

HB1045 Family Planning CP Crossover LOS.pdf

Uploaded by: Irnise Williams

Position: FAV

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**STATE OF MARYLAND
OFFICE OF THE ATTORNEY GENERAL
CONSUMER PROTECTION DIVISION
HEALTH EDUCATION AND ADVOCACY UNIT**

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Deputy Unit Director

March 21, 2025

TO: The Honorable Pamela Beidle, Chair
Senate Finance Committee

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

RE: House Bill 1045 - Health Insurance, Family Planning Services, and
Confidentiality of Medical Records – Consumer Protections – Updates
SUPPORT

The Health Education and Advocacy Unit supports House Bill 1045, as amended. 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 This bill makes clear these protections apply in the Maryland marketplace, even if rescinded at the federal level.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.

This bill also 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 House Bill 1045.

We urge a favorable report.

HB 1045 - MIA - FAV - FIN.pdf

Uploaded by: Marie Grant

Position: FAV

WES MOORE
Governor

ARUNA MILLER
Lt. Governor



Maryland

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Life and Health Unit

Date: March 25, 2025

Bill # / Title: House Bill 1045 - Health Insurance, Family Planning Services, and Confidentiality of Medical Records - Consumer Protections - Updates

Committee: Senate Finance Committee

Position: Support

The Maryland Insurance Administration (MIA) appreciates the opportunity to share its support for House Bill 1045.

House Bill 1045 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. House Bill 1045 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

House Bill 1045 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 House Bill 1045 and thanks the committee for the opportunity to share its support.

2025 ACNM HB 1045 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

Bill: House Bill 1045 - Health Insurance, Family Planning Services, and Confidentiality of Medical Records - Consumer Protections - Updates

Hearing Date: March 25, 2025

Position: Support

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) supports *House Bill 1045 – Health Insurance, Family Planning Services, and Confidentiality of Medical Records – Consumer Protections – Update*. The bill provides critical updates to Maryland’s law to ensure Maryland can continue to protect:

- Family planning services through Title X by ensuring our law safeguards funding for all providers currently in the program; and
- The privacy of gender-affirming care health records through recommendations of the Protected Healthcare Commission.

We ask for a favorable report on this legislation. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

HB 1045 - MDH - FIN - LOSAA.docx (1).pdf

Uploaded by: Meghan Lynch

Position: FWA



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Ryan Moran, DrPH, MHSA, Acting Secretary

March 25, 2025

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

RE: House Bill (HB) 1045 – Health Insurance and Family Planning Services - Consumer Protections - Updates – Letter of Support As Amended

Dear Chair Beidle and Committee members:

The Maryland Department of Health (the Department) respectfully submits this letter of support as amended for House Bill 1045 – Health Insurance and Family Planning Services - Consumer Protections - Updates. This bill updates references to federal law related to family planning services to ensure that the Maryland Family Planning Program (MFPP) can continue to fund Title X providers added to the program after December 2016.

In 2017, the General Assembly wisely foresaw the possibility of changes to federal rules, which were ultimately issued in 2019, prohibiting the use of family planning funding to abortion providers or referrers. To ensure continuity of family planning services, HB 1081 of 2017 created the MFPP and tasked it with providing Marylanders and healthcare services with the same level of funding as the fiscal year before Title X federal funds were lost due to changes to the federal program. HB 1045 would update the prior legislation to account for provider changes that have taken place in MFPP in the years since 2017.

The MFPP is expected to serve more than 50,000 clients in fiscal year (FY) 2025 with essential family planning services. In FY 2024, approximately 45,000 individuals were provided contraceptive products, pregnancy testing and counseling, basic infertility services, pre-conception counseling, breast and cervical cancer screenings, substance use screening and referrals, hypertension management, testing and treatment for sexually transmitted infections, or referrals for other services. Continuing to provide these free and low-cost reproductive health services is essential to preventing unintended pregnancies, and it also furthers other socioeconomic goals and well-being. The Department strongly supports this effort to maintain its commitment to current family planning providers and continuity of care for its clients in the event of federal funding changes.

