sentence Synopsis: Requires the Maryland Department of Public Safety and Correctional Services (DPSCS) to create a comprehensive plan, train local community providers and agency leaders, and provide re-entry navigation services to Maryland women returning home from incarceration.

Committees: Senate Judicial Proceedings, House Judiciary

Lead Senate Sponsor: TBD

Lead House Sponsor: Delegate J. Sandy Bartlett

Lead Group: Women's Equity Center and Action Network
Lead Group Contact: Stephanie McGencey, President/Founder, Email: stephanie@womensequity.org

Describe the problem:
There are currently nearly 5,700 women under court supervision in Maryland. Another 500 are incarcerated, and most will eventually be released back to the community. Limited services are available to support them, with only one women-only reentry program operating in Baltimore City and none operating in other high-need areas of the state. Research has shown that substance abuse, weak social bonds, unemployment, and lack of education and skills are the most prevalent reasons for women to recidivate (1) and return to incarceration, starting a vicious cycle that makes it very difficult for them to break free and become productive members of our state.

When women are incarcerated, it not only impacts them, but whole family systems face negative consequences. For example, mothers are more likely than fathers to have been living with their children and to have been their primary caregivers. Children separated from their mothers suffer more disruption, leading to anxiety, education and learning challenges (e.g., absenteeism and learning disabilities), and ADD/ADHD (2). Women need support when they return home from incarceration to ensure they can provide a stable environment for themselves, their children, and others who depend on them for support and care.

Unfortunately, Maryland is among 24 states that do not collect data on the number of incarcerated people who have children (ibid). State agency leaders and community service providers need accurate data to determine the needs of women returning from incarceration and the children and families they support.

Effective reentry is a shared responsibility of returning individuals, their families, and the communities to which they return, and the systems that need to work together to support reentry, including criminal justice, education, employment, housing, health and social services, whether administered by public institutions or by community-based nonprofit organizations and faith communities.

It is time (and in the best interests of all Maryland residents) for Maryland to ensure that women returning from incarceration have the support they need to reduce their risk of recidivism and improve their odds of a safe, effective, and productive return to Maryland communities.

Describe your proposed solution:

Requires the Maryland Department of Public Safety and Correctional Services (DPSCS) to create a comprehensive reentry plan for women. Directs DPSCS to create a 9-person ad hoc commission to study the unique and specific challenges women face when returning to communities after incarceration/detention, gather data from counties regarding their current responses to these challenges and identify remaining service gaps, conduct listening sessions with formerly incarcerated women in high-need areas of the state, and prepare a comprehensive 5-year reentry plan for women in Maryland to address needs and potential solutions identified by professionals and women with lived experience. The ad hoc commission would be co-chaired by a reentry professional and a woman with lived experience.

Directs DPSCS, managed by the Re-entry and Transition Services Unit, to issue grant(s) to provide reentry navigation services to women returning from prison/jail in up to three jurisdictions. The pilot program will engage local reentry navigators to assist women with overcoming barriers that prevent them from identifying and accessing the supportive services they need. DPSCS reentry navigators would help women navigate reentry services provided by the Maryland Departments of Health, Housing and Community Development, Human Services, Labor, and any other designated reentry unit/office. Leaders in selected counties would receive training and technical assistance from a provider selected by DPSCS.

Benefit to Communities of Color:

Yes, like the rest of the country, women of color are disproportionately incarcerated in Maryland. Nearly 50 percent of incarcerated women and women under supervision are women of color. Providing critical reentry services will help to address their needs and reduce disparities in multiple systems (e.g., reduce recidivism and assist women of color in becoming employed).

Two-year College Institutions - Reproductive Health Services Access - Requirements

One Sentence Synopsis: Requires community colleges to offer emergency contraception access (likely via via vending machines on campus) in an effort to make reproductive healthcare more accessible and affordable.

Committees: Senate Education, Health, and Environmental Affairs, House Health and Government Operations

Lead Senate Sponsor: Senator Ariana Kelly

Lead House Sponsor: Delegate Stephanie Smith

Lead Group: Reproductive Justice Maryland
Lead Group Contact: Jakeya Johnson, Chair of the Formation Committee, Email: jakeya@reproductivejusticemaryland.org

Describe the problem:
Many community college campuses face the stark reality of limited or inadequate access to vital reproductive healthcare resources. For students navigating instances of unprotected or coerced sex, as well as contraceptive failures, on-campus availability of emergency contraception becomes a critical means to maintain bodily autonomy and avoid unintended pregnancies with discretion and urgency.

Off-campus options often pose significant hurdles, including limited pharmacy hours, transportation difficulties, high pharmacy expenses, stock shortages of emergency contraception, outdated age restrictions, or outright refusal to sell EC. In the unique context of community colleges, where Penn Wharton reports that community college students often work more than students at four-year colleges and are statistically likely to come from a lower-income family, establishing accessible on-campus emergency contraception resources is pivotal in ensuring students can readily and privately address their reproductive health concerns. (The Pew Charitable Trusts) The odds of sex without a condom, sex without reliable birth control, unplanned pregnancy, and STIs were significantly higher among 2-year students compared to 4-year students, according to National Library of Medicine. Community College populations are more likely to be uninsured and low-income, significant factors that increase difficulty accessing contraceptive care.

Describe your proposed solution:
This legislation requires community colleges to offer emergency contraception on campus, likely via vending machine. This legislation follows the 2023 HB477/SB341 that MLAW adopted as part of their Legislative Agenda and required four-year higher education institutions to provide emergency contraception via vending machines on their campuses. Offering emergency contraceptives on community college campuses will offer a significantly more affordable option by partnering with companies that are willing to sell emergency contraceptives to schools for a low cost. Access to affordable emergency contraception could make the difference in a student finishing their degree, as Child Trends finds that 62% of community college students who have children after enrolling do not finish their education.

