



Opposition Statement HB 477

Public Senior Higher Education Institutions - Reproductive Health Services Plans - Requirements

Laura Bogley, JD

Executive Director, Maryland Right to Life

We Strongly Oppose HB 477

On behalf of our 200,000 followers across the state, we strongly object to HB477. **This bill forces county high schools to become an active partner with the abortion industry using taxpayer funds**, subjects minor children to abortion coercion at the hands of adults within the school system, and undermines parental rights to make medical decisions for their children. We once again urge the state to put the safety of patients, in this case school children, before abortion politics and profit, by issuing an unfavorable report on this reckless bill.

Maryland is State Sponsor of Abortion

The state of Maryland including the Department of Education and the Department of Health have become state sponsors of the abortion industry, using taxpayer funds to contract out educational curriculum development, programs, training and school health services to questionable third-party organizations that are financially interested in abortion sales, including Planned Parenthood and Advocates for Youth.

Together they have established the existing **Maryland Comprehensive Health Education Framework** and the **Maryland Standards for School-Based Health Centers**. They are pushing a radical sexuality agenda beginning in kindergarten, that includes medically inaccurate curriculum that is not healthful or appropriate at any age. They are intentionally miseducating children about human reproduction, falsely instructing that a new human life does not begin at fertilization but at implantation, and therefore justify the use of common abortifacient drugs to "prevent pregnancy". This is despite the scientific fact that 95% of biologists agree that new life begins at fertilization.

Planned Parenthood cannot be trusted with the reproductive health of our youth. Abortion businesses have been exposed promoting irresponsible sex and providing faulty contraception to meet abortion sale quotas. Carol Everett operated abortion clinics in the Dallas area in the 1970s and explained how sex-ed was an important part of cultivating and maintaining abortion sales among younger clientele.

Sex-ed was calculated, she said, "to separate the children from their values and their parents," adding that, at one point, her business' goal "was to assure every girl between the ages of 13 and 18 have three to five abortions."

Finally, in junior high, Everett said, "My goal was to get them sexually active on a low dose birth control pill that we knew they would get pregnant on. How do you do that? You give them a low dose birth control pill that has to be taken accurately at the same time every single day. And you know and I know, there's not a teen in the world who does everything the same time every day."

Planned Parenthood Taking Over School Health Centers

Recently, the Maryland General Assembly removed oversight of School Based Health Centers from the Department of Education and gave the Department of Health unilateral bureaucratic control over health education. They broadly expanded what type of providers may manage and operate School Based Health Centers. We are opposed to any policy that allows Planned Parenthood to manage clinics on school grounds as they currently do in Los Angeles, California (see article *Washington Examiner*).

Under the influence of the abortion lobby, including Advocates for Youth, the state has given adults unfettered access to prey on schoolchildren. During the school day a minor girl may undergo a medical procedure to implant birth control, get free transportation to an abortion mill, or possibly receive chemical abortion pills, all with an excused absence and without parental notice or consent (see SBHC attachment). The lack of parental notification under existing standards, puts students at greater risk of abortion coercion, undiagnosed abortion complications including death, and enables pedophiles and sexual abusers to continue abusing child victims.

This bill seeks to codify this abortion promotion and coordination and mandate implementation on all public school systems using taxpayer funding as additional corporate welfare for the abortion industry.

Maryland is Failing to Protect Children

The Assembly recently removed protections under the law for children by reducing the age of medical consent for behavioral health services to 12 years of age. Mental health, including anxiety or depression has long been used to justify taxpayer funded abortion including on minor girls. Many of the same businesses who commit abortions, are expanding their business models and their reach over defenseless children by pushing puberty blockers and gender mutilation. Some have expressed their intention to use school psychologists and counselors as a feeder system to prey upon school children for their own financial gain.