The amendments to HB 1045 add gender-affirming care alongside reproductive health services in the definition of “sensitive health services,” and include gender-affirming care in the

definition of “legally protected health care.” These amendments align with the Department’s mission and the Department supports them.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,

A handwritten signature in blue ink that reads "Ryan B. Moran". The signature is written in a cursive style with a horizontal line underneath the name.

Ryan Moran, DrPH, MHSA
Acting Secretary

DRAFT HB1045 - Insurance.Consumer Protection - Hop

Uploaded by: Michael Huber

Position: FWA

TO: The Honorable Pamela Beidle, Chair
Senate Finance Committee

FROM: Michael Huber
Director, Maryland Government Affairs

HB1045
**Favorable with
Amendments**

DATE: March 25, 2025

RE: HB1045 – Health Insurance, Family Planning Services, and Confidentiality of Medical Records - Consumer Protections - Updates

Johns Hopkins supports with amendments **HB1045 Health Insurance, Family Planning Services, and Confidentiality of Medical Records - Consumer Protections - Updates**. This bill continues important protections for access to health insurance for Marylanders. An amendment was added that expands the definition of “sensitive health care.” We are concerned this change could negatively impact patient safety.

As the committee is aware, stakeholders have expressed concerns with the implementation of HB812 – Health – Reproductive Health Services – Protected Information and Insurance Requirements from 2023. Our concerns have been grounded in the need to balance protecting patients’ privacy with ensuring their safety in continuity of care.

Health General §4–302.5 prohibits disclosing sensitive health services through a health information exchange or electronic health network. These are vitally important tools to assist providers treating patients with care coordination or in emergency situations. Automatically hiding information creates patient safety concerns because providers will not have accurate information on what medication the patient is taking, recent procedures or relevant diagnoses.

We would urge the General Assembly to carefully balance the goal of protecting vulnerable patients with the goal of maximizing patient safety by ensuring that patient’s care team has access to relevant information. In light of that, we request an opt-out option be added, allowing patients to select if their information is hidden or not.

Accordingly, Johns Hopkins respectfully requests a **FAVORABLE WITH AMENDMENTS** committee report on **HB1045**.

Proposed Amendments

§4–302.5.

(a) Subject to subsection (d)(3)(ii) of this section, this section applies to disclosures of health information to recipients located in the State and outside the State.

(b) Subject to subsection (d)(3)(ii) of this section, beginning December 1, 2023, a health information exchange or electronic health network may not disclose Mifepristone data or the diagnosis, procedure, medication, or related codes for abortion care and other sensitive health services as determined by the Secretary under subsection (d) of this section to a treating provider, a business entity, another health information exchange, or another electronic health network unless: the disclosure is:

(1) The disclosure is for the adjudication of claims; or

(2) The patient, or the parent or guardian of a patient, consents to the disclosure of the information through the health information exchange or electronic health network

~~(2) To a specific treating provider at the written request of and with the consent of:~~

~~—— (i) A patient, for services for which the patient can provide consent under State law; or~~

~~—— (ii) A parent or guardian of a patient, for services for which the parent or guardian can provide consent under State law.~~

UNFAVORABLE.HB1045.SB940.MDRTL.LauraBogley.pdf

Uploaded by: Laura Bogley

Position: UNF



UNFAVORABLE STATEMENT

HB1045/SB940 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 or other public funding. Planned Parenthood and other abortion businesses do not plan parenthood – they violently end parenthood.

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 abortion businesses, will ultimately subsidize abortion practices. The tens of millions of dollars in state taxpayer funding abortion giant Planned Parenthood receives each year are fungible, acting to free up other dollars which would normally be used for salaries, facility rent, and general overhead. Planned Parenthood nets millions of dollars in excess revenue almost every year.

This bill would divert public funding from legitimate family planning services and providers to further subsidize the abortion industry, having a detrimental effect on women and children. For this reason we urge your unfavorable report.

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

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.

But 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.

