

SB 940 Testimony (Finance).pdf

Uploaded by: Antonio Hayes

Position: FAV

ANTONIO HAYES
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—
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Executive Nominations Committee

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Administrative, Executive, and
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Unemployment Insurance Oversight

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Wednesday February 26, 2025

**Testimony in Support of SB940 - Health Insurance and Family Planning Services –
Consumer Protections – Updates**

Dear Chair Beidle and Members of the Senate Finance Committee,

I am writing to express my strong support for Senate Bill 940, which seeks to strengthen consumer protections and ensure continued access to essential health and family planning services for Maryland residents. This legislation is crucial in safeguarding healthcare access against unpredictable federal policy changes that could otherwise leave vulnerable populations without the care they need.

Federal policy shifts have demonstrated the risk of instability in healthcare access. The 2019 Title X restrictions forced clinics across the country to close or scale back services, disproportionately impacting low-income and uninsured individuals. While these policies were later reversed, history has shown us that relying on federal stability is not enough. Maryland must take proactive steps to ensure that if federal funding is ever restricted again, our state's healthcare infrastructure remains strong and accessible.

SB 940 addresses this need by aligning Maryland's health insurance regulations with federal standards as of December 31, 2024, across key areas, including essential health benefits, medical loss ratios, and cost-sharing limits. Additionally, it empowers the Maryland Insurance

Commissioner to implement strong anti-discrimination protections and enhances coordination with the Commission on Civil Rights to hold insurers accountable. These measures will help ensure continued access to affordable prescriptions, preventive care, and critical family planning services.

Without the protections in SB 940, Maryland risks a repeat of past healthcare disruptions, which left thousands without access to essential care, particularly in rural and underserved communities. The ripple effects of such disruptions are significant—ranging from increased emergency room visits for preventable conditions to worsen maternal health outcomes and financial strain on local health systems. We cannot afford to leave Marylanders vulnerable to another wave of policy rollbacks.

SB 940 is a commitment to stability, equity, and proactive leadership in healthcare policy. By passing this bill, we ensure that Marylanders will continue to have access to the care they need, regardless of changes at the federal level.

For these reasons, I respectfully urge a favorable report on Senate Bill 940.

Thank you for your consideration.

Respectfully,



Senator Antonio L. Hayes
40th Legislative District – MD

SB940 Family Planning CP LOS Final.pdf

Uploaded by: Irnise Williams

Position: FAV



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February 24, 2025

TO: The Honorable Pamela Beidle, Chair
Senate Finance Committee

FROM: Irnise F. Williams, Deputy Director, Health Education and Advocacy Unit

RE: Senate Bill 0940- Health Insurance and Family Planning Services – Consumer Protections – Updates- **SUPPORT**

The Health Education and Advocacy Unit supports Senate Bill 940. In 2020, facing concerns that the consumer protections of the Affordable Care Act (ACA) were at risk, the General Assembly passed Chapter 620, Health Insurance – Consumer Protections, codifying many of the federal protections into state law, and in some cases requiring the Maryland Insurance Agency (MIA) to adopt regulations “to the extent necessary” to implement some of the more technical aspects of the requirements that are currently addressed in detailed federal rules. The MIA’s authority to issue the regulations at that time was tied to regulations that were in place as of December 31, 2016. Over the years, based on Annual Reports to the General Assembly, many of those dates have been updated to reflect new federal rules that provide greater protection for consumers. Many of the ACA’s provisions are once again at risk, and this bill updates the remaining dates to December 31, 2024, ensuring the federal regulations, in place at that time, are applicable in Maryland.

Despite what is happening at the federal level, current Maryland law codifies the ACA protections in place at the end of 2024, including the antidiscrimination provision, prohibiting carriers from refusing, withholding, or denying any individual coverage under a health benefit plan offered by the carrier or otherwise discriminating against any individual because of the individual’s race, sex, creed, color, national origin, marital status, sexual orientation, age, gender identity, or disability. This bill makes clear these protections apply in the Maryland marketplace, even if rescinded at the federal level. This bill also provides the MIA with concurrent enforcement authority with the Commission on Civil Rights to enforce the antidiscrimination laws.

