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## DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

March 26, 2024

The Honorable Pamela Beidle  
Chair, Senate Finance Committee  
3 East Miller Senate Office Building  
Annapolis, MD 21401-1991

**RE: House Bill 1521 – Maryland Children’s Health Program – Eligibility and Administration – Letter of Support**

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of support for House Bill (HB) 1521 – Maryland Children’s Health Program – Eligibility and Administration. HB 1521 would eliminate collection of premiums for individuals enrolled in MCHP Premium Program and abrogate certain sections of the Insurance Article that are no longer reflective of current program operations.

Effective September 1, 2023, the Department implemented 12-month continuous eligibility for all children enrolled in Medical Assistance. Federal law required states to implement this change no later than January 1, 2024. As a result, MCHP Premium enrollees’ eligibility is no longer contingent on timely payment of a premium. Therefore, the Department cannot enforce collection of MCHP premium payments throughout the year. As a result, the Department expects the premiums that would be collected will substantially decrease to one-twelfth of the revenue projected before continuous eligibility was enacted (\$866,167 TF, \$303,159 GF). These remaining revenues would be lost if HB 1521 were enacted.

However, there would also be savings associated with discontinuing the infrastructure needed to collect premiums: the MCHP Premium collection system and related mailings (\$966,132 TF, \$338,146 GF). **These savings offset the lost premium revenue, resulting in a nominal net savings of \$34,988 General Funds annually.** The Department notes that actual premiums collected may be lower than projected.

Premiums for enrollment to MCHP also add barriers for low-income children and their families. These barriers impact continuity of coverage and care for children to improve their health outcomes. Thus, making initial enrollment in MCHP Premium contingent on the payment of at least one month’s premium would have strong potential to result in delays in care and also require additional systematic changes, resulting in an indeterminate, but potentially substantial fiscal impact in addition to worsened health outcomes for participants.

Further, with the new federal guidance, the costs of administering premium collections (updating information technology systems, mailings, and other administrative costs) will now exceed expected premium revenues. HB 1521 is both a win for children and their families and the best use of state dollars. In summary, we recommend a favorable report to allow the Department to focus our resources on services instead of bureaucracy to provide better outcomes for Maryland children.

Finally, the Department notes that the amendments to Md. Insurance Code Ann. §§ 15-1213 and 15-1406 are administrative clean ups to remove references to legacy coverage groups for the MCHP private option plan, which sunset in 2003. There is no fiscal impact associated with these changes.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron at [sarah.case-herron@maryland.gov](mailto:sarah.case-herron@maryland.gov) or (410) 260-3190.

Sincerely,

A handwritten signature in blue ink, appearing to read "LH Scott".

Laura Herrera Scott, M.D., M.P.H.  
Secretary

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**INFORMATIONAL HB1521**  
**Maryland Children's Health Program – Eligibility and Administration**  
Laura Bogley, JD  
Executive Director, Maryland Right to Life

**We Strongly Oppose Abortion Funding** - On behalf of our Board of Directors and members across the state, we object to this bill as written, to the extent that it would broadly expand eligibility for the **Maryland Children's Health Program (MCHP)**, which is used to fund abortions. We seek your amendment to exclude abortion funding or urge your unfavorable report.

Maryland Right to Life supports policy that recognizes the equal value of each human being from conception and reminds policymakers that abortion is not a medical treatment and is never medically necessary. A 2023 Marist Poll revealed that 60% of people polled oppose any public funding for abortion. 80% prefer public programs that support the lives of both mothers and children. Maryland is one of only four states that forces taxpayers to fund elective abortions.

**Public Funding through Maryland Medicaid** - The *Maryland Medical Assistance Program* and the ***Maryland Children's Health Program (MCHP)*** are the two primary programs currently used for publicly funded reimbursements to abortion providers in Maryland.

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 medically necessary. But abortion is never medically necessary.

Since its advent in 1999, language attached to the appropriation for **MCHP** has authorized the use of State funds to pay for abortions in certain circumstances only. However, these public funds have long been misused to reimburse abortionists for elective abortions. The Abortion Care Access Act of 2022 overrode restrictions on the use of public funds for abortion and required elective abortions to be fully funded.

