



Legislative Proposals



MLAW FALL
AGENDA
CONFERENCE

NOVEMBER 23, 2024

LEGISLATIVE PROPOSAL PRESENTATION SCHEDULE

Group 1 – Facilitator: Angela McDaniel

Group	Bill Title (Working)	Presenter
1	AN ACT concerning Corrections – Segregated Housing – Limitations	Margaret Martin Barry
	Stop Silencing Survivors	Lisae C Jordan
	Birth Certificate Modernization Act	M Pease
	Firearm Relinquishment and Victim Notification	Karen Herren
	Correctional Services-Comprehensive Rehabilitative Prerelease Services-Female Incarcerated Individuals	Delegate Charlotte Crutchfield

Group 2 – Facilitator: Sheena Foster

Group	Bill Title (Working)	Presenter
2	Universal Newborn Nurse Home Visiting Services – Program and Coverage	Delegate Kenneth Kerr
	Prescription Drug Affordability Board Act	Stephanie Klapper
	Abortion Care Access Fund Act of 2025	Robyn Elliott
	Young Adult Health Insurance Subsidies Pilot Program Sunset Repeal	Stephanie Klapper
	Parity Act for Loan Assistance Repayment Program for Dental Hygienists and Dentists	Robyn Elliott

Group 3 – Facilitator: Elizabeth Joyce

Group	Bill Title (Working)	Presenter
3	Common Ownership Communities and Zoning Authorities - Operation of Family Child Care Homes - Limitations	Delegate Jessica Feldmark
	Interested Parties Advisory Group (IPAG)	Allison Yunda
	Protecting Nursing Home Quality Care	Loraine Arikat
	RENEW Act	Brittany Baker



AN ACT concerning Corrections – Segregated Housing – Limitations

One Sentence Synopsis: This bill limits the use of solitary confinement in Maryland prisons to no more than 15 days and only for egregious offenses, and it excludes certain people, including women who are pregnant, who are postpartum and who have recently suffered a miscarriage from this damaging treatment.

Committees: Senate Judicial Proceedings, House Judiciary

Lead Senate Sponsor: Senator Sara Love

Lead House Sponsor: Delegate N. Scott Phillips

Lead Group: Interfaith Action for Human Rights (IAHR)

Lead Group Contact: Margaret Martin Barry, Professor Emeritus and Coalition Member Email: xxmargaretbxx@gmail.com

Describe the problem:

This legislation would significantly circumscribe the use of solitary confinement in Maryland prisons. Solitary confinement, called restrictive housing in Maryland, is widely used despite the known physical and mental harm such isolation. Women and men locked up in this way suffer depression, anxiety, hypertension and other physical deterioration, and they are far more likely to mutilate themselves or commit or attempt suicide.

The United Nations included strict limits on the use of solitary in its revised Minimum Standards for the Treatment of Prisoners, known as the Nelson Mandela Rules. The standards demand that, at a minimum, all nations restrict their use of solitary to no more than 15 days, and ban it altogether for children, pregnant women and new mothers, individuals with mental illness and physical disabilities, and other vulnerable populations. This legislation reflects those restrictions and more.

The last Maryland Dept. of Public Safety and Correctional Services report on the use of solitary confinement, covering fiscal year 2022, revealed that Maryland prisons increased their use of restrictive housing by 39%. The average length of confinement reported was 42.4 days, and individuals have reported being confined in solitary for years.

The use of solitary confinement is an expression of failed prison policies, demonstrably doing more harm than good. While it is a heavy lift to change the administrative structure that relies on solitary, this legislation sets about to achieve just such change.

Describe your proposed solution:

Our proposed solution to the extensive use of solitary confinement in Maryland prisons is to limit its

use, by statute. The bill defines restrictive housing as isolation for 17 or more hours out of 24, down from the 22 or more hours the Department currently considers to be the notable cutoff, limits the use of restrictive housing to the most egregious offenses, and requires a hearing before imposing such a penalty. Furthermore, restrictive housing cannot be imposed for more than 15 consecutive days; and it further limits the use to no more than 18 days in 60-day period and no more than 60 days in any 365-day period. The legislation also excludes from restrictive housing people known to be least likely to withstand isolation, even as limited.

While it is currently a Departmental policy not to place pregnant women in restrictive housing, this legislation would make that policy law. Furthermore, the legislation would exclude from restrictive housing women who have given birth in the past 56 days and women who have suffered a miscarriage within the past 6 months. Any solitary confinement has been shown to do significant harm, but women in these conditions are considered to be particularly at risk. Also excluded from restrictive housing are women and men who are under the age of 26 or over the age of 55, who have a serious mental illness, or who have a significant physical or developmental impairment.