In addition to updating the ACA protections, this bill updates the dates in Maryland’s Title X funding protection law, in anticipation of federal action to curtail Title X funding. Current law requires the Governor to fund the Title X programs that were funded as of 2016 with state funds at the same level of total funds provided to the program in the immediately preceding year if Title

X funding is not accepted by the Department (because of strings attached to the funding). This bill changes 2016 dates in the statute to 2024 dates.

Title X is a [government-funded program](#) that provides reproductive health services to low-income Americans. The program offers services such as contraceptive counseling, pregnancy testing, STI testing and treatment. Services are voluntary, confidential, and available regardless of ability to pay. Title X clinics also provide other reproductive health and related preventive health services that are considered beneficial to reproductive health such as HPV vaccination, provision of HIV pre-exposure prophylaxis (PrEP), breast and cervical cancer screening, and screening for obesity, smoking, drug and alcohol use, mental health, and intimate partner violence. Under federal law, Title X funds may not be used for abortion care. The Title X family planning program is a critical part of Maryland's public health safety net, serving as a point-of-entry into care for tens of thousands. For many consumers, Title X clinics are their only ongoing source of healthcare and health education. Supporting Title X funding in Maryland is important because it helps Maryland residents access reproductive health care and family planning services, which can improve pregnancy outcomes and reduce unintended pregnancies.

The updated consumer protections and the shield of Title X resources for consumers are essential protections for Marylanders, and we ask that the General Assembly continue to protect Marylanders from losing access to vital resources by supporting Senate Bill 940.

We urge a favorable report.

cc: The Honorable Antonio Hayes

PPM--SB 940--FAV.pdf

Uploaded by: Luke Allen

Position: FAV

Planned Parenthood of Maryland

Committee:	Senate Finance Committee
Bill:	SB 940—Health Insurance and Family Planning Services—Consumer Protections-- Updates
Hearing:	February 26, 2025
Position:	Favorable

Planned Parenthood of Maryland (PPM) strongly supports *Senate Bill 940—Health Insurance and Family Planning Services—Consumer Protections—Updates*. This bill updates legislation enacted during the 2017 Session to establish a Family Planning Program at the State Department of Health to ensure the continuity of family planning services in the State. This legislation applies to providers that lost eligibility for federal Title X funding because of the scope of other services offered by the provider or for services of which they offer referrals. Family planning providers are defined as providers of services funded under Title X of the federal Public Health Service Act as of December 31, 2024.

Planned Parenthood of Maryland provides services to more than 30,000 unique patients at more than 40,000 visits per year. Family Planning services account for roughly three-quarters of PPM’s annual visits. These visits run the gamut of care, including sexual and reproductive health (SRH) counseling, providing birth control and vasectomies, pregnancy testing, preventative care visits and cancer screenings. As PPM frequently serves some of the State’s most vulnerable community members, and clinicians find that they are often the only health care provider a patient may see that year, the ability to continue providing this health care is crucial. In FY23 alone, Planned Parenthood of Maryland clinicians conducted more than 1,900 preventative exams and cancer screenings. These are the types of services currently under threat by federal anti-SRH actors who seek to strip health care providers of their ability to access federal Title X funding because of other, non-federally funded, services they provide.

Title X funding allows Planned Parenthood of Maryland to provide life-saving cancer screenings and comprehensive family planning services to Marylanders that may not otherwise be able to access care. While some services PPM provides have become sensationalized for political reasons recently, there is nothing controversial about this family planning health care. However, there is a very real risk that, without the measure outlined in SB 940, health care providers across the State will no longer be able to provide this essential health care.

For these reasons, we respectfully request a favorable vote from the Finance Committee. Please contact Erin Bradley, Vice President of Public Affairs, at erin.bradley@ppm.care or (443) 604-3544 for additional information.

SB0940 2:26:2025 Written Testimony.pdf

Uploaded by: Lynn Mortoro

Position: FAV



TESTIMONY IN SUPPORT OF SB0940

**Health Insurance and Family Planning Services- Consumer Protections-
Update**

FAVORABLE

TO: Chair Senator Pamela Beidle, Vice Chair Senator Antonio Hayes, and all members of the Senate Finance Committee.