While Maryland law already permits girls 16 and over to undergo abortion procedures without parental notice or consent, we do not know how many abortions are committed on children under the age of 16. The state shields abortionists by allowing them to commit abortions unfettered and without reporting requirements to the state or the Centers for Disease Control. Maryland is one of only three states that do not require abortion reporting. While abortion providers are supposed to be subject to the law as mandatory reporters of suspected child abuse, we are aware of no such report. Inspections of abortion clinics and practices are complaint-driven only. But even after two women suffered near fatal injuries from botched abortions in Bethesda, the Maryland Department of Health refused to inspect the facility until after legal action was taken by the victims.

Abortion is not healthcare

Abortion is not healthcare. It is violence and brutality that ends the lives of unborn children through suction, dismemberment or chemical poisoning. The fact that 85% of OB-GYNs in a representative national survey do not perform abortions on their patients is glaring evidence that abortion is not an essential part of women's healthcare.

Recent acts of abortion activists occupying the Maryland General Assembly have completely removed abortion from the spectrum of healthcare. As a result of the Abortion Care Access Act of 2022, sponsored by Delegate Ariana Kelly (D-Montgomery), a former NARAL employee, poor women will be deprived access to care through a licensed physician. The state is now allowing any "certified provider of abortion care" to perform or provide both surgical and chemical abortion through birth.

Combine this with the fact that 54% of abortions are now “Do-It-Yourself” abortions where women are remotely prescribed dangerous abortion pills without a physician’s examination and are left to hemorrhage alone until their bodies forcefully expel their babies’ bodies, and the argument that abortion is healthcare is completely discredited.

Women have legitimate options for reproductive health care. There are 14 federally qualifying health care centers for every Planned Parenthood in Maryland. There are four times more pregnancy centers that offer lifesaving alternatives to abortion at NO COST to women.

State-sponsored abortion is having a genocidal impact on Black Marylanders

Abortion has a disproportionate impact on Black Americans who have long been targeted by the abortion industry for eugenics purposes. Even today 78% of abortion clinics are located in minority communities. As a result abortion violence has become the leading killer of Black lives, more than gun violence and all other causes combined. More than half of all pregnancies to Black women in Baltimore City end through abortion violence. The state fails to measure or report the correlation between the increased use of abortion with increased risk to maternal mortality, infertility, miscarriage, pre-term births for Black mothers. This makes any argument that abortion is healthcare a morally repugnant call for state-sponsored genocide of Black children in Maryland.

Parental Notice and Consent Provides Better Outcomes for Youth

Maryland Right to Life trusts parents to make the best decisions about their children’s health. State law must recognize the natural and legal right of parents to provide consent for their children’s medical care. But the state has repeatedly demonstrated a wanton disregard for the rights of parents and the welfare of school children. Under the influence of the abortion industry, the state removed the requirement that parents must first give permission for their child to participate in the sex ed curriculum, or to “opt in”. Parents now have the obligation to “opt out” if they are provided notice at all.

The State of Maryland, through the Department of Education has been entrusted by parents with the academic instruction of Maryland children. The state has far exceeded its limited authority to act in place of the parents during the school day, particularly in the matter of student health. Parents expect their children will be taught health and human reproduction-not sexuality. Parents send their daughters to school for an education, not for an abortion. The state must restore the trust of parents by removing abortion businesses from our schools.

No Public Subsidies to Billion Dollar Abortion Industry

A 2023 Marist poll showed that 81% of Americans polled favor laws that protect both the lives of women and unborn children, and that 60% oppose the use of tax dollars to pay for abortion. Taxpayers should not be forced to subsidize abortion indoctrination, promotion and abortion violence. *Public funds instead should be prioritized to fund legitimate health and family planning services which have the objective of saving the lives of both mother 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.*”

Once again, we urge you to put parents and children before politics and profit, by issuing an unfavorable report on this dangerous and predatory bill.

Sincerely,

Laura Bogley, J.D.
Executive Director
Maryland Right to Life

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			
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			
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

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.