Benefit to Communities of Color:

As of 2021, 40 percent of Black students, 51 percent of Latinx students, 41 percent of American Indian and Alaska Native students, and 39 percent of white students enrolled in postsecondary programs attend a community college. (Urban Institute) Statistically, communities of color have a higher rate of unintended pregnancy according to NIH, which in turn leads to an increased risk of dropping out of school. A lack of healthcare resources is a large contributor. Providing reproductive healthcare resources to all people of reproductive age is an important step in addressing the multifaceted injustices in both poverty and healthcare.

Students from communities of color may be more likely to face socioeconomic barriers, which can limit their ability to access off-campus healthcare services. By making emergency contraception readily available on campus, the legislation reduces the economic burden associated with unplanned pregnancies, benefiting students of all backgrounds and particularly those from marginalized communities. The legislation also supports confidentiality and privacy, which can be especially important in communities where stigma or cultural norms might deter individuals from seeking reproductive healthcare. On-campus access allows for discreet and confidential care, ensuring that students from diverse backgrounds can access emergency contraception without judgment or concern.

Election Law - Ballot Petition Modernization Act

One Sentence Synopsis: HB1112 proposes that several things be done to update the process surrounding ballot petitions, including the use of electronic or digital signatures; repeals the requirement that, to sign a petition, an individual sign the individual's name in a certain form; requires that information requested from an individual signing a petition that is not required under certain provisions of law be marked as optional on a petition signature page; alters the circumstances under which signatures on a petition must be validated and counted or invalidated; and authorizes the curing of petition signatures under certain circumstances; Authorizes the use of electronic signatures on a petition.

Committees: House Ways and Means

Lead Senate Sponsor: Senator Charles Sydnor & Senator Shelly Hettleman

Lead House Sponsor: Delegate Sheila Ruth

Lead Group: 4MORE! 4BALTIMORECOUNTY
Lead Group Contact: Linda Dorsey-Walker, Email: LRDWALK4@aol.com, MORE4BALTIMORECO@gmail.com

Describe the problem:
The Electronic petition signature option should be made available because the technology already exists and it reflects the way most disabled people, seniors, busy working mothers, minorities and young adults wish to live, assuring each a greater opportunity read and fully understand proposed petition language, and complete the petition in the privacy of their home.

Describe your proposed solution:
1. The Electronic petition signature option should be made available because the technology already exists and it reflects the way most disabled people, seniors, busy working mothers, minorities and young adults wish to live, assuring each a greater opportunity read and fully understand proposed petition language, and complete the petition in the privacy of their home. This legislation has in the past been supported by both the Disability Rights Maryland organization, League of Women Voters, the NAACP, and 4MORE! 4BALTIMORECOUNTY, all of which testified in favor the HB 1112 in 2023.

2. Ironically, the individuals most likely to sign petitions, women, are also the persons most likely to refuse to answer every question currently required to be answered on State mandated petition forms, specifically provide your Date of Birth here. The form cannot be accepted without a date of birth, and because five individuals are permitted to sign each sheet, several people all attending the same event will see the signers true date of birth usually against their wishes. Any signer providing a false date of birth may be contacted by the State Board of Elections for having falsified a record on a State form. Because it places many women in an awkward position, they then scratch out their signatures. This is never an issue for anyone completing a form electronically at home.

3. Similarly, the present petition form requires the petitioner first to print their full name exactly as it appeared the last time they were issued a voters card. Because many more change their names from their birth name to first, middle and last names they may have use after marriage(s), women are more

likely to have their signatures discredited. This again is impossible to have when a computer will not accept or submit an electronically entered name until it is completely accurate.

4. After allowing the use of Electronic signatures on ballot petitions in both 2020 and 2021 without one incident or complaint, the SBE never explain why it should not continue with the practice, especially since they could not demonstrate one written policies, guidelines, or law that forbad them with the practice they started without ever coming to the legislature for permission.

5. It is faster, more convenient, far most accurate than paper petitions, and far less costly on local election staff's time and effort.

6. The Electronic ballot option prevents privacy rights from being disrespected since the petitions forms are generated for five sets of signatures, each section of which requests the signer to volunteer his or her home address and true birthday to a total stranger or makes that information immediately available to the person's co-workers, church members, or the next shopper.

7. Persons who declined to sign have stated a reluctancy to leave with a stranger an example of their legal signature

8. The Electronic ballot signature option allows greater accessibility for no disabled individuals and allows them to feel included in the ballot petition process, since presently this topic is unaddressed by current election laws governing the rights of people with disabilities.

9. Since most signatures are collected at very large public events held in the middle of a field on blazing hot summer days, the most effective venues also are the places that are far less likely to be visited by people with disabilities and seniors. One senior center required its members to stand in a long line outside of the senior building in 97 degree heat if they wanted to sign the form.

10. The technology needed to implement the collection of electronic signatures currently exist on the SBE's own website, because it is used to establish a ballot issue committees like this one.

Benefit to Communities of Color:
Many public school systems, especially those found in minority communities stopped teaching cursive writing decades ago. Therefore, the requirement on the written petition form that the signer must first print their name, then sign it, disproportionately impacts graduates of predominantly minority, immigrant, and economically disadvantaged schools. The electronic or digital option proposed by the bill takes away the stigma associated with not knowing how to sign a name in cursive writing or the loss of ability to sign due to strokes.