



Opposition Statement HB 119/SB 199
Comprehensive Health Education Framework
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Executive Director, Maryland Right to Life

We Strongly Oppose HB 119/SB 199

On behalf of our 200,000 followers across the state, we strongly object to HB 119/SB 199. This bill usurps the local authority of county school boards, undermines parental rights to make medical decisions for their children and further subjects minor school children to radical sexuality indoctrination and abortion coercion at the hands of those who stand to gain financially from unplanned pregnancies. We once again ask the state to put the safety of patients, in this case school children, before politics and profit, by issuing an unfavorable report on this reckless bill.

We Trust Parents

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. The state has broadly expanded student health services beyond treating scraped knees and headaches, to now establishing full service community health centers on school property managed by third parties who stand to gain financially from substandard care.

Maryland is State Sponsor of Abortion Industry

Maryland law does not require sex education to be either medically accurate nor age appropriate and it is neither. Both 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 and training 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 morally bankrupt and medically inaccurate curriculum that is not healthful or appropriate at any age. Already in Maryland 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 during the school day with an excused absence and without parental notice or consent (see 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.

Recently, the Maryland General Assembly removed oversight of School Based Health Centers from the Department of Education and gave the Department of Health unilateral 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*).

This bill seeks to expand all of the above and impose these dangerous policies on all local school boards and county schools.

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.

Pregnancy is not a Disease

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. Women have better options for comprehensive health care. There are 14 federally qualifying health care centers for every Planned Parenthood in Maryland. Abortion has a disproportionate impact on Black Americans who have long been targeted by the abortion industry for eugenics purposes. As a result abortion is the leading cause of death of Black Americans, more than gun violence and all other causes combined.

No public funding for abortions

Taxpayers should not be forced to fund elective abortions, which make up the vast majority of abortions committed in Maryland. State funding for abortion on demand with taxpayer funds is in direct conflict with the will of the people. A 2023 Marist poll showed that 60% of Americans, both "pro-life" and "pro-choice" oppose the use of tax dollars to pay for a woman's abortion.

Love them both

This bill stands in conflict with the fact that 81% of Americans polled favor laws that protect both the lives of women and unborn children. Public funds instead should be prioritized to fund 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 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.