Maryland's 2022 report on the use of restrictive housing noted that the total population of incarcerated women in FY 2022 was 728. Of those, 28 were on administrative segregation, and 116 were on disciplinary segregation. Both forms of segregation are considered restrictive housing, and there can often be little distinction in the experience of those in either. The number of men in prison and in restrictive housing is much greater, and they return to their parents, wives, children and communities with the disabling impact of restrictive housing experiences.

Benefit to Communities of Color:

The vast majority of people in Maryland prisons are black, approximately 71.5%. Maryland's 2022 report breaks down those in restrictive housing by race and gender. Of the men in restrictive housing, over 71% were black; 22% were white. Of the women in restrictive housing, over 50% were black; and 45% were white.

The harm done to those in restrictive housing exacerbates the community impact of locking up so many people of color in Maryland. There is no rehabilitative benefit to this inhumane punishment. People who make their way out of prison speak of the ongoing struggle to counter the impact of what the United Nations has named torture.



Stop Silencing Survivors

One Sentence Synopsis: This bill provides additional protections from retaliatory litigation for sexual assault survivors.

Committees: Senate Judicial Proceedings, House Judiciary

Lead Senate Sponsor: Senator Sara Love

Lead House Sponsor: Vice Chair Sandy Bartlett

Lead Group: Maryland Coalition Against Sexual Assault (MCASA)

Lead Group Contact: Lisae C Jordan, Executive Director & Counsel Email: info@mcasa.org

Describe the problem:

Sexual assault continues to be one of the most under-reported and under-prosecuted crimes in America. In Maryland and across the country, rapists are using retaliatory lawsuits to silence those who speak out about sexual violence. Survivors are being subjected to expensive, retraumatizing, and drawn-out litigation, and some are discouraged from ever speaking out.

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)

Describe your proposed solution:

This bill would provide protection from retaliatory litigation for survivors who disclose sexual assault in good faith, while preserving the right to sue for intentional or reckless disclosure of false information or malicious allegations of assault. It is fair and it is needed for survivors, the majority of whom are women. The bill would provide sexual assault survivors with the same protections that are currently given to employers providing employment references. It provides a practical and effective way to discourage sex offenders from using the courts to silence survivors.

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 who choose to disclose sexual assault and will help make our communities safer by making it more likely that sex offenders will be identified and held accountable.

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 empower women of color by removing a barrier to reporting sexual assault.



Birth Certificate Modernization Act

One Sentence Synopsis: This bill will update the process for changing one's personal name or sex designation on their own birth certificate or their child's birth certificate to align with other identification processes, promote dignity for all unique identities, and reduce opportunities for discrimination.

Committees: Senate Finance, House Health and Government Operations, To Be Determined

Lead Senate Sponsor: Senator Lam

Lead House Sponsor: TBD

Lead Group: Trans Maryland

Lead Group Contact: M Pease (they/she), Director of Research and Assessment Email: mpease1@terpmail.umd.edu.

Describe the problem:

Currently there is no official process for changing the name or gender marker on your own birth certificate or your child's birth certificate in Maryland. In addition, our current system limits sex designation on a birth certificate to male or female and requires documentation from a physician to change it. While the Maryland ID and the U.S. passport have updated their processes to be more inclusive, the MD birth certificate lags behind which interrupts consistency among legal identification documents. This creates undue barriers for the trans and nonbinary community, including trans women, and prevents them from receiving official documents that affirm their current gender expression and identity. Consequently, members of these communities, and their children, are forcibly outed. Participating in common activities such as enrolling a child in school, traveling, or opening a bank account can expose individuals to discrimination and any consequences that may follow. We know that transgender and nonbinary folk are victimized at higher rates than their cisgendered counterparts. By having their identities haphazardly revealed trans/nonbinary folks and their families' risk violent encounters and dangerous repercussions.

Describe your proposed solution:

The Birth Certificate Modernization Act will align the procedure for updating one's name or gender marker with the existing procedure for all other identification documents. Individuals will now be permitted to request a sex designation or name change under penalty of perjury rather than requiring a medical intervention. In addition, individuals will be provided three additional sex designations: nonbinary, other, or unspecified. This inclusion allows identity documents to better capture and validate the unique gender experience of all people. Lastly, this bill ensures that properly requested changes

result in the creation of a new, rather than amended, birth certificate. An amended birth certificate still highlights the changes made which still infringes an individual's right to privacy and exposes them to prejudice. Dictating that these approved changes result in a new birth certificate is consistent with the ultimate goal of legislation—to provide all people, including transwomen, the right to dignity and privacy.

Benefit to Communities of Color:

Yes. Communities of color are at an increased risk for discrimination which is only compounded by their membership in the LGBTQIA+ community. This bill aims to protect and promote the dignity of all people regardless of their identity.



Firearm Relinquishment and Victim Notification (not an official title)

One Sentence Synopsis: This bill aims to close gaps in the current protective order law by ensuring firearms are relinquished or removed from abusers and notifying victims if their abuser attempts to acquire firearms while under a protective order.

