



### **Opposition Statement HB48**

Maryland Medical Assistance Program - Collaborative Care Model Services -  
Implementation and Reimbursement Expansion  
Deborah Brocato, Legislative Consultant  
Maryland Right to Life

#### **We Oppose HB48**

On behalf of our 200,000 followers across the state, we respectfully object to HB48. This bill expands the Maryland Medical Assistance Program with an additional program called Collaborative Care Model Services. We oppose funds for this program being used for entities that promote and provide abortion and abortion services. We oppose expanding the Maryland Medical Assistance Program without excluding funding for abortion, abortion services and businesses providing those services.

*The Collaborative Care Model Pilot Program* shows that the “current pilot awardee” is Privia Medical Services, LLC which provides services at sites that include OB/Gyn services. On page 9, the *2021 Joint Chairmen’s Report - Collaborative Care Pilot Updates* states “Privia Obstetric/Gynecology Practice - expected to enroll a population of 45 pregnant and postpartum individuals into CoCM per year who screen positive for depression.” See [health.maryland.gov/mmcp/pages/Collaborative-Care.aspx](http://health.maryland.gov/mmcp/pages/Collaborative-Care.aspx) . Without language to prohibit funding of abortion and abortion services, reimbursements to the awardees of the Collaborative Care Program, in this case Privia Medical Services, could be used for abortion and abortion services.

**The Maryland Medical Assistance Program and the Maryland Children’s Health Program (MHCP) are the two primary programs used for publicly funded reimbursements to abortion providers in Maryland.** The Maryland Department of Legislative Services, in their *Analysis of the FY 2022 Maryland Executive Budget*, shows that Maryland taxpayers are forced to fund elective abortions. For the years 2018, 2019 and 2020, over \$6 million was spent each year for almost 10,000 abortions each year. In that same report, we see that for Fiscal 2020, less than 10 of the almost 10,000 abortions were due to rape, incest or to save the life of the mother.

Medical Assistance Expenditures on Abortion Language attached to the Medicaid budget since 1979 authorizes the use of State funds to pay for abortions under specific circumstances. Specifically, a physician or surgeon must certify that, based on his or her professional opinion, the procedure is necessary. Similar language has been attached to the appropriation for MCHP since its advent in Fiscal 1999. Without language to prohibit abortion funding, expansion of the Maryland Medical Assistance Program and MHCP will certainly increase the number of abortions and thus the amount of taxpayer money spent on abortions.



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**Maryland is one of only 4 states that forces taxpayer funding of abortion.** Maryland taxpayers are forced to subsidize the abortion industry through direct Maryland Medicaid reimbursements to abortion providers, through various state grants and contracts, and through pass-through funding in various state programs. Health insurance carriers are required to provide reproductive health coverage to participate with the Maryland Health Choice program. Programs involved in reproductive health policy include the Maryland State Department of Education, Maryland Department of Health, Maryland Family Planning Program, maternal and Child Health Bureau, the Children's Cabinet, Maryland Council on School Based Health Centers, Maryland for the Advancement of School Based Health, Community Health Resource Commission, Maryland Children's Health Program (MCHP) and Maryland Stem Cell Research Fund.

**Abortion is not healthcare and abortion is never medically necessary.** A miscarriage is the ending of a pregnancy *after* the baby has died; an ectopic pregnancy is not a viable pregnancy and the baby cannot continue to develop. Abortion is the destruction of a developing human being and often causes physical and psychological injury to the mother. In the black community, abortion has reached epidemic proportions with half of pregnancies of Black women ending in abortion. The abortion industry has long targeted the Black community with 78% of abortion clinics located in minority communities. **Abortion is the leading killer of black lives.** See [www.BlackGenocide.org](http://www.BlackGenocide.org).

**Americans oppose taxpayer funding of abortion.** Taxpayers should not be forced to fund elective abortions, which make up the vast majority of abortions committed in Maryland. The 2023 Marist poll shows that 60% of Americans, pro-life and pro-choice, oppose taxpayer funding of abortion. 81% of Americans favor public funds being prioritized for health and family planning services that save the lives of mothers and their children including programs for improving maternal health and birth and delivery outcomes, well baby care and parenting classes.

**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.*"

For these reasons, we respectfully ask you to oppose **HB48**