



MLAW
Maryland Legislative
Agenda for Women

2025 LEGISLATIVE AGENDA



1994 - 2024

30 Years of Advocacy for Women's and Family Issues

MLAW is the only statewide coalition of women's groups and individuals that provides a non-partisan, independent voice for Maryland women and families. MLAW harnesses the **collective power of women** by mobilizing, coordinating and collaborating with networks, groups, and individuals from all over the state to **advocate for the passage of legislation to promote and protect the well-being of women and their families in Maryland.**

This call to action for legislative change has resulted in a coalition almost unique in the United States. The annual legislative conference and other activities have energized thousands of women, and male allies, to become engaged in advocacy for important issues affecting Maryland women and families.

The annual Legislative Agenda has included a broad diversity of issues and the organization's advocacy and collaborative efforts have resulted in the **passage of 119 pieces of legislation enacted by the Maryland General Assembly** since its inception.

This extraordinary success has made **a significant difference for women and families.** It has established MLAW as a **powerful voice for women and their priorities in Maryland.**

MLAW provides visibility for legislation affecting women and families. The fall conference develops our MLAW Legislative Agenda and an annual legislative briefing during the legislative session introduces the Agenda to advocates and legislators. These events focus legislators' attention on our issues and raise their visibility throughout the state. We distribute the annual Legislative Agenda to every Maryland legislator. In collaboration with our advocacy partners, we submit testimony, advocate for bills, and promote our Agenda through our large e-mail list, website, and Facebook page.

The Maryland Legislative Agenda for Women is proud of its achievements during the last 30 years, but there is more to be done. **Join us and help us continue to make a difference for Maryland women and families.**



Overview

The Maryland Legislative Agenda for Women (MLAW) is a statewide coalition of women's groups and individuals formed to provide a non-partisan, independent voice for Maryland women and families. The coalition advocates for progressive legislation and policies that promote and protect the well-being of Maryland women and their families and provide them opportunities to develop their full potential.

Our Vision

Maryland women and their families have a right, by law, to an adequate and sustainable quality of life and an opportunity to develop their full potential.

Guiding Principles

- An adequate standard of living regardless of ability to work or achieve financial independence
- Personal safety at home, school and the workplace
- Freedom from discrimination in Maryland's economic, educational, judicial, political, and social system
- Equal access to quality health care and reproductive services
- Safe and affordable child and dependent care
- A quality, public education
- Equitable and responsible implementation and enforcement of rights and protections provided by existing law
- Elimination of discriminatory policies and practices based on age, ethnicity, gender, physical abilities and attributes, race, and sexual orientation
- Family-friendly employment practices

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Statement on Racism

The Maryland Legislative Agenda for Women (MLAW) unequivocally supports the Black Lives Matter movement and stands in solidarity with African American communities as an ally in the fight against systemic racism, racial injustice, and discrimination.

Diversity and equity are two of the core values through which MLAW strongly advocates for its legislative priorities centered around addressing issues of concern to women and that also disproportionately affect communities of color.

Too often, well-intended advocacy efforts ignore the unique challenges of the very communities the efforts aim to support. We are committed to ensuring that we are not just opposed to systemic racism and racist policies, but that we as an organization are actively working towards anti-racist solutions. As we work collaboratively with our members and partner networks towards solutions, we will be more deliberate about establishing meaningful relationships and dialogue with the communities being supported.

To that end, the MLAW Board of Directors will ensure the following:

1. 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.
2. The MLAW Legislative Agenda will include at least one racial equity bill per legislative session.
3. Presenters, sponsors, and advocates for proposed legislation and attendees at our events will be representative of the diverse and wonderful communities that we seek to uplift and support.
4. MLAW's Board of Directors and membership will represent diversity in perspectives, ideas, culture, backgrounds, race, and ethnicity.
5. MLAW will ensure broader and consistent outreach to gain a more diverse membership and increase engagement in MLAW's education and advocacy efforts.

For 29 years MLAW has provided a non-partisan, independent voice for Maryland women and families, and we will continue to strive to be an organization that is committed to advocating for anti-racist, progressive legislation and policies that promote and protect the well being of Maryland women and their families and provides them opportunities to develop their full potential.