Committees: Senate Judicial Proceedings, House Judiciary

Lead Senate Sponsor: Senator Shelly Hettleman

Lead House Sponsor: TBD

Lead Group: Marylanders to Prevent Gun Violence

Lead Group Contact: Karen Herren Email: karen@mdpgv.org

Describe the problem:

In the United States, 4.5 million women report being threatened with gun violence by an intimate partner, and nearly one million have been shot by an abusive partner. The presence of a gun in a domestic violence incident increases the risk that a woman will be killed by five times. FBI data reveals that over 600 women are shot and killed by intimate partners each year—one every 14 hours.

In Maryland, inadequate enforcement of firearm removal from prohibited individuals poses serious safety risks. Despite laws mandating disarmament for individuals with protective orders, pretrial conditions, or certain criminal convictions, enforcement gaps leave many survivors vulnerable. When someone becomes legally prohibited from possessing firearms—whether due to a criminal conviction or a domestic violence protective order—they must comply with the law and surrender their firearms. This is especially urgent in domestic violence cases, where a respondent not in custody may pose a significant threat of using a firearm to harm or kill a family member or intimate partner. While the Giffords Law Center rates Maryland's gun safety laws highly, with an A-, the lack of comprehensive firearm relinquishment laws remains a critical gap in this framework. Strengthening these laws and enforcing them effectively are essential to safeguarding victims of intimate partner violence.

Alarming, even prohibited abusers often attempt to purchase firearms legally, and when denied, may then seek them through illegal channels. Although such a denial signals an increased risk to the victim, the victim is rarely informed of this escalation in threat.

Describe your proposed solution:

This proposed legislation aims to strengthen firearm transfer requirements within civil court proceedings for protective orders, with specific provisions that benefit survivors of domestic violence, particularly women, who are disproportionately impacted.

1. Immediate Firearm Transfer in Protective Order Cases: Interim Stage: Authorize discretionary removal of firearms at the initial, interim stage of protective order proceedings, with language adapted from Extreme Risk Protection Orders (ERPO). Temporary Stage: Mandate firearm removal at the temporary order stage, building on current policy, which requires mandatory removal at the final stage, to establish a layered safety net. Timeline: Require immediate firearm transfer when an individual is legally prohibited from possession, with a strict deadline of no more than 24 hours. Compliance Verification: Enforce submission of a firearm transfer form to law enforcement within two business days to verify compliance.

2. Protocol for Non-Compliance and Victim Notification: Establish clear protocols for law enforcement intervention if a firearm is not surrendered within the required timeframe. Mandate that victims are notified if an abuser attempts to purchase a firearm, providing critical information for their safety.

This approach closes dangerous gaps in the system, helping protect women from potentially lethal situations during the most volatile times in a domestic violence case. Immediate firearm transfer requirements significantly reduce the risk that an abuser will use a firearm to harm, threaten, or kill, while victim notification ensures that survivors are fully informed of potential threats. This legislation ensures compliance with existing protections and proactively prevents firearms from being used to escalate violence against women.

Benefit to Communities of Color:

This proposed legislation will significantly benefit communities of color, where rates of domestic violence are disproportionately high. Women of color experience violence at elevated rates, with Black women in Maryland dying from domestic violence-related firearm incidents at five times their proportion within the state population. By ensuring the swift and mandatory removal of firearms when protective orders are issued, this legislation reduces the likelihood of lethal violence, addressing a critical risk for Black women and other women of color who are often most vulnerable in these scenarios.

Statistics from the CDC highlight the higher lifetime prevalence of interpersonal violence among Black, Indigenous, and multi-racial women, and rates are similarly high within the LGBTQ+ community. Communities of color, especially those affected by socioeconomic barriers like limited access to education, employment, and safe housing, face compounding risks that increase vulnerability. For example, Black women in urban, lower-income settings, or those relying on income assistance, are particularly at risk.

By closing enforcement gaps in firearm relinquishment laws, this legislation provides additional protections in these high-risk scenarios, helping to prevent firearms from being used in acts of domestic violence. Victim notification of attempted firearm purchases by abusers also allows for early intervention, supporting the safety and well-being of survivors from underserved communities. This proactive approach aims to mitigate the devastating impacts of domestic violence in communities of color, providing enhanced protections and addressing an urgent public safety need for vulnerable populations.



Correctional Services-Comprehensive Rehabilitative Prerelease Services-Female Incarcerated Individuals

One Sentence Synopsis: This bill requires Dept. of Public Safety and Correctional Services to implement comprehensive rehabilitative services to women classified in the prerelease status in the Life Skills and Reentry Center for Women (LSRCW).

Committees: Senate Judicial Proceedings, House Judiciary

Lead Senate Sponsor: Senator Mary Washington

Lead House Sponsor: Delegate Charlotte Crutchfield

Lead Group: TBD

Lead Group Contact: TBD

Describe the problem:

Currently, the proposed services that will be offered at the planned Life Skills and Reentry Center for Women (LSRCW) aka as the "Women's Pre-Release Facility" does not have set requirements that the services must be gender responsive services.

