



Unfavorable

House Bill 368 – Outsourcing State Jobs

Laura Bogley, JD

Executive Director, Maryland Right to Life

Maryland Right to Life (MDRTL) strongly opposes HB 368 – Executive Branch Service Contracts. By enacting this legislation you will be authorizing **THE OUTSOURCING OF ALL STATE EMPLOYEES WITHIN THE EXECUTIVE BRANCH**, *not just the Department of Public Works*. We urge your unfavorable report.

PLANNED PARENTHOOD TAKEOVER OF STATE JOBS

The Maryland General Assembly must act in the interest of the public welfare, not the radical abortion special interests. But by enacting the **Abortion Care Access Act of 2022**, the Assembly made Maryland a state sponsor of the abortion industry, committing taxpayer dollars to train a substandard workforce for the multi-billion dollar abortion industry.

This bill establishes a state framework for implementation of the Abortion Care Access Act, and will allow private corporate abortion workers to replace state employees in state and county health departments and school-based health centers-forming a new **quasi-public** abortion workforce.

The only thing standing in the way of Planned Parenthood's takeover of health departments and school clinics is state employees who are unwilling to participate in abortion.

ABORTION IS NOT HEALTHCARE

Abortion is not healthcare and is never medically necessary. 85% of physicians refuse to commit abortions because they have sworn a Hippocratic oath to heal both patients-mother *and* child.

The **Abortion Care Access Act of 2022** attempted to address the lack of willing abortionists by reducing the standard of medical care for women seeking abortion and certifying non-physicians and even non-medical workers to perform or provide abortions through birth.

The Abortion Care Access Act made abortion unsafe for women in Maryland. The Act removed the last remaining safeguard for women in Maryland law – the physician only requirement. **As a result, this Assembly has completely removed abortion from the spectrum of healthcare in Maryland.**

Therefore there is no rational basis for Medicaid reimbursements, insurance coverage or public subsidies for abortion providers or programming.

PREDATORY ABORTION PRACTICES IN SCHOOLS

By enacting this bill, you will authorize Planned Parenthood's takeover of Maryland school-based health centers and other health related programs.

Planned Parenthood already is entrenched in our schools, but this bill would replace state employees within the school system with a quasi-public abortion workforce. Planned Parenthood already has implemented in-school clinics in California (see attached article). Bills also have been introduced to expand public funding for abortion providers on college campuses across the state.

The State has failed in its duty to create safe learning environments for Maryland schoolchildren. The bill's sponsor has introduced bills each year to expand **school-based health centers** and alter standards for their operation and oversight, opening the door for Planned Parenthood to operate clinics on school property and prey on schoolchildren without parental notice or consent.

Maryland SBHC's undermine parental rights by distributing and implanting birth control, coordinating distribution of puberty blocking drugs, subjecting minor children to abortion counseling and referral, and in some cases providing or coordinating transportation to abortion clinics during the school day with approved medical absences – all without parental knowledge or consent. The Assembly reduced the age of medical consent for "mental health" to 12 years.

Parents send their children to school for an education, not for an abortion or genital mutilation.

UNSAFE - The practice of abortion in America has become the "**red light district**" of medicine, populated by dangerous, substandard providers. With the proliferation of chemical abortion pills, the abortion industry itself has exposed women to "back alley" style abortions, where they bleed alone without medical supervision or assistance.

UNENFORCED - The Maryland Department of Health has failed to ensure that existing abortion providers and facilities are complying with Maryland law. Women continue to be injured and killed in Maryland because of ineffective enforcement of existing abortion regulations. There are reports that unlicensed physicians continue to perform abortions in Maryland. The broad expansion of lower-skilled abortion providers, will create an enforcement nightmare for the Maryland Department of Health.

First Amendment Conscience Rights - To ensure that the State of Maryland has a sufficient number of practicing medical professionals to meet the health needs of Maryland citizens, the legislature must not infringe on the Constitutional rights of Free Exercise of Religion and rights of Conscience of state employees and medical providers, and must ensure that conscience rights clauses are included in any legislation that attempts to impose abortion mandates on state employees.

