



## **OPPOSITION STATEMENT**

HB1412/SB947

Abortion Care Access Grant Program and Fund - Establishment

Laura Bogley, JD, Executive Director

Maryland Right to Life

On behalf of our Board of Directors and members across the state, we strongly object to the appropriation and use of any public funds for the purposes of abortion violence. Maryland Right to Life defends the conscience rights of taxpayers not to fund abortion violence through state-sponsored corporate abortion welfare. We support policies that recognize the equal value of each human being and that prioritize healthy birth and delivery outcomes for mothers and children.

We oppose this bill which seeks to retroactively conform the haphazard Abortion Care Access Act of 2022 with the federal Hyde Amendment and Section 1303 of the Patient Protection and Affordable Care Act (ACA), which requires separate insurance billing for abortion. The bill would commit insurance premiums and \$1 million in state funds beginning in 2025, to a dedicated fund to expand access to abortion violence.

Abortion is a failed policy. Fifty years of legal abortion has failed to eliminate childhood poverty, rape, sexual violence or unplanned pregnancies. In fact, the amount of abortions has increased proportionately to the increase in public funding for the abortion industry. The abortion industry is financially invested in unplanned pregnancy and cannot be entrusted to provide for the reproductive health needs of Maryland women and families.

Despite the dire women's health statistics in Maryland, the General Assembly continues to prioritize abortion violence over legitimate support of women and families. The state forces Maryland taxpayers to pay millions of dollars each year for mostly elective abortions through various state programs and grants. By depriving women equal access to alternatives to abortion, the state is engaged in constructive abortion coercion.

## **Majority Oppose Public Funding of Abortion**

Maryland is one of only 4 states that forces taxpayers to fund abortions. 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. 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* reproductive 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.*"

### **Maryland is a State Sponsor of Corporate Abortion**

Abortion is big business in Maryland. Maryland taxpayers are forced to pay millions of dollars annually to subsidize the abortion industry in Maryland 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 abortion coverage to participate with the Maryland Health Exchange and those abortion costs are transferred to rate payers.

Programs that utilize public funding for abortion, abortion providers or promotion and other abortion-related activities include the Maryland Medical Assistance Program, Maryland Children's Health Program (MCHP), 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 Assembly for the Advancement of School Based Health, Community Health Resource Commission and Maryland Stem Cell Research Fund.

**Public Funding through Maryland Medicaid - The *Maryland Medical Assistance Program*** and the *Maryland Children's Health Program* (MCHP) are the two primary programs 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 necessary. Similar language has been attached to the appropriation for **MCHP** since its advent in fiscal 1999.

According to the Maryland Department of Legislative Services in their *Analysis of the FY2023 Maryland Executive Budget*, Maryland taxpayers, through the Maryland Medical Assistance Program, are being forced to pay for *elective* abortions. We spent at least **\$7.6 million for 11,567 abortions, less than 10 of those abortions were due to rape, incest or to save the life of the mother.**

**Abortion Care Access Fund** – In 2022 the Assembly enacted the Abortion Care Access Act to force state taxpayers to pay \$3.5 million each year to train and certify a substandard abortion workforce. The act repealed the requirement that only licensed physicians may perform or provide abortions. Finally, the act compelled insurance providers to cover the cost of abortions with no participant deductible or copayment.

In 2023, the state circumvented the legislative process and the will of the people by using the closed-door regulatory process to allocate **an additional \$12 million in public funding** to implement the Abortion Care Access Act of 2022.

**Maryland Stem Cell Research Fund** - Through this fund, Maryland taxpayers are forced to fund unethical biomedical research using embryonic and fetal cell and tissue, which artificially increases the demand for aborted babies and fetal organ harvesting. The fund reports issuing \$200 million in research grants since its inception in 2006, including for human-animal hybrids derived from stem cell implanted embryos (2023 report).

Abortion providers are legally prohibited under federal law from selling aborted baby body parts, but independent investigations have revealed that some abortion clinics altered their abortion methods in order to receive compensation for harvesting and transporting intact human fetal remains, including heads, brains, kidneys, skin and other organs. Some research labs engage in “water bag” infanticide methods, in which a living fetal child is delivered in the amniotic sac, transported to research facilities, killed and dissected to increase the useful “shelf-life” of the baby’s organs.

**Maryland Family Planning Program** – In 2019 (HB1272) the Maryland General Assembly passed the “Planned Parenthood Bail-Out” bill to force Maryland taxpayers to provide an additional \$3.2 million (plus 4% annual increase) in annual compensation to family planning providers who refused to comply with federal Title X funding requirements. These providers failed to qualify for federal funding after they refused to physically separate their abortion

operations from their family planning services. Under the doctrine of “fungibility” any public funds given to Planned Parenthood for family planning purposes, will be used to subsidize abortion practices by offsetting general operating expenses.