Describe your proposed solution:

This bill will provide women in the LSRCW with specific gender responsive services.

Benefit to Communities of Color:

Yes, the majority women currently in the pre-release status at MCIW, who this will benefit are Black women.



Universal Newborn Nurse Home Visiting Services – Program and Coverage

One Sentence Synopsis: Provide families with newborns in-home visits to promote child and maternal health, positive parenting, family self-sufficiency, and other aspects conducive to family cohesion early in a newborn's life.

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

Lead Senate Sponsor: Senator Karen Lewis Young

Lead House Sponsor: Delegate Ken Kerr

Lead Group: Frederick County

Lead Group Contact: Victoria Venable, Frederick County Director of Government Relations Email: VVenable@FrederickCountyMD.gov

Describe the problem:

The first few months of life are critical to ensuring long-term success. Many families lack access to qualified health care professionals to learn practices, techniques, and ensure their home is infant-ready. These free visits help women overcome challenges —especially in low-income communities and communities of colour— related to affordability, transportation, access to a qualified health care professional, spousal/partner interference, and gaps in knowledge.

Describe your proposed solution:

Universal Newborn Home Visiting will allow women access to health care professionals specialized in infant and maternal health. During the visits, they can learn practices and techniques that benefit them and their child(ren). These visits provide additional opportunities when mothers can ask questions of qualified health professionals to ensure mothers are armed with the knowledge they need to provide for their newborn. Finally, Universal In-home Visits provide an opportunity to prevent and address violence in the home.

Benefit to Communities of Color:

Yes, it will reduce racial disparities by giving women in communities of colour greater access to resources and practices employed across the state that promote newborn and maternal health. During these free visits, the nurse will provide referrals to community services to address each of the family's identified needs.



Prescription Drug Affordability Board Act

One Sentence Synopsis: This bill expands the authority of Maryland's Prescription Drug Affordability Board to allow them to set upper payment limits for all Marylanders.

Committees: Senate Finance, House Health and Government Operations

Lead Senate Sponsor: Senator Dawn Gile & Senator Brian Feldman

Lead House Sponsor: Vice Chair Bonnie Collision & Delegate Jennifer White Holland

Lead Group: Maryland Health Care for All! Coalition

Lead Group Contact: Stephanie Klapper, Deputy Director Email: stephanie@healthcareforall.com

Describe the problem:

Our country faces renewed financial and social threats in the coming years, and with little expectation for continued federal action on prescription drug affordability, it is critical that our state works to mitigate the skyrocketing cost of medications. We all pay the price for expensive prescription drugs, whether at the pharmacy counter, through our insurance premiums, or our taxpayer dollars. 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, despite being more likely to use a medication than their male counterparts. 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 through 2033, 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, as well as their health.

Describe your proposed solution:

In 2019 (with the support of MLAW, thanks you!) 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.

Just this year, the Board received approval from MGA leadership to move forward with this initial phase—beginning in 2025 state and local governments will see meaningful relief to their strained 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.

This legislation was introduced in 2024, but did not pass, as the MGA wanted to see more progress towards the Board's initial phase. With that well underway, we are hopeful that this bill will be successful in the upcoming session.

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. While expanded authority will help all Marylanders, alleviating the financial burden of high-cost drugs for women will be particularly impactful. Several of the drugs either have indications for conditions/disease more likely to be experienced by women (Dupixent-eczema; Skyrizi-psoriasis/Crohn's) or are predominately used by women (Ozempic-type 2 diabetes/heart disease).

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. Black and Latino adults aged 65 and older can be twice as likely to report difficulty affording their prescriptions than their White counterparts.

Additionally, several of the drugs that saw price hikes this year are used to treat chronic conditions and cancers like myeloma, which are disproportionately diagnosed in Black patients. 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. While the pharmaceutical industry claims that the high cost of medications is due to research and development, many diseases that disproportionately affect Black communities are under researched and adequate treatment lags behind. Sickle cell disease has limited treatment options on the market, and those that are available are incredibly costly. There is no "free market" to address these costs—that's why we need a Prescription Drug Affordability Board with the authority to determine fair, affordable rates for all Marylanders.



Abortion Care Access Fund Act of 2025

One Sentence Synopsis: The bill addresses the emerging crisis facing Maryland abortion providers who are serving an increase of uninsured and underinsured people by establishing the Abortion Care Access Fund; and the funding will come from \$25 million in unspent insurance premiums, accumulated over the last 10 years, for abortion coverage.