NO PUBLIC FUNDING - Maryland is one of only 4 states that forces taxpayers to fund abortions. There is *bi-partisan unity* on prohibiting the use of taxpayer funding for abortion. 60% percent of those surveyed in a January 2022 Marist poll say they oppose taxpayer funding of abortion.

INVEST IN LIFE - 81% of Americans polled favor laws that protect both the lives of women and unborn children. Public funds should not be *diverted from* but *prioritized for* health and family planning services which have the objective of saving the lives of both mothers and children, including programs for improving maternal health and birth and delivery outcomes, well baby care, parenting classes, foster care reform and affordable adoption programs.

FUNDING RESTRICTIONS ARE CONSTITUTIONAL - The Supreme Court of the United States, in *Dobbs v. Jackson Women's Health* (2022), overturned *Roe v. Wade* (1973) and held that there is no right to abortion found in the Constitution of the United States. As early as 1980 the Supreme Court affirmed in *Harris v. McRae*, that *Roe* had created a limitation on government, not a government funding entitlement. The Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that "*no other procedure involves the purposeful termination of a potential life*", and held that there is "*no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds.*"

ABORTION IS NOT HEALTH CARE – Pregnancy is not a disease and abortion kills, not cures. The fact that 85% of OB-GYNs in a representative national survey will not participate in abortions is glaring evidence that abortion is not an essential part of women's healthcare. Abortion is never medically necessary and poses risks to women's physical and emotional health as well as to the health of future pregnancies. Women have better options for family planning and well woman care. For each Planned Parenthood in Maryland, there are 14 federally qualifying health centers and 4 pro-life pregnancy centers providing FREE services for women. The Maryland Department of Health must give women real CHOICE and protect women from abortion coercion, by providing information about and referrals to lifesaving alternatives to abortion.

For these reasons, we respectfully urge you to vote against this bill and any other measures to allocate public funds to abortion providers, services, education, training or promotion. We appeal to you to prioritize the state's interest in human life and restore to all people, born and preborn, our natural and Constitutional rights to life, liberty, freedom of speech and religion.

Washington Examiner

Planned Parenthood plans to infiltrate high schools

by [Kate Hardiman, Contributor](#) | December 16, 2019 02:07 PM

Planned Parenthood announced it will be opening 50 clinics in Los Angeles high schools last week. This is just the organization's latest attempt to infuse its values into the public school system.

Though the new "Wellbeing Centers" stop short of offering surgical abortions, they will provide emergency contraception, STI testing and treatment, and a wide range of birth control options. Funded by a \$10 million grant from Los Angeles County and \$6 million from Planned Parenthood, 50 clinics will open over the next three years, available to more than 75,000 students.

Students can walk into the clinics anytime — including during class. Per California law, minors can receive emergency contraception and other forms of birth control, and healthcare providers are not allowed to inform their parents without the minor's permission.

The clinics will also train hundreds of teens to be "peer advocates" about "safe sex and relationships" and will provide "pregnancy counseling." Pro-life advocates believe these are thinly-veiled efforts to drive more business to Planned Parenthood's abortion-providing clinics.

"If LAUSD truly cares about the health of our daughters (and sons) it would not give unfettered access to our kids to an organization that directly benefits from unplanned pregnancies," 28-year California public school teacher and founder of the nonprofit organization For Kids and Country Rebecca Friedrichs said in a statement.

"District officials are quick to point out these clinics won't technically offer abortions on-premises, but no one is fooled that abortion won't be heavily pushed on our daughters and sons by an organization that has made billions off the macabre practice," she concluded.

This move builds upon the controversial sex education framework California forced into its public schools in April. Planned Parenthood helped draft and lobby for this effort — which pushes schools to teach young children about gender identity and how to perform certain types of sexual acts.

Roughly 200 parents marched on Sacramento against the curriculum before it was enacted, and a petition in Fremont, California, garnered more than 8,000 signatures. The outcry over Planned Parenthood's new in-school clinics could be even louder.

