



### **Opposition Statement HB932**

Health Insurance – Utilization Review - Revisions  
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Maryland Right to Life

**Maryland Right to Life strongly objects to HB932** as we continue to oppose the appropriation and use of any public funds for the purposes of abortion. Altering reporting requirements provides liability shields for healthcare providers and prohibits patients from the ability to seek recompense. We oppose the use of this bill to promote and fund organizations that promote and provide abortion services. We also oppose the use of this bill to adversely affect healthcare professionals and healthcare organizations that do not promote or provide abortion services due to conscientious objections. We request an amendment to exclude abortion purposes from this bill. Without it, we ask for an unfavorable report on HB932.

The bill allows for "acceptance of electronic prior authorization requests" without requiring "additional information" or "clinical review." The bill will provide a process by which "a health care provider may request and receive a waiver of compliance" with maintaining health records of "an insured or enrollee." These and other changes to how healthcare providers operate are not in the best interest of patients, and, specifically, when it comes to women and girls who consume abortion pills. Repeated use of abortion pills only increases the likelihood of adverse reactions to the abortion pills up to and including death.

**ABORTION IS NOT MEDICALLY NECESSARY.** Pregnancy is not a disease and 95% of biologists agree that a unique human life begins at the moment of fertilization. Abortion is not healthcare as evidenced by the fact that 85% of obstetricians and gynecologists in a national survey refuse to participate in abortion practices. Medical intervention necessary to save the life of the mother, including for ectopic pregnancy and miscarriage, is not prohibited by the law of this or any other state.

**The state of Maryland has no legal obligation, nor moral authority to use public funds for abortion or to be a sponsor of the abortion industry.**

The Supreme Court of the United States, in *Dobbs v. Jackson Women's Health* (June 24, 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.”*

Despite the fact that the Maryland General Assembly enacted a liberal abortion statute in 1991, the Maryland General Assembly moved to further promote abortion with the *Abortion Care Access Act* of 2022. Now, the removal of the physician requirement leaves women and girls with a higher risk of adverse events up to and including death at the hands of a “qualified provider,” with unspecified training from the state of Maryland. Because Medicaid and private health insurance are required to fully fund abortion, Maryland taxpayers pay for abortion.

**ABORTION IS UNSAFE IN MARYLAND.** Despite the Supreme Court ruling, abortion remains legal through all nine months of pregnancy and for any reason, under the *Maryland Freedom of Choice Act* (1991). The state of Maryland has repealed all criminal penalties and statutory restrictions on abortionists and abortion practices. Regulations on abortion clinics and practices are not routinely enforced. Physicians now serve only a tangential role on paper *if at all*, either as remote medical directors for abortion clinics or as remote prescribers of abortion pills.

**As a result of these pernicious policies, the practice of abortion in Maryland has become the “red light district” of medicine, populated by dangerous, substandard providers.**

Through the *Abortion Care Access Act* of 2022, the state is depriving poor women access to care by a licensed physician. Through “telabortion” and the unregulated proliferation of “Do-It-Yourself” chemical abortion pills, the abortion industry itself has exposed women to “back alley” style abortions, where they bleed alone without medical supervision or assistance, then flush their babies down toilets. This is not progressive, but regressive.

**MDH IS FAILING PREGNANT WOMEN AND FAMILIES.** The Maryland Department of Health has consistently failed to meet the needs of pregnant women and families in Maryland and any appropriation 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 (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 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.
- 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 annual reporting requirements for abortionists, waiving mandatory reporter requirements for abortionists, and failing to regulate abortion practices.

**ABORTION IS LEADING KILLER OF BLACK LIVES.** Abortion has reached epidemic proportions among people of color with half of all pregnancies of Black women ending in abortion. The Black population has 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.

**ABORTION IS A FAILED POLICY.** 50 years of legal abortion never ended childhood poverty, rape and incest or unplanned pregnancies. In fact, the amount of abortions has increased proportionately to the increase in public funding for abortion. 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.

**For these reasons, we respectfully urge you to amend HB932 to exclude abortion purposes.** Without the amendment, we request an unfavorable report on HB932.