



OFFICE OF RACIAL EQUITY AND SOCIAL JUSTICE


Marc Elrich
County Executive

Tiffany Ward
Director and Chief Equity Officer

MEMORANDUM

July 21, 2022

To: Jennifer Bryant, Director
Office of Management and Budget

From: Tiffany Ward, Director
Office of Racial Equity and Social Justice 

Re: Racial Equity Impact Assessment (REIA) for Supplemental Appropriation (SA) #23-09
FY23 Operating Budget Montgomery County Government, Department of Health and
Human Services (HHS) Assistance to Access Abortion, Reproductive Health, and
Related Services

- I. **FINDING:** The Office of Racial Equity and Social Justice (ORESJ) finds that Supplemental Appropriation #23-09 FY23 Operating Budget Montgomery County Government, Department of Health and Human Services Assistance to Access Abortion, Reproductive Health, and Related Services has the capacity to advance racial equity and social justice for a limited number of low-income women who identify as Black, Indigenous People of Color (BIPOC) and undocumented women contingent on the strategies employed by the organizations that are awarded the funds.

Due to a lack of sufficient details, ORESJ is unable to determine who the ultimate target beneficiaries of the grant funds would be, whether funds requested would be sufficient, and to what extent the funds could advance equitable outcomes in the County. While lack of information limits ORESJ's analysis of this Supplemental Appropriation, the following recommendations could serve to advance the County's policy of eliminating racial disparities and other inequities if considered during award and distribution of the funds.

- Amount of funding available;
- Location of grantees and providers;
- Availability of emergency contraceptives;

- Acceptance of vouchers by grantees to be reimbursed by the County in a timely fashion;
- Ensuring that newly enacted Medicaid coverage until 12 months postpartum is implemented regardless of how a pregnancy ends; and
- Solutions that address the systemic factors that often push women and their families into seeking abortions.

II. **BACKGROUND:** Supplemental Appropriation #23-09 was requested by the County Executive in response to the Supreme Court’s recent ruling in *Dobbs v. Jackson Women’s Health*¹ in which 50 years of precedent that held a woman’s right to obtain a safe and legal abortion was overturned—allowing states to implement abortion bans. According to memos sent from the County Executive and the Office of Management and Budget, the purpose of Supplemental Appropriation #23-09 is to allow for \$1,000,000 in grant funds to be provided through the HHS – in cooperation with the Office of Grants Management – to fund nonprofits and organizations for the following allowable purposes:

- Assisting with wraparound services to those who are accessing abortion services to providers, as well as to those who choose to have children;
- Providing grants to organizations in the County that provide abortion services;
- Support organizations focused on comprehensive family planning, reproductive health, and maternal health; and
- Provide aid to organizations that are fighting legal battles on behalf of those seeking access to reproductive rights.

As stated by the County Executive upon the announcement of the *Dobbs v. Jackson Women’s Health* ruling, it is the hope of the County that the funds provided by this Supplemental Appropriation “offers both financial and emotional support to the medical professionals who are now dealing with the repercussions”² of the Supreme Court’s decision. While ORESJ largely agrees with this statement, we would also emphasize the importance of focusing resources on those who are more likely to be in greatest need of accessing reproductive health and abortion care services in the County—low-income women who identify as BIPOC and undocumented women.

Globally, one of the largest drivers of abortion is unintended pregnancy³. Nationally, abortion and unintended pregnancy rates are highest among Black women—“a reflection of the particular difficulties that many women in minority communities face in accessing high-quality contraceptive services and in using their chosen method of birth control consistently

¹ [efaidnbmnnnibpcajpcglclefindmkaj/https://www.supremecourt.gov/opinions/21pdf/19-1392_6j37.pdf](https://www.supremecourt.gov/opinions/21pdf/19-1392_6j37.pdf)

² https://www2.montgomerycountymd.gov/mcgportalapps/Statement_Detail.aspx?id=1556

³ <https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states>

and effectively over long periods of time”.⁴ In 2019, according to available national data, Black women accounted for the largest percentage of all abortions (38.4%), had the highest abortion rate (23.8 abortions per 1,000 women), and had the highest abortion ratio (386 abortions per 1,000 live births).⁵ Additionally, abortion rates are increasingly concentrated among poor women⁶, which, due to historical and systemic factors, Black women are disproportionately overrepresented.