According to the Maryland Department of Legislative Services in their *Analysis of the FY2025 Maryland Executive Budget*, Maryland taxpayers, through the Maryland Medical Assistance Program, are being forced to pay for *elective* abortions. In 2023, we spent at least \$7.9 million for 12,727 abortions, less than 11 of those abortions were due to rape, incest or to save the life of the mother.

**Abortion is NOT Healthcare** - 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 NOT health care and is never medically necessary. Abortion is the violent destruction of a developing human being. Abortion always kills a human child and often causes physical and psychological injury to women. Abortion is the exploitation of women and girls and enables sexual abusers and sex traffickers to continue in the course of their crimes and victimization. Abortion is the leading cause of death among Black Americans and has become American genocide. Abortion is the greatest human and civil rights abuse of all time.

Abortion is never medically necessary to save the life of a woman - In the rare case of severe pregnancy complications, hospitals, not abortion clinics, may decide to separate the mother and child and make best efforts to sustain the lives of both. This is different from an abortion, which involves the purposeful termination of fetal human life. No state has a law prohibiting medical intervention in the case of life of the mother, including treatment for miscarriage or ectopic pregnancy.

Prior to the Supreme Court's imposition of their decision in *Roe v. Wade* in 1973, the Maryland legislature had enacted a ban on abortion and only would allow exception for the physical life of the mother, if two physicians agreed that termination of the pregnancy was necessary to avoid the imminent death of the mother. Science has advanced beyond this point to support that both lives can be saved as early as 21 weeks gestation.

**MDH is Failing Pregnant Women** - The Maryland Department of Health has consistently failed to meet the needs of pregnant women and families in Maryland and appropriations should be withheld until the Department provides the annual report to the Centers for Disease Control to measure the number of abortions committed each year in Maryland, abortion reasons, funding sources and related health complications or injuries.

- The Department has routinely failed to enforce existing state health and safety regulations of abortion clinics, even after two women were near fatally injured in botched abortions.
- The Department has routinely failed to provide women with information and access to abortion alternatives, including the Maryland Safe Haven Program (see Department of Human Services), affordable adoption programs or referral to quality prenatal care and family planning services that do not promote abortion.
- The Department has demonstrated systemic bias in favor of abortion providers, engaging in active partnerships with Planned Parenthood and other abortion organizations to develop and implement public programs, curriculum and training. In doing so the Department is failing to provide medically accurate information on pregnancy and abortion.
- The Department systemically discriminates against any reproductive health and education providers who are unwilling to promote abortion and in doing so, suppresses pro-life speech and action in community-based programs and public education.
- The Department fails to collect, aggregate and report data about abortion and the correlation between abortion and maternal mortality, maternal injury, subsequent pre-

term birth, miscarriage and infertility.

- The Department is failing to protect the Constitutionally-guaranteed rights of freedom of conscience and religion for health care workers, contributing to the scarcity of medical professions and personnel in Maryland.
- The Department is failing to protect women and girls from sexual abuse and sex trafficking by waiving reporting requirements for abortionists, waiving mandatory reporter requirements for abortionists, and failing to regulate abortion practices.

**Abortion Funding Prohibitions 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.*"

The Supreme Court has long held that the alleged constitutional "right" to an abortion "implies 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." When a challenge to the constitutionality of the Hyde Amendment reached the Supreme Court in 1980 in the case of *Harris v. McRae*, 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 affirmed that *Roe v. Wade* had created a limitation on government, not a government funding entitlement.

**Abortion Violates Civil Rights** - Abortion has reached epidemic proportions among people of color with half of all pregnancies of Black women ending in abortion. People of color have long been targeted for elimination through sterilization and abortion. Even today, 78% of abortion clinics are located in Minority communities. As a result abortion has become the leading killer of Black lives. Abortion is the greatest human and civil rights abuse of our time and as a civilized people we cannot continue to justify or subsidize this genocide. For more information please see [www.BlackGenocide.org](http://www.BlackGenocide.org).

**For these reasons, we respectfully urge you to amend or vote against this bill and any and all measures to allocate public funds to abortion providers, services, education, training or promotion. Taxpayers should not be held financially responsible to pay for abortion violence.**

**We appeal to you to prioritize the state's interest in human life and restore to all people, our natural and Constitutional rights to life, liberty, freedom of speech and religion.**