



INFORMATIONAL STATEMENT

HB170/SB213

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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 purpose of abortion. Maryland Right to Life supports maternal health policy that recognizes the equal value of each human being and reminds policymakers that abortion is not a medical treatment and is never medically necessary.

We urge the Governor of Maryland and the Maryland General Assembly to prioritize public funding for legitimate maternal health care that results in healthy birth and delivery outcomes. Without amendment, this bill would allow the continued use of public funds to subsidize the abortion industry under the guise of “maternal health”.

53% percent of those surveyed in a January 2024 Marist poll say they oppose taxpayer funding of abortion. 86% 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 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.

Maryland’s Maternal Health Metrics are Unreliable

The abortion industry is financially invested in unplanned pregnancy and cannot be entrusted to provide for maternal health or reproductive health needs of Maryland women and families. The inhumane practice of abortion has failed to eliminate unplanned pregnancies. In fact, the amount of abortions has increased proportionately to the increase in public funding for the abortion industry.

Maryland is one of only three states that refuses to report abortion metrics to the U.S. Centers for Disease Control. Because of the state’s refusal to adequately measure and report the impact of abortion practices on maternal health and maternal morbidity, all related state metrics are unreliable and incomplete. Until comprehensive reports are provided to the General Assembly, all appropriations for these programs should be withheld.

Pregnancy is not a Disease

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. Women have

better options for family planning and maternal health, in fact there are 14 federally qualifying health centers for each Planned Parenthood in Maryland.

The deliberate killing of a fetal human being 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. There is no state which has enacted a law to prohibit medical intervention in the case of medical emergencies including physical life of the mother, ectopic pregnancy or miscarriage.

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 in many cases both lives can be saved.

Abortion is not Health Care - 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.

Radical enactments of the Maryland General Assembly have removed abortion from the spectrum of "healthcare" in all ways but funding. Because of the *Abortion Care Access Act of 2022*, the state is denying poor women access to care by licensed physicians making abortion unsafe in Maryland. With the deregulation 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. Many of those women require emergency room intervention, demanding that medical providers surgically complete failed chemical abortions in violation of their rights of conscience. This coerced participation in abortion exacerbates Maryland's medical scarcity crisis.

MDH is Failing Pregnant Women - The Maryland Department of Health has consistently failed to meet the needs of pregnant women and families in Maryland. Maryland is one of only 3 states that refuses to provide 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 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 reporting requirements for abortionists, waiving mandatory reporter requirements for abortionists, and failing to regulate 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.

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.*"

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. Please vote against any measure to allocate additional public funds to abortion providers or promotion under the guise of "maternal health".