**Community Health Resource Commission** - In 2020, the *Community Health Resource Commission* awarded two Covid relief grants to Planned Parenthood in the amount of **\$76,895** despite the fact that Planned Parenthood clinics were exempted from Governor Hogan’s closure orders as “essential services” and actually increased their abortion sales during that period.

### **Abortion is not Health Care**

Abortion is not healthcare. It is violence and brutality that ends the lives of unborn children through suction, dismemberment, chemical poisoning or starvation. The fact that 85% of OB/GYNs in a representative national survey refuse to commit abortions is glaring evidence that abortion is not an essential part of women’s healthcare.

In fact, the intentional killing of a fetal human being through abortion violence is *never medically necessary* and poses risks to women’s physical and emotional health as well as to the health of future pregnancies. There is no state law that prevents women from receiving medical intervention in the event of miscarriage, ectopic pregnancy or medical emergency.

### **Abortion is Unsafe in Maryland**

The practice of abortion has become the “**red light district**” of medicine, populated by dangerous, substandard providers. Recent radical enactments of the Maryland General Assembly have completely removed abortion from the spectrum of “healthcare”. With enactment of the *Abortion Care Access Act of 2022* the state of Maryland authorized the abortion industry to put profits over pregnant patients and allow practically anyone to “perform” surgical abortions and “provide” dangerous chemical abortion pills rendering abortion unsafe in Maryland.

With the unregulated proliferation of chemical “Do-It-Yourself” abortion pills, women are self-administering back-alley style abortions, where they suffer and bleed alone, without examination or care by a doctor. As a result we will see many more injuries and deaths, particularly among women of women who lack private health insurance.

## **Maryland is Failing Pregnant Women**

Maryland ranks among the worst states in the nation for infant mortality and preterm birth rates, and has seen a rise in severe maternal morbidity since 2019. Women in underserved communities lack access to high-risk obstetric care, face challenges in obtaining mental and behavioral health services, experience increased rates of substance abuse and overdose, and are deprived of essential perinatal education for healthy pregnancies.

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. Women have better options for comprehensive healthcare. 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 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 inspections and regulations of abortion clinics, even after two women were near fatally injured in botched abortions in Montgomery County.
- The Department has routinely failed to provide women with information and access to abortion alternatives, including the Maryland Safe Haven Program (Department of Human Services), affordable adoption programs or referral to quality prenatal care and family planning services that do not promote abortion. Informed consent requirements were repealed under the Freedom of Choice Act of 1991.
- 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 educational providers who are unwilling to promote abortion and in doing so, suppresses pro-life speech and action in community-based programs and public education. This violates regulations attached to federal Title IX that requires equal accommodation for pregnancy and termination of pregnancy.
- The Department fails to collect, aggregate and report data about abortion and the known

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 interstate abortion practices.

### **Disparate Impact Statement**

Abortion has reached epidemic proportions among people of color with half of all pregnancies of Black women ending in abortion. It is believed that nearly half of all pregnancies of Black women end in abortion. As a result, Black Americans are no longer the leading minority population, dropping second to the Hispanic population. People of color have long been targeted for elimination through sterilization and abortion by eugenicists like Planned Parenthood founder Margaret Sanger. 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 vote against this bill and any and all 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.**

## Researchers find “there is a national, hidden epidemic of unwanted abortions”

By Dave Andrusko

It is amazing—except when you consider that the abortion industry is in bed with the media—that so little is written about the role of coercion in abortion. Writing today on *National Review Online*, Tessa Longbons and David Reardon ask a question rarely posed: “Where’s the Choice for Women Pressured into Unwanted Abortions?”

After discussing some higher profile cases of coercion, they write

**Anecdotes such as these are confirmed by data in our own latest peer-reviewed study in which nearly 70 percent of women with a history of abortion described their abortions as inconsistent with their own values and preferences, including one in four who indicated that their abortions were “unwanted” or “coerced.”**

**This was the second study from our Unwanted**

**felt pressured to have an abortion, the more likely they were to blame their abortions as a direct cause for a decline in their mental health.**

Ordinarily, we think of boyfriends as the culprits—which the studies confirm: “Often, the

Longbons and Reardon write. “These women underwent unwanted abortions because friends, family, and society failed to support their preferred option: welcoming the birth of children who would have been embraced and loved, even if they were unplanned.

“In short, there is a national,



pressure to abort comes from hidden epidemic of unwanted abortions.” — but also from parents as well as from health- They write about pro-abortion

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