Statement on Roe vs. Wade

The SCOTUS decision to overturn Roe v. Wade is a devastating blow to a fundamental human right that people in this country have been able to access for decades and generations. Removing access to abortion will have dire—life-threatening—consequences for women across this country. Overturning 50 years of precedent significantly undermines reproductive freedom and a woman’s bodily autonomy.

The evisceration of this human right significantly limits health care for women, deepens racial disparities, will increase maternal mortality rates, and will have particularly dangerous consequences for low-income women and women of color. The travesty of this politicized decision will overwhelm mental health services, foster care providers and social services agencies with potentially disastrous outcomes.

Forcing pregnant people and minors to carry a pregnancy to term, regardless of circumstance, or worse, having to prove that a rape or incest has occurred, is not only invasive but unnecessarily cruel and dehumanizing. Women deserve better than that.

Make no mistake, this decision is just the tip of the iceberg to take away the most basic human rights, and we stand ready to work with our partners in protecting the autonomy and privacy of Marylanders' lives.

We are proud to have supported the successfully passed Abortion Care Access Act in the 2022 legislative session. This bill, which will expand abortion providers and training, will be necessary to help ensure that Maryland women as well as pregnant people who come to Maryland from across the country receive the vital care they need when they are making the most deeply personal choices of their lives.

As we have for decades, MLAW will continue to support Marylanders' full autonomy and vociferously put our full weight behind supporting Marylanders' access to abortion.

2025 MLAW SUPPORTERS

Organizations

1199 SEIU United Healthcare Workers East
AAUW Anne Arundel County
AAUW Garrett Branch
AAUW Howard County
AAUW Kensington-Rockville Branch
AAUW Maryland
Anne Arundel County NOW
Bound for Better, advocates for Domestic Violence
Calvert County Democratic Womens' Club
Charles County Commission for Women
Child Justice, Inc.
City of College Park MD
Court Watch Montgomery
Delta Sigma Theta Sorority North Arundel County Alumnae Chapter
FinnCORE, Inc.
Frederick County Commission for Women
Interfaith Action for Human Rights
Kids for Saving Earth
Maryland Chapter, National Organization for Women
Maryland Coalition Against Sexual Assault
Maryland Network Against Domestic Violence
Montgomery County Commission for Women
Montgomery County, MD, NOW
National Coalition of 100 Black Women, Inc., Anne Arundel County Chapter
NCBWSOMD
Salam Sudan Foundation (SSF)
ShareBaby, Inc.
Stella's Girls Incorporated
SUB&S LLC
The Rebuild, Overcome, and Rise (ROAR) Center of UMB
Trans Maryland
Unrooted Culture
Women of Honor International
Women's Equality Day Celebration across Maryland Coalition
Women's Equity Center and Action Network (WE CAN)
Women's Law Center of Maryland
Zonta Club of Annapolis

**The names of individuals and organizational supporters may only support some components of the agenda that pertain to their mission and work.*