Low-income women, women who identify as BIPOC, and undocumented women are at greatest risk of being uninsured, as are single mothers,⁷ putting them at higher risk of adverse health outcomes. Despite greater access to health care coverage through policies such as the Affordable Care Act, which allowed for Medicaid expansion in states that took it up, women who identify as BIPOC continue to experience greater burdens in accessing comprehensive reproductive health care services. Data suggests the disproportionate risk for women of color for reproductive health access and outcomes expands beyond individual-level risks, and also includes social and structural factors such as: fewer neighborhood health services; less insurance coverage; decreased access to educational and economic attainment; and practitioner-level factors such as racial bias and stereotyping.⁸

Given this context, ORESJ recommends that the funds put forth by Supplemental Appropriation #23-09 be directed to nonprofits and organizations in the County that specifically prioritize serving low-income women who identify as BIPOC and undocumented women.

- III. **ANALYSIS:** The availability of demographic data on abortion rates varies across the nation as some states do not elect to report this information or it's not reliable. Based on available data, ORESJ found that between 2002-2005 (the latest data available), Montgomery County ranked 10th in Maryland compared to other counties in the state in number of abortions provided to its residents.⁹ During this time, 7.2% of pregnancies in Montgomery County ended in abortion,¹⁰ totaling approximately 1,111 abortions¹¹. Since that time, it is safe to assume that this number has increased significantly with national data collection efforts from the Guttmacher Institute showing an increase of 8% more abortions in 2020 over

⁴ <https://www.guttmacher.org/gpr/2008/08/abortion-and-women-color-bigger-picture>

⁵ https://www.cdc.gov/mmwr/volumes/70/ss/ss7009a1.htm#T6_down

⁶ <https://www.guttmacher.org/infographic/2017/abortion-rates-income>

⁷ <https://www.kff.org/womens-health-policy/fact-sheet/womens-health-insurance-coverage/>

⁸ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7813444/>

⁹ <https://www.johnstonsarchive.net/policy/abortion/usac/ab-usac2-MD.html>

¹⁰ <https://www.johnstonsarchive.net/policy/abortion/usac/ab-usac2-MD.html>

¹¹ <https://www.johnstonsarchive.net/policy/abortion/usac/ab-usac-MD.html>

2017¹². For context, at the state level in 2017, 29,800 abortions were provided in Maryland—including abortions provided to those who were not state residents.¹³ Coupling Montgomery County's increased racial and ethnic diversity as well as its growing rate of poverty¹⁴ with research that shows high rates of abortions among low-income Black women, one can surmise that this group is in greatest need of accessing reproductive health and abortion care services. To support this assertion, ORESJ points to the County's maternal and infant health outcomes. While Montgomery County typically performs better than state and national averages related to maternal and infant health indicators overall, the County aligns with statistics across the nation that reveal disparities in maternal and infant health outcomes among low-income and BIPOC women and their babies.¹⁵

Nationally, even when controlling for factors such as physical health, access to prenatal care, income level, education, and socio-economic status, Black women are three to four times more likely to die from pregnancy-related death than their White counterparts, with their babies also being at greater health risk of experiencing poor birth outcomes such as pre-term birth and low birth weight—potential causes of infant mortality.¹⁶ In Montgomery County, Black women are 60% more likely to have severe maternal morbidity than White women and also experience the highest percentages of preterm births compared to other racial and ethnic groups in the County.¹⁷ Black babies are also more likely than any other racial group in the County to be born at low birth weights and more likely to experience infant and fetal death.¹⁸ These stark statistics reveal a sobering truth about this nation and the County—years of strategic divestment in Black communities (to the benefit of White communities) have manifested in a crisis of maternal and infant health outcomes for Black women and their babies. Therefore, investments such as Supplemental Appropriation #23-09 are much needed in advancing equitable and just outcomes for low-income BIPOC and undocumented women.