FROM: Lynn R. Mortoro, member of the Maryland Episcopal Public Policy Network. (MEPPN)

DATE: February 26, 2025

Senator Beidle, Senator Hayes and all members of the Senate Finance Committee.

Thank you for the opportunity to give testimony on a bill that will give added protection to our community.

I am a retired nurse, as well as a member of the Episcopal Church. I have worked in many areas, mostly Public Health and Oncology. I have seen and cared for people who had problems with insurance coverage.

Family Planning is vital to a healthy family and a healthy community.

The General Convention of The Episcopal Church recognizes the moral, legal, personal, and societal complexities of decisions relating to reproductive rights, health, and the creation of families. The Convention recognizes the need for health coverage for all which includes Family Planning services.

The Diocese of Maryland requests a **Favorable** report

SB 940 - MIA - LOS.pdf

Uploaded by: Marie Grant

Position: FAV

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DAVID COONEY
Associate Commissioner
Life and Health Unit

Date: February 26, 2025

Bill # / Title: Senate Bill 940 - Health Insurance and Family Planning Services - Consumer Protections - Updates

Committee: Senate Finance Committee

Position: Support

The Maryland Insurance Administration (MIA) appreciates the opportunity to share its support for Senate Bill 940.

Senate Bill 940 makes several updates to the Maryland Insurance Article, specifically in Title 15, Subtitle 1A of the Insurance Article - which contains provisions of law that enact protections from the Affordable Care Act directly into Maryland law, and authorizes the Insurance Commissioner and the Maryland Health Benefit Exchange to adopt regulations to the extent necessary to enforce these provisions. These important protections include provisions such as coverage of children up to the age of 26 years, preexisting condition exclusions, coverage of essential health benefits, minimum loss ratios, prescription drug benefit requirements, and anti-discrimination provisions.

Title 15, Subtitle 1A was originally enacted in 2020. Since that time, the General Assembly has periodically updated the dates referenced in this important subtitle to reflect federal action. Senate Bill 940 further updates these dates to reflect federal guidance as of December 31, 2024.

Specifically, the bill updates the dates with regard to the following provisions:

- Definition of “grandfathered plan”
- Criteria for establishing coverage of essential health benefits
- Standards for summaries of benefits and coverage
- Criteria for defining “medical loss ratio”
- Hardship and affordability exemptions for coverage
- Annual limitations on cost-sharing
- Essential health benefit coverage for prescription drug benefits
- Rescissions of policies

Senate Bill 940 also makes clarifications regarding the anti-discrimination provisions of Title 15, Subtitle 1A. Current Maryland law prohibits health insurance carriers from refusing,

withholding, or denying any individual coverage under a health benefit plan, or otherwise discriminate against any individual, due to the individual's race, sex, creed, color, national origin, marital status, sexual orientation, age, gender identity, or disability. The bill clarifies that the Insurance Commissioner and the Commission on Civil Rights have joint jurisdiction over anti-discrimination complaints under Title 15, Subtitle 1A and clarifies that the Commissioner may adopt regulations regarding these provisions.

For these reasons, the MIA urges a favorable committee report on Senate Bill 940 and thanks the committee for the opportunity to share its support.

UNFAVORABLE.SB940.HB1045.MDRTL.LauraBogley.pdf

Uploaded by: Laura Bogley

Position: UNF



UNFAVORABLE STATEMENT

SB940/HB1045 Health Insurance and Family Planning Services – Consumer Protections-Updates
Laura Bogley, JD
Executive Director
Maryland Right to Life, Inc.

On behalf of our Board of Directors and members across the state, we object to the appropriation and use of any public funds for the purposes of abortion violence, including the eligibility of any abortion business or organization for Maryland Family Planning Program funds.

This bill would extend and increase Maryland Family Planning Program funding coverage exclusively for abortion providers. Maryland taxpayers should not be forced to pick up the tab for abortion businesses that refuse to separate their abortion practices from their family planning services, and therefore render themselves ineligible for federal Family Planning funding. Any state family planning funds given to these businesses, will ultimately subsidize abortion practices.