Individuals

Sheila Allen	Beatrice Dane	Joy Kroeger-Mappes	Diana Rubin
Patricia Ameling	Judith Davis	Deborah Krueger	Laure Ruth
Susan Anderson	Sharon Davlin	Tracy Lantz	Dannah Salley
Constance Anderton	Nadya Dutchin	Megan Linz Dickinson	Melissa Schaming
Susan Appling	Tiawana Edge	Caity Lovett	Christine Schmitz
Loraine Arikat	Hashim El-Tinay	Marsha Luce	Merle Schwartz
Wandra Ashley-Williams	Diana Emerson	Michelle Lyons	Cindy Shubin
Mary Babb	Fran Everett	Sharon Lyons	Michelle Siri
Lee Bachu	Jeannette Feldner	Vivian Mathews	SMonique Smith
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Diana M Bailey	Lisa Field	Stephanie McGencey	Kate Campbell Stevenson
Torri Ball	Linda Fihelly	Mary McGrath	Joan Stine
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Dian Belanger	Lisa Fowler	Elaine McNeil	Susan Talbott
Sandy Bell	Dorothy Fraquelli	Mary Ann Mears	Sheri Tardio
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Leslie Blackstock	Mary Gant	Jennifer Mercer	Pamela Trickett
Stephanie Blades	Cynthia Graham	Judith Merriman	Bano Tyler
Cheryl Botts	Robin Graine	Denise Mitchell	Connie Valentine
Bobra Boyd	Kristi Halford	Jan Molino	Christine R. Valeriann
Mara Braverman	Merchelle Halsey	Yonelle Moore Lee	Penelope Wald
Laurie Brittingham	Alicia Hannon	Jessica Morgan	Lenita Walker
Barbara Brooks	Lee Hartman	Pilar Morgan	Carla Walton
Tracy Brown	Barbara Hays	Joyce Moyer	Helene Waranch
Sandra Brushart	Linda Herdering	Samantha Nagy	Sara Ward
Constance Buckley	Karen Herren	Kaye Nagy	Lydia Watts
Mary C Bunting	Charlotte Hoffman	Steven Nagy	Cynthia Williams
Judy A. Carbone	Hazel Hopkins	Maureen North	Denyse Wright-Thisedale
Morgan Carroll	Traci Horne	Kate O'Leary	Cindy Yoe
Donna Cawley	Scott Houston	Lynn Olson	Pamela Young
Alice Chambers	Jeannine Hunter	Megan Outten	
Andrea Chamblee	Tahira Mussarat Hussain	Cheryl Pasteur	
Lavontte Chatmon	Tahira Hussain	Jacqueline Paterson	
Regina Clay	Alyson Jacobson	Delegate Edith Patterson	
Amanda Cobb	Kaprece James	M Pease	
Sara Cochran	Elizabeth F. Johnson	Crystal Peters	
Michaele Cohen	Lisae C Jordan	Diana Philip	
Gloria Coleman	Carolyn Keaton Culp	Jennifer Pollitt Hill	
Jeanne Cooper	Lois Kelberman	Blair Potter	
Pat Cornish	Kelly Kennan	Sylvia Randolph	
Courtney Coulter	Eileen King	Heather Reichardt	
Janet Wert Crampton	Roxann Kling	Diane Roca	
Patricia Crane	Wanda King	Anita Rosen	
Janet Caputo	Gwyneth Kinsella	Alice Ross	
Melissa Curtin	Kareb Kirby- Holmes	Cynthia Rubenstein	

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2025 Agenda Process and Bill Selection

In November, MLAW hosted 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 were:

- 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.

Last year 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 met to review the legislation and ensure that it met the criteria. Bills that met the criteria were placed on a ballot, which was distributed to the MLAW membership. Members were asked to vote for the initiatives that would comprise the **2025 Maryland Legislative Agenda for Women.**



Civil Actions - Immunity - Disclosure of Allegations of Sexually Assaultive Behavior (Stop Silencing Survivors Act)

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

Bill Numbers: [HB629](#)/[SB549](#)

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.



Family & Law Enforcement Protection Act

One Sentence Synopsis: This bill aims to close gaps in the current protective order law by ensuring firearms are relinquished or removed from abusers subject to Domestic Violence Protective Orders.

Bill Numbers: HB1050/[SB943](#)

Committees: Senate Judicial Proceedings, House Judiciary

Lead Senate Sponsor: Senator Shelly Hettleman

Lead House Sponsor: Delegate Sandy Bartlett

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. Alarmingly, even prohibited abusers often attempt to purchase firearms legally, and when denied, may then seek them through illegal channels. Requiring respondents with a Handgun Qualifications License to relinquish both the license and any firearms reduces the likelihood of them purchasing another firearm.

Describe your proposed solution:

This legislation aims to strengthen firearm transfer requirements within civil court proceedings for domestic violence protective orders.

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. Compliance Verification: Actively working toward developing follow-up to ensure compliance and/or mandate next steps. This could include consideration of clear protocols for law enforcement intervention and/or court intervention if a firearm is not surrendered within the required timeframe.

The purpose of this bill is to close 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. On the front end, mandating verbal and written instructions on firearm relinquishments to the respondent earlier in the process should lead to more active compliance. This legislation seeks to increase compliance with existing protections and proactively prevent firearms from being used to escalate violence against women.

Benefit to Communities of Color:

This 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. 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.



Public Health Abortion Grant Program – Establishment

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.

Bill Numbers: [HB930/SB848](#)

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-national 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.