While information provided from the County Executive and the Office of Management and Budget does not specifically state that low-income BIPOC and undocumented women are the intended recipients of grants under Supplemental Appropriation #23-09, this population of women have the greatest demonstrated need for resources. Based on the stated goals of the funds, ORESJ believes that focusing resources on efforts that seek to provide

¹² <https://www.guttmacher.org/article/2022/06/long-term-decline-us-abortions-reverses-showing-rising-need-abortion-supreme-court#>

¹³ <https://www.guttmacher.org/fact-sheet/state-facts-about-abortion-maryland>

¹⁴ www.montgomerycountymd.gov/HHS/Resources/Files/MaternalInfantHealthReport.pdf

¹⁵ www.montgomerycountymd.gov/HHS/Resources/Files/MaternalInfantHealthReport.pdf

¹⁶ <https://cssp.org/2019/05/trends-in-black-maternal-and-infant-health-outcomes/>

¹⁷ www.montgomerycountymd.gov/HHS/Resources/Files/MaternalInfantHealthReport.pdf

¹⁸ www.montgomerycountymd.gov/HHS/Resources/Files/MaternalInfantHealthReport.pdf

wraparound services to those who are accessing abortion services as well as to those who choose to have children; providing grants to organizations in the County that provide abortion services; and supporting organizations focused on comprehensive family planning, reproductive health, and maternal health services have the greatest ability to meet the needs of low-income BIPOC and undocumented women. In order to ensure these women's needs are met, the following should be considered when determining grantees of Supplemental Appropriation #23-09:

- **Amount of funding available:** The average cost for an abortion in Maryland ranges from \$390 to \$1,300¹⁹, with Planned Parenthood charging from \$500 for a medication abortion or an early term in-clinic abortion, to \$800 for in-clinic abortions at 15.6 weeks gestation²⁰. Other factors – such as the stage of development of the fetus, the type of pain medication or anesthesia used during the abortion, additional medication needed, and the patient's blood type – also effect the ultimate cost of an abortion.²¹ Additionally, despite women being more likely than men to be covered by some form of health insurance, in 2020, approximately one in four women reported problems paying medical bills within the past year, with higher rates among uninsured women, women with low-incomes, and women in poorer health.²²

Given the limited resources provided by Supplemental Appropriation #23-09, grantees should prioritize their efforts to serve low-income BIPOC and undocumented residents of the County. If the County seeks to provide aid to organizations that are fighting legal battles on behalf of those seeking access to reproductive rights and serve women seeking abortions who reside outside of the County, ORESJ would ask that they consider providing additional resources that specifically serve this purpose so the needs of as many at-risk County residents can be addressed through the current requested funds.

- **Location of grantees and providers:** According to the HHS Babies Born Healthy Program, county residents who are at the highest risk for poor birth outcomes including low birth weight, premature births, infant mortality and maternal morbidity and mortality are Black women who live in zip codes 20903, 20904, and 20906.²³ Reproductive health providers and clinics (particularly those that provide abortion care services) in the County largely serve residents outside of these identified zip codes.

¹⁹ <https://pregnancyclinic.org/how-much-does-an-abortion-cost-in-maryland/#:~:text=In%20Maryland%2C%20the%20cost%20of,blood%20type%20is%20Rh%20negative>.

²⁰ <https://www.plannedparenthood.org/planned-parenthood-maryland/client-resources/visit-costs>

²¹ <https://pregnancyclinic.org/how-much-does-an-abortion-cost-in-maryland/#:~:text=In%20Maryland%2C%20the%20cost%20of,blood%20type%20is%20Rh%20negative>

²² <https://www.kff.org/womens-health-policy/issue-brief/womens-health-care-utilization-and-costs-findings-from-the-2020-kff-womens-health-survey/>

²³ <https://www.montgomerycountymd.gov/HHS-Program/PHS/PHSBabiesBornHealthy-p65391234.html>

Grantees and providers operating in the zip codes identified by the Babies Born Healthy Program should be prioritized in the distribution of funds as they serve residents of greatest need where they live. For organizations and providers operating outside of these identified zip codes, transportation services (covering all reproductive health and family planning visits including follow-ups) should be provided to their clients.