Parents should be alarmed by Planned Parenthood's latest effort to usurp their authority as the primary educators of their children, and the Los Angeles school system's acquiescence. As progressive groups continue to co-opt public schools, parents will increasingly face a decision about whether they must leave the system — or risk the state deciding it knows best for their children.

Kate Hardiman is a contributor to the Washington Examiner's Beltway Confidential blog. She taught high school in Chicago for two years while earning her M.Ed. and is now a J.D. candidate at Georgetown University Law Center.

NEWS

School Nurse Suspended After Revealing Child On Puberty Blockers, Others Identifying As Non-Binary Without Parents' Knowledge

By Ashe Schow

Apr 2, 2022 DailyWire.com



Luhalla Sem / EyeEm / Getty Images

A school nurse in Connecticut was suspended after she revealed on Facebook that an 11-year-old student at her school was on puberty blockers and that other students identified as non-binary without their parents being informed.

Kathleen Cataford, 77, was suspended from Hartford Public Schools after she posted the comments on Facebook, the Daily Mail reported. Cataford's comments were labeled "transphobic" after she posted to a local mother's group when someone asked for local school recommendations, saying parents should "Investigate the school system curriculum...CT is a very socially liberal, gender confused state."

"As a public school nurse, I have an 11yo female student on puberty blockers and a dozen identifying as non-binary, all but two keeping this as a secret from their parents with the help of teachers, SSW [social workers] and school administration," Cataford continued, according to the Mail. "Teachers and SSW

Developmentally appropriate reproductive care must be provided according to community acceptance, documented need and community norms. Reproductive health services are not in lieu of reproductive health services provided by community base health providers, SBHC are encouraged to partner with other community-based providers.

Reproductive Health Services	Level I Core	Level II Expanded	Level III Comprehensive
d. General Reproductive Health Services			
Reproductive health exam (inclusive of pap, pelvic, testicular exam)	Recommended	Recommended	Recommended
Abstinence education	Onsite	Onsite	Onsite
Referral for community based reproductive healthcare services	Onsite	Onsite	Onsite
Case management	Onsite	Onsite	Onsite
Pregnancy testing	Onsite	Onsite	Onsite
Reproductive Health Education	Onsite	Onsite	Onsite
e. Family Planning Services	Level I Core	Level II Expanded	Level III Comprehensive
Family Planning Services	Recommended	Recommended	Recommended
Prescriptions for contraceptives	Recommended	Recommended	Recommended
Comprehensive pregnancy options/ pregnancy counseling	Recommended	Recommended	Recommended
Case management	Onsite	Onsite	Onsite
Referral for community based reproductive healthcare services	Onsite	Onsite	Onsite
Condom availability	Recommended	Recommended	Recommended
Prenatal care	Referral	Referral	Referral
Informing and referring for birth control	Onsite	Onsite	Onsite
Dispensing contraceptives	Onsite or Referral	Onsite or Referral	Onsite or Referral
f. STD/STI Services	Level I Core	Level II Expanded	Level III Comprehensive
Case management	Onsite	Onsite	Onsite
STD/STI treatment and testing	Onsite	Onsite	Onsite
Condom availability	Recommended	Recommended	Recommended
HIV pre- and post-test counseling/HIV testing	Recommended	Recommended	Recommended
HIV/AIDS treatment	Referral	Referral	Referral

Mental Health Services must be provided in collaboration with a licensed provider for those students requiring psychotropic drugs as part of their treatment.

g. Mental Health Services	Level I Core	Level II Expanded	Level III Comprehensive
Individual mental health assessment	Referral	Onsite	Onsite
Mental health treatment	Referral	Onsite	Onsite
Mental health crisis intervention	Referral	Onsite	Onsite
Group therapy	Referral	Onsite	Onsite
Family therapy	Referral	Onsite	Onsite
Consultation with school administrators, parent/guardian, teachers and students	Onsite	Onsite	Onsite
Psychiatric evaluation	Onsite or Referral	Onsite or Referral	Onsite or Referral
Psychiatric medication management	Onsite or Referral	Onsite or Referral	Onsite or Referral