Correctional Services-Comprehensive Rehabilitative Prerelease Services-Female Incarcerated Individuals **(The Monica Cooper Prerelease Act)**

One Sentence Synopsis: This bill requires Dept. of Public Safety and Correctional Services (DPSCS) to correct several critical deficiencies in its current plans for the Life Skills and Reentry Center for Women (LSRCW) and to implement comprehensive, “gender-responsive” rehabilitative services to women classified in the prerelease status.

Bill Numbers: HB___/[SB632](#)

Committees: Senate Judicial Proceedings, House Judiciary

Lead Senate Sponsor: Senator Mary Washington

Lead House Sponsor: Delegate Charlotte Crutchfield

Lead Group: Maryland Justice Project

Lead Group Contact: Monica Cooper, monica@marylandjusticeproject.org

Describe the problem:

In 2021, the Maryland General Assembly passed, over Governor Hogan’s veto, the Gender-Responsive Prerelease Act, which required DPSCS to construct a free-standing prerelease center for Maryland’s incarcerated women. Prerelease facilities are community-based facilities operating at the lowest security level and to provide “gender-responsive” programs and services designed for women at the end of their sentences to aid their transition back into their communities. The statute required the facility to begin operation in June 2023. Unfortunately, DPSCS has delayed progress on the facility, and the current plans are unacceptable, will not facilitate the women’s successful transition home, and the programming does not meet the statutory requirement that DPSCS provide “gender-responsive” programming designed for the needs of returning women.

Describe your proposed solution:

This bill will make the following changes to the original law: 1. Requires DPSCS to select a site that is at least 3 acres in size; 2. Increases the bed size from 64 to at least 91; 3. Locate the facility anywhere in Baltimore City; 4. Specifically defines what constitutes “gender-responsive” programming and services; 5. Requires all programming to be provided at the LSRCW and not at other facilities.

Benefit to Communities of Color:

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



Prescription Drug Affordability Board - Authority for Upper Payment Limits (Lowering Prescription Drug Costs for All Marylanders Now 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.

Bill Numbers: [HB424/SB357](#)

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.



Maryland Health Benefit Exchange - State-Based 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.

Bill Numbers: [HB297](#)/[SB5](#)

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.



Universal Newborn Nurse Home Visiting Services – Program Establishment and Insurance 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.

Bill Numbers: [HB334](#)/[SB156](#)

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.



Correctional Services –Restrictive Housing

One Sentence Synopsis: This bill limits length of time one can be placed in restrictive housing in Maryland prisons, and it excludes certain people from this damaging treatment, including women who are pregnant, postpartum and or have recently suffered a miscarriage.

Bill Numbers: [HB647](#)/[SB702](#)

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 circumscribe the use of isolation in Maryland prisons. The restriction to single or double cells for upwards of 22 hours a day is called restrictive housing in Maryland. The practice 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 confinement, which is effectively the same as restrictive housing. In its revised Minimum Standards for the Treatment of Prisoners, known as the Nelson Mandela Rules, at a minimum, all nations should restrict their use of solitary to no more than 15 days at a time, 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 some of those restrictions.

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 restrictive housing for years.

This extensive use of restrictive housing 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 begin just such change.

Describe your proposed solution:

Our proposed solution to the extensive use of restrictive housing in Maryland prisons is to limit its use, by statute. The bill sponsors are in the process of significantly modifying the legislation that was cross-filed last year. While details are still developing, the language is expected to limit the amount of time that can be spent in restrictive housing and exclude certain people for whom that experience would be particularly damaging.

While current law significantly limits instances in which pregnant women can be placed in restrictive housing, this legislation will hopefully exclude pregnant women altogether (current law provides significant limitations), as well as women who have recently given birth and women who have recently suffered a miscarriage. Any solitary confinement has been shown to do significant harm, but women in these conditions are considered to be particularly at risk. Others, such as women and men with serious mental illnesses, may also be excluded.

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 impact of the experience on 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 this extremely harsh treatment that the United Nations has identified as torture.



Nursing Homes - Direct Care Wages and Benefits and Cost Reports (Nursing Home Care Crisis Transparency Act)

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.

Bill Numbers: [HB933](#)/[SB679](#)

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.



Certificates of Birth, Licenses, and Identification Cards - Sex Designation (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.

Bill Numbers: HB___/[SB314](#)

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

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.

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