Federal Title X Prohibits Funding For Abortion

Congress enacted the Family Planning Services and Population Research Act of 1970 (Public Law 91-572), which added Title X, "Population Research and Voluntary Family Planning Programs" to the Public Health Service Act. Section 1001 of the Act (as amended) authorizes grants "to assist in the establishment and operation of voluntary family planning projects which shall provide a broad range of acceptable and effective medically approved methods (including natural family planning methods) and services (including infertility services and services for adolescents)."

Under Section 1008 1 [300a-6] of the Title X regulations, none of the funds appropriated under Title X shall be used in programs where abortion is a method of family planning.

However, the abortion industry's political power has enabled Planned Parenthood and other abortion businesses to increase their revenue through Title X grants. This is despite Planned Parenthood's long, evidenced history of harming women and girls at their centers as well as several scandals concerning minors, breaking state and federal laws, the trafficking of fetal tissue from aborted babies, and more.

No Public Bail Out for Planned Parenthood

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 in escalating annual compensation to abortion providers that refused to comply with federal Title X funding requirements. These providers failed to qualify for federal funding when they refused to physically separate their abortion operations from their family planning services. To make a political statement, the Maryland General Assembly refused almost all Family Planning Program dollars and transferred the burden to state taxpayers.



When the Protect Life Rule went into effect in 2019 to restore the original purpose of Title X funds, abortion centers and entities that refer for abortions, including Planned Parenthood, chose to forgo Title X funding rather than separate Title X projects from their abortion businesses. According to the Kaiser Family Foundation, 411 Planned Parenthood sites and 869 other Title X sites left the program between June 2019 and August 2021, mostly in states with laws that promote abortion, like Maryland. However, during that same time, 2,730 Title X sites chose patient care over abortion promotion and remained in the Title X network. Further, new grantees that were willing to comply with the mission of Title X were able to join. (Source: <https://lozierinstitute.org/the-protect-life-rule-defunding-abortion-in-title-x/>).

The current bill seeks to extend state taxpayer funds for abortion providers through the Maryland Family Planning Program. In doing so, the State would redirect funds away from legitimate providers of Family Planning services to abortion providers who are financially motivated in unplanned pregnancy and abortion sales.

Abortion is Not Family Planning

Killing family members is not a legitimate method of family planning- and this is why Title X regulations have required abortion practices to be separate from federally funded Title X facilities. The multi-billion dollar abortion industry profits from the sale of abortions and has demonstrated that they cannot be trusted with the reproductive health and safety of women and girls in Maryland.

It is not surprising that Planned Parenthood chooses abortion over healthcare. Planned Parenthood sites performed 392,715 abortions in 2021-22, “an increase of over 18,000 (5%) from the previous year, and an increase of 20% over the past 10 reports.” Yet, since 2010, Planned Parenthood’s total services are down 17%, and contraceptive services are down 39% even with public funding. An examination of Planned Parenthood’s annual reports for 1995 to 2014—years when HHS did not require Title X projects to be physically and financially separate from abortion—reveals how integral abortion is to Planned Parenthood.

While abortions performed at non-Planned Parenthood centers decreased by more than 50% during those years, Planned Parenthood abortions increased 142%, growing Planned Parenthood’s market share of abortions from 10% in 1995 to 35% in 2014. Clearly, an organization that produces such a “long-term and accelerating inflationary effect on the incidence and prevalence of abortion in the US” should not receive federal tax dollars that are authorized to help patients to achieve pregnancy only when they desire it, not to end existing pregnancies. (Source: <https://lozierinstitute.org/the-protect-life-rule-defunding-abortion-in-title-x/>).

No Public Funding

Maryland is one of only 4 states that forces taxpayers to fund abortions. Regardless of how one feels about the legality of abortion, there is longstanding bi-partisan unity on prohibiting the use of taxpayer funding for abortion. 57% percent of those surveyed in a January 2025 Marist poll say they oppose



taxpayer funding of abortion. 67% of Americans in that same poll support legal limits on abortion, particularly after the first trimester.

Invest in Life - 82% 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.

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.*"

Disparate Impact Statement - Abortion is Black Genocide - 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.

For these reasons, we respectfully urge you to vote against any and all measures to allocate public funds to abortion providers, services, education, training or promotion. Maryland Family Planning Program funds should be used for those providers who provide legitimate reproductive health services, not those who simply kill unwanted children.

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