- **Availability of emergency contraceptives.** The implementation of the Maryland Contraceptive Equity Act in 2018 allowed the state of Maryland to provide insurance coverage for over-the-counter contraceptive medications, including emergency contraception such as Plan B.²⁴ This includes the state's Medicaid recipients. Supplemental Appropriation #23-09 grantees should have a readily available supply of emergency contraceptives for clients seeking these resources at little to no cost. If prospective clients are uninsured or cost proves prohibitive, they should be referred to the County (who should make emergency contraception free and accessible in a manner similar to the County's condom distribution initiative through the use of Title X funds²⁵) in a timely fashion as Plan B has a small window of effectiveness.
- **Acceptance of vouchers by grantees to be reimbursed by the County in a timely fashion.** In discussion with HHS, it was stated that the County previously provided vouchers to qualified residents of the County that enabled them to obtain abortion services (including follow-up care) at participating organizations and clinics. While most women obtain care at doctors' offices, clinics are common sites of care for underserved communities, particularly for uninsured women and those covered by Medicaid.²⁶ Should clinic grantees be awarded funds provided by Supplemental Appropriation #23-09, they should express a willingness to participate in a voucher program such as this in order to serve County residents in greatest need, particularly those who are uninsured and would otherwise have to pay out-of-pocket costs in order to obtain an abortion. To that end, the County should consider setting aside funds or sourcing new funds that would reestablish this voucher program. Should funds be made permanent, the County should make participation in the voucher program a mandatory requirement?
- **Ensuring that newly enacted Medicaid coverage until 12 months postpartum is implemented regardless of how a pregnancy ends.** Effective April 1, 2022, Medicaid-eligible pregnant individuals in the state of Maryland were granted access to full Medicaid benefits for the duration of their pregnancy and the 12-month postpartum

²⁴ <https://www.plannedparenthood.org/planned-parenthood-maryland/get-involved-locally/action-network/maryland-contraceptive-equity-act>

²⁵ <https://www.montgomerycountymd.gov/HHS-Program/PHS/PHSFamPlan-p741.html>

²⁶ <https://www.kff.org/womens-health-policy/issue-brief/womens-health-care-utilization-and-costs-findings-from-the-2020-kff-womens-health-survey/>

period, regardless of any changes in income or household size, with the 12-month postpartum coverage period beginning on the last day of the pregnancy.²⁷ This was a vitally important step in protecting the lives of pregnant and postpartum individuals in that research has shown that loss of Medicaid eligibility after childbirth, especially for women who live in non-expansion states and the lack of automatic transitions to state family planning programs, often result in gaps in reproductive health care for low-income women with infants.²⁸ Due to the ongoing Public Health Emergency (PHE) – which was recently extended by US Department of Health and Human Services Secretary Xavier Becerra to October 13, 2022 – persons currently receiving Medicaid benefits will be eligible to do so until the PHE end date. As the PHE end date approaches, DHHS should work with Supplemental Appropriation #23-09 grantees whose clients are Medicaid eligible or recipients of Medicaid to ensure seamless transition of coverage 12 months postpartum regardless of whether their pregnancies end in a live birth, miscarriage, or an abortion and provide them with the appropriate resources needed during that time.

- **Solutions that address the systemic factors that often push women and their families into seeking abortions.** In the United States, 59% of abortions are obtained by women who already have children.²⁹ As noted above, a large driver of abortions among BIPOC women is poverty, with mother's often struggling to provide for the children already in their care. This stark reality highlights the need for a reproductive justice approach to addressing the reproductive health needs of women in which they are provided the human right to maintain personal bodily autonomy, have children, not have children, and parent the children they have in safe and sustainable communities.³⁰ This would require a heavy investment from the County that extends beyond the requested funds of Supplemental Appropriation #23-09 that ensure access to living wages, safe and affordable housing, benefits such as comprehensive health care coverage and paid family leave, free high-quality childcare options from six weeks to kindergarten entry, food security, and access to reliable transportation as just a start.

For those seeking safe affordable abortion care, access to this service is a conversation of not only bodily autonomy, but equity. The requested funds from Supplemental Appropriation #23-09 has the ability to equitably serve low-income BIPOC and undocumented women and families in Montgomery County, however the distribution and implementation of these

²⁷ <https://health.maryland.gov/newsroom/Pages/Maryland-Department-of-Health-announces-expanded-Medicaid-coverage-for-new-mothers.aspx>

²⁸ <https://www.kff.org/report-section/beyond-the-numbers-access-to-reproductive-health-care-for-low-income-women-in-five-communities-executive-summary/>

²⁹ <https://www.guttmacher.org/united-states/abortion/demographics>

³⁰ <https://www.sistersong.net/reproductive-justice>

resources must be done in ways that consider impacts on those most frequently left behind while also being scaled up so that they can address their full needs. Additionally, when the decision is made to ultimately obtain an abortion, access to this service should be free or of relatively low cost for those in the County with the greatest expressed need.

cc: Raymond Crowel, Director, Department of Health and Human Services
Ken Hartman, Director, Office of Strategic Partnership, Office of the County Executive