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

Lead Senate Sponsor: TBD

Lead House Sponsor: Delegate Lesley Lopez

Lead Group: Women's Law Center of Maryland

Lead Group Contact: Robyn Elliott, Consultant Email: relliott@policypartners.net

Describe the problem:

Maryland enshrined the right to abortion in the Maryland Constitution with Question 1 on November 5, 2024. However, the right to abortion does not equate to access. Maryland's abortion providers are on the verge of a crisis because funding for abortion care has dropped dramatically. Many providers rely on abortion funds to support care for people who are uninsured or underinsured. Abortion funds also support people who are too afraid to use their insurance, as they fear their spouse, parent or family member might find out. While there was a surge of donations to abortion funds following the Dobbs decision, those donations have dropped precipitously. Many abortion funds only have enough money to open about 3 days a week, leaving many people who need resources without anywhere to turn. Unlike other women's health services, such as family planning or cancer screening, there are NO public health grant programs for abortion care. This situation is the legacy of federal restrictions such as the Hyde amendment.

The Abortion Care Access Fund Act of 2025 will ensure abortion remains accessible in Maryland to all, regardless of income level or insurance status. The fund will support abortion services as well as practical support services, such as travel and child care.

The Fund is made possible by tapping into unspent insurance premiums for abortion coverage. As a result of an obscure provision of the Affordable Care Act, insurance companies are forced to overcharge for abortion coverage (\$12 for each person a year), yet they are not allowed to spend those funds on anything other than abortion. As a result, insurers accrue about \$3 million in unspent abortion premiums a year. By the end of this year, insurers will have an accumulated surplus of about \$25 million

collected over the past 10 years. The bill will transfer these funds to the Maryland Department of Health to distribute to non-profit organizations with abortion funds.

With this bill, Maryland would be the first-in-the-nation to establish this type of fund. We can set a precedent for other states also seeking to shore-up abortion access.

Describe your proposed solution:

The bill supports reproductive freedom and autonomy in Maryland. The bill will provide direct funding of abortion services and practical support services such as travel and child care. Individuals who are pregnant face significant barriers to obtaining abortion care including stigma, marginalization from the healthcare system, and cost. The Abortion Care Access Fund Act of 2025 will support women in navigating these barriers by providing financial support for the services they need to effectuate their reproductive health decisions.

Benefit to Communities of Color:

Black, Latinx, Indigenous, LGBTQ+, and people with disabilities face disproportionate barriers to accessing reproductive health care, including abortion. The bill reduces those barriers by providing direct funding for abortion services as well as practical support services such as transportation and child care.



Young Adult Health Insurance Subsidies Pilot Program Sunset Repeal

One Sentence Synopsis: This legislation would extend the very successful Young Adult Health Insurance Subsidy Program past 2025 so that it can keep helping young Marylanders enroll in and maintain their health insurance.

Committees: Senate Finance, House Health and Government Operations

Lead Senate Sponsor: Sen. Clarence Lam

Lead House Sponsor: Del. Ken Kerr

Lead Group: Maryland Health Care for All! Coalition

Lead Group Contact: Stephanie Klapper, Deputy Director Email: stephanie@healthcareforall.com

Describe the problem:

Uninsured women often have inadequate access to care, get a lower standard of care when they are in the health system, and have poorer health outcomes. Compared to women with insurance, uninsured women have lower use of important preventive services such as mammograms, Pap tests, and timely blood pressure checks. They are also less likely to report having a regular doctor.

Thankfully, the Young Adult Health Insurance Subsidy Program has been helping more young women access health coverage through Maryland Health Connection for the first time, while others already had coverage and are better able to afford their plans or upgrade to higher metal-level plans with lower deductibles, co-pays, and co-insurance. When more young adults purchase health coverage, it is good for everybody because it helps stabilize health insurance premiums for all other age groups purchasing coverage through the marketplace.

As of September 2024, about 29,156 young women received federal subsidies compared with 21,340 young men, and the majority of these individuals also received the young adult subsidy. The program has been very effective in helping young women gain, keep, and improve their health coverage. Yet, the program is set to expire in 2025, and after that young women could find their health coverage unaffordable.

Describe your proposed solution:

This legislation would extend the Young Adult Health Insurance Subsidy Program past 2025 so that it can keep helping young Marylanders enroll in and maintain their health insurance. Young women especially are being helped by the program at high rates, and could be in danger of losing access to affordable health coverage if the program expires.

Benefit to Communities of Color:

This program has been reducing racial and ethnic disparities. In 2024, enrollments by both black and Hispanic Marylanders are up more than 25 percent year over year. If the program ends, we could roll back progress.



Parity Act for Loan Assistance Repayment Program for Dental Hygienists and Dentists

One Sentence Synopsis: The bill addresses an inequity in Maryland's loan assistance repayment program for dental hygienists and dentists; As the current program only will consider applicants who work full-time, the program excludes people who must work part-time because of child or elder care.

Committees: Senate Finance, House Health and Government Operations

Lead Senate Sponsor: Senator Klausmeier

Lead House Sponsor: Delegate Bagnall

Lead Group: Maryland Dental Action Coalition

Lead Group Contact: Robyn Elliott, Consultant Email: relliott@policypartners.net

Describe the problem:

The Maryland loan repayment program for dental hygienists and dentists excludes people who work part-time. This exclusion means that women do not have equitable access to the program. Women are more likely to work part-time than men because of child care and elder care responsibilities. 95% of dental hygienists are women, and a growing number of dental students (56%) are women.

Maryland's dental loan repayment program is not in alignment with other loan repayment programs. All other loan repayment programs for clinicians in Maryland (e.g. physicians, nurses, physician assistance) allow part-time clinicians to apply.

Describe your proposed solution:

More women, particularly those raising families or providing elder care, will be eligible for the loan repayment program for dental hygienists and dentists.

Benefit to Communities of Color:

Black women are more likely than other individuals to work part-time. Under the current loan assistance repayment program for dental hygienists and dentists, anyone working under 40 hours is not eligible.



Common Ownership Communities and Zoning Authorities - Operation of Family Child Care Homes - Limitations

One Sentence Synopsis: This bill would prohibit a cooperative housing corporation, condominium, homeowners association (HOA), or local zoning regulations from prohibiting or placing restrictions on the establishment of a family child care business in their community.

Committees: House Environment and Transportation

Lead Senate Sponsor: TBD

Lead House Sponsor: Delegate Jessica Feldmark

Lead Group: Maryland State Child Care Association

Lead Group Contact: Chris Peusch, Executive Director Email: executivedirector@mscca.org

Describe the problem:

Family child care homes are essential resources in communities across Maryland. Lack of access to child care is a significant challenge limiting parents' ability to work and provide for their families. It also significantly impacts our economy and disproportionately impacts women by restricting their workforce participation. This has long term implications for women's career advancement and future earnings. Encouraging and supporting additional family child care homes is a critical component of expanding access to child care, especially in communities that are considered child care deserts. Unfortunately, local jurisdictions, HOAs, condominium boards, and other common ownership communities often impose unnecessary restrictions on new and existing family child care homes.

This bill will prevent local jurisdictions, HOAs, condominium boards, and other common ownership communities from imposing unnecessary restrictions on new and existing family child care homes.

Describe your proposed solution:

This bill will prevent local jurisdictions, HOAs, condominium boards, and other common ownership communities from prohibiting or restricting the establishment or operation of family child care homes or limiting the number of children which a family child care home may serve to less than the number authorized by the State Department of Education.

The bill will strengthen economic security for Maryland women in two ways. First, it will allow an increase in the supply of child care in our communities thereby allowing more opportunities for women to return to the workforce. In 2019, the Center for American Progress released a report on Child Care,

including survey data from mothers who reported that if they had access to more affordable and reliable child care, they would increase their earnings and progress in their careers by finding a higher-paying job, applying for a promotion, seeking more hours at work, or finding a job in the first place. (CAP Report: <https://www.americanprogress.org/article/child-care-crisis-keeping-women-workforce/>) Additionally, by allowing more opportunities for family child care homes to be established, this bill also creates more opportunities for women to generate income by opening their own family child care businesses in their homes.

Benefit to Communities of Color:

Women of color, specifically black women, are more likely to have gaps in child care accessibility. The National Women's Law Center's analysis of child care accessibility reveals that one in five (20.2%) women reported that, at some point in the last four weeks, children in their household were unable to attend child care as a result of child care being closed, unavailable, unaffordable, or because they were concerned about their child's safety. Black, non-Hispanic women reported a lack of child care at 27.3%, and white, non-Hispanic women and Latinas reported at 18.9% and 18.1% respectively. By allowing family child care homes to be established and increasing the supply of child care in neighborhoods across Maryland, we can work to close the gap of access to affordable child care for all women. (NLWC Report: <https://nwlc.org/high-shares-of-women-with-children-under-12-lack-access-to-child-care-as-the-child-care-funding-cliff-approaches/>)



Interested Parties Advisory Group (IPAG)

One Sentence Synopsis: This bill would outline the formation of the Interested Parties Advisory Group, a new body under the Maryland Department of Health, that would include representation of direct care workers and consumers, and provide critical recommendations to the State to improve provider payment rates, workers' wages, working conditions and access to care within Medicaid's home and community-based services programs, ultimately, raising standards for the majority woman-led care workforce.

Committees: TBD

Lead Senate Sponsor: TBD

Lead House Sponsor: Delegate Heather Bagnall

Lead Group: National Domestic Workers Alliance (NDWA)

Lead Group Contact: Allison Yunda, Maryland Lead Organizer, National Domestic Workers Alliance (DMV Chapter) | Email: ayunda@domesticworkers.org

Describe the problem:

Work is the foundation upon which strong economies and societies are built. Direct care workers—the mostly Black and women of color who do the tremendous labor of caring for our aging and disabled loved ones—are the essential workforce that holds us all together. The work of care workers has historically been devalued by society due to longstanding racism and sexism that contributes to the failure to recognize and value caregiving for its enormous contributions to our society. It is the goal of the National Domestic Workers Alliance to make visible the critical work performed primarily by women of color and raise working standards for this workforce.

As the baby-boom population ages and the elderly population grows, the demand for the services of health aides and personal care aides will continue to increase.¹ Over 127,000 residents of Maryland need help with daily activities such as bathing or dressing.² Fifteen percent of the Maryland population over the age of 65 have reported difficulties with activities of daily living (ADLs) or instrumental activities of daily living (IADLs) - and the need only continues to grow.³ In Maryland, the number of older adults was predicted to grow by 75 percent in the 30-year period from 2015 to 2045 – from 837,500 to nearly 1.5 million.⁴ During the same period, the number of adults aged 85 and over will increase by nearly 200 percent. With only 5 percent expected growth among working-age adults, the ratio of working-age adults to those aged 85 and above in the state will shrink from 32:1 in 2015 to just 12:1 by 2045. With anticipated separations and growth, research anticipates 37,000 job openings in the state for personal care aides, by 2028.

Despite the increasing demand and essential nature of home care, the caregiving work of personal care aides is still not valued- workers receive extremely low pay, few benefits and enjoy limited protections. In Maryland, there are approximately 51,200 direct care workers, 86% of the workers are women, and the median annual income for home health and personal care aides is only \$28,124. Our bill seeks to ensure representation of direct care workers in an institution that can help influence Medicaid payment rates to raise wages for direct care workers, ensure this is career with a living wage that can both retain workers in the field and make the work more attractive to jobseekers to fill the growing need for these jobs.

Describe your proposed solution:

Improving the working conditions for home care workers is critical to address staffing shortages and meet the growing demand for this essential work in Maryland. In 2024, the Center for Medicare and Medicaid Services (CMS) published a federal rule, entitled Ensuring Access to Medicaid Services, that recognized the inextricable link between access to continuous and quality care, to the wages and working conditions of the direct care workforce. It called for the establishment of an Interested Parties Advisory Group to the State that would advise on Medicaid payments to ensure rates are set high enough to pay home care workers adequate wages and stabilize the workforce. It permits for the first time - representation of direct care workers and workers' rights organizations to be a part of this official body established by the state. Our legislative solution provides a framework and mandate to the Maryland Department of Health to establish a robust Interested Parties Advisory Group that allows for meaningful participation of the direct care workforce, helps ensure that Maryland takes action to set Medicaid rates high enough for sufficient wages, analyzes other issues facing the workforce, and has a voice to provide strong recommendations to policymakers on how the state can raise working standards. Because the direct care workforce is primarily women, this will both increase women's participation in critical processes of government and also benefit women workers currently in this field and those who will join it in the future.

Benefit to Communities of Color:

Not only is the direct care workforce primarily women, 73% of all direct care workers are Black and 84 % are women of color. Our legislation will allow these women an opportunity to raise wages and improve working standards for their communities as well.



Protecting Nursing Home Quality Care

One Sentence Synopsis: This legislation will prevent bad actors from misusing funds by ensuring 75% of nursing home revenue received from Maryland Medicaid program is spent on direct care and the women-led workforce that provides it.

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. Of the nursing home industry's \$140 billion in total annual revenue, payments from public programs (primarily Medicaid and Medicare) constitute 66 percent.

Nursing home owners and operators routinely pay their related parties in excess of reported costs, in some instances by nearly 1200%. Due to lack of disclosure of related party owners, these self-owned organizations (management companies, staffing companies, insurance companies, and therapy companies) often obscured how money was spent. Related parties make nursing homes look less profitable, while a closer look reveals that profits may be hidden in related party transactions. Cost reports do not capture enough information on related party transactions to enable CMS to fulfill its regulatory obligation to ensure taxpayer dollars are going towards care and not profits to owners and operators.

90% of residential long term care workers are women. 36% of these healthcare workers have a child below the age of 18. In Maryland, the average hourly wage is \$15.43 for nursing assistants in skilled nursing facilities. 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. Staffing shortages are expected to grow as workers find better pay in other industries. Short staffing has caused high need nursing home residents to be left unattended in substandard conditions.

Describe your proposed solution:

This legislation will ensure that 75% of skilled nursing facility revenue goes towards direct care. This is an important step to improving state oversight of public dollars and positively impact both job and care quality.

Facilities will have to report they have met the 75% direct care cost requirement through their cost reports. Consumers, advocates, and researchers will be able to use this information when evaluating nursing homes and use of Medicaid and Medicare dollars. Further, the increased transparency and scrutiny of cost reports could incentivize nursing homes to use public dollars more prudently and ensure those dollars are being used for direct resident care.

When women are supported through structural changes like adequate staffing and higher pay at the workplace, it can improve their overall wellbeing and ability to meet personal and family needs. Strengthening oversight of nursing home revenue will have a direct impact on quality care for our most vulnerable residents who are aging and with disabilities.

Benefit to Communities of Color:

Fiscal transparency is one step towards ensuring racial and economic justice for nursing home workers and patients. While people of color make up 38% of the total U.S. labor force, they constitute 59% of all nursing assistants in nursing homes. 37% percent of nursing assistants are Black or African American. The data shows that the population of individuals living in the lowest-ranked facilities in Maryland are disproportionately people of color, mostly Black, and that is not an accident. 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. This bill will ensure public dollars goes toward care and protect the health, safety, and rights of residents and staff.



RENEW Act

One Sentence Synopsis: The largest and most polluting fossil fuel companies will pay a one-time assessment proportional to their greenhouse gas emissions into a fund, the Climate Change Mitigation and Adaptation Fund, to support Maryland's ability to adapt to the escalating challenges of climate change through projects that support a number of issue areas including health, infrastructure, and schools.

Committees: Senate Judicial Proceedings, Senate Education, Health, and Environmental Affairs, House Judiciary, House Economic Matters

Lead Senate Sponsor: Senator Hester

Lead House Sponsor: Delegate Fraser-Hildago and Delegate Boaf

Lead Group: Chesapeake Climate Action Network

Lead Group Contact: Brittany Baker, Maryland Director Email: brittany@chesapeakeclimate.org

Describe the problem:

Climate change is a threat multiplier to all of the social justice issues that are already very prevalent in our society. As we have seen recently with Hurricane Helene, the scope and intensity of climate impacts require urgent attention and coordinated action. As cited by the World Economic Forum, by 2050 climate change will push 158 women and girls into poverty worldwide. The impacts of climate change will increase food insecurity for women and girls by 232 million. In the face of increased extreme weather events, 80% of the people displaced by extreme weather are women and girls who face increased risk of violence, poverty, and unintended pregnancy as they migrate to safer locations. Climate change is a threat to women and girls across the world and here in Maryland.

Describe your proposed solution:

This bill ensures that as we face increased costs related to adapting to climate change and recovering from specific extreme weather events, taxpayers are not shouldering these costs alone. This has two benefits. First of all, the other dedicated climate funding mechanisms under consideration by the state have consumer cost pass throughs. We have to be careful not to increase costs for households while we are working to solve climate change. The most insolvent, vulnerable, and least polluting communities in our society deserve to be protected from increasing costs related to mitigating and adapting to climate change. This bill ensures that Maryland makes polluters pay before we ask households to support our climate goals. Further, implementation of the bill will ensure that Maryland communities are prepared for the impacts of climate change. Qualified expenditures of the fund include programs related to

health, infrastructure improvement, resilience measures for public schools, and many other programs across many agencies.

Benefit to Communities of Color:

Black and Brown communities are on the frontlines of the climate crisis. This bill incorporates Justice 40 principles to ensure that concrete investments from the fund are occurring in Maryland's underserved and overburdened communities. Specific qualified expenditures of the fund that benefit communities of color include funding the Maryland's Office of Minority Health and Health Disparities, the Resiliency Hub Grant Program Fund, Maryland Energy Administration Low and Moderate Income Fuel Switching Programs, the Department of Housing and Community Development WHOLEHOME Program, the Commission on Environmental Justice and Sustainable Communities, and additional staff for Maryland's EmPower program.



2025 Agenda Process and Bill Selection

In the fall, MLAW hosts its Fall Agenda Conference. Advocacy and women's groups were invited to present legislative initiatives for consideration. The criteria for initiatives to be presented at the conference are:

- Addresses an issue related to women's health, women's personal safety at home, in public, in school, and in the workplace; the ability to achieve and maintain economic independence; or freedom from discrimination in Maryland's economic, educational, judicial, political, and social system;
- Can be addressed through the legislation in the Maryland General Assembly;
- Has a reasonable chance to move successfully through the legislative process;
- Has an identifiable, sustainable lead group that can shepherd the bill.
- The lead group must:
 - Be a Maryland-based group or a national group with a strong on-the-ground presence in Maryland;
 - Have issue-area expertise and/or a track record of supporting legislation/advocacy in areas related to this proposal;
 - Have an identified representative who will be in regular contact with the MLAW Board of Directors about the progress of the legislation; and
 - Regularly provide legislative updates and supportive materials for MLAW to share with our members so that they can take action.

In 2020, we added a requirement that all legislative proposals submitted for consideration for the annual MLAW Legislative Agenda must include information about racial impact and be reviewed by the Board of Directors using a racial equity lens.

Following a successful conference, the Board of Directors will meet to review the proposed initiatives and ensure that they meet this criteria. Bills that meet the criteria will be placed on a ballot and sent to all MLAW members in good standing. Members will vote for the initiatives and the top ranking bills will comprise the **2025 Maryland Legislative Agenda for Women.**