In 2019, when President Donald J. Trump restored the original purposes of the federal Title X program, abortion centers and entities that refer for abortions, including Planned Parenthood, chose to forego 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 to abortion businesses 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

Planned Parenthood does not plan parenthood – but ends parenthood. 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. 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 multi-billion dollar abortion industry profits from unplanned pregnancy, cheap contraceptives that fail and the sale of abortions and has demonstrated that they cannot be trusted with the reproductive health and safety of women and girls in Maryland. The stated intent of the abortion industry is to increase abortion sales, particularly lethal chemical abortion sales, by expanding the number of health care workers who may perform or provide abortions, by redefining their **scope of practice** and



incentivizing them with financial inducements at taxpayer expense. Reducing the credentials of those who may perform or provide abortions will increase the number of preborn children being killed and will put more women at risk of substandard medical care, injury and death.

Planned Parenthood kills nearly 400,000 unborn children in our nation every year. On average, they commit 1,076 abortions every day. That's nearly 45 every hour, or one every 80 seconds. In its 2024 annual report, the abortion giant boasted record-high abortion numbers and over \$2.9 billion in net assets. It receives \$700 million annually in taxpayer funding—roughly \$1.9 million per day—and its focus is not on providing health care but on promoting abortion. Since 2000, taxpayer funding has surged by 245 percent, while the number of abortions at Planned Parenthood have doubled—at the same time, cancer screenings and prenatal care have declined.

In the past decade (from 2012-2013 to 2022-2023), as annual taxpayer funding to Planned Parenthood rose over 29 percent, from \$540.6 million to nearly \$700 million, abortions conducted by Planned Parenthood also increased over 20 percent, from 327,166 to 392,715—the highest number of abortions ever reported by the corporation. In addition, over the past 10 years, its profits ballooned from \$58.2 million to \$178.6 million—an increase of more than 200 percent.

Continuing to fund Planned Parenthood with tax dollars is not just fiscal irresponsibility—it is a human-rights catastrophe. Investigations have uncovered many instances of negligence in reporting rape and sexual abuse and complicity in aiding sex traffickers in the exploitation of young girls. This reveals a pattern of failure to report the sexual abuse of minors, enabling predators to keep illegally exploiting vulnerable girls and perpetuating abortions.

Undercover footage has also exposed Planned Parenthood staff negotiating the sale of organs and body parts from aborted babies. Planned Parenthood has even been sued over allegations it engaged in Medicaid fraud.

To sustain its operations, Planned Parenthood's political arm, the Planned Parenthood Action Fund, funnels millions of dollars into campaigns to elect candidates who pledge unwavering support for its agenda—promoting unrestricted abortion at every stage of pregnancy for any reason. In 2024 alone Planned Parenthood political affiliates invested tens of millions of dollars to defeat President Trump.

(SOURCE: <https://www.newsweek.com/700-million-question-why-are-taxpayers-still-funding-planned-parenthood-opinion-2032692>).

Voters Oppose Public Funding for Abortion

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.

Abortion is big business in Maryland. Maryland taxpayers 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 reproductive health coverage to participate with the Maryland Health Choice program.

Programs that utilize public funding for abortion violence, abortion providers or promotion and other abortion-related activities include the 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, Maryland Children's Health Program (MCHP), Maryland Stem Cell Research Fund and even the Maryland Department of Public Works.

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. However, this provision is regularly abused by abortionists for reasons other than the medical necessity and include abortions for any reason including convenience.

According to the Maryland Department of Legislative Services in their *Analysis of the FY2025 Maryland Executive Budget, 2024* 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 (see attachment.)** Governor Wes Moore increased the budget for Medicaid reimbursements to abortionists by **\$5 million** last year.

An additional \$14.4 million with annual increases in public funding was spent to train a substandard abortion workforce under the Abortion Care Access Act of 2022, which removed the statutory safeguard that only physicians can perform abortions.

\$3.2 million per year is used to bail out abortion providers who fail to qualify for federal Title X Family Planning federal funds because they refused to separate their abortion practices from their family planning services.



In 2023, Governor Moore took more than **\$1.1 million dollars** from the Maryland Board of Public Work budget to stockpile abortion drugs mifepristone and misoprostol.

Many more millions of dollars of state taxpayer funding are siphoned to the abortion industry in the way of departmental contracts, memoranda of understanding and grants.

Improve the Quality of Reproductive Care for Women

The State of Maryland should redirect taxpayer funds to legitimate providers of family planning services, including federally qualifying health centers and medical pregnancy resource centers that provide services to women at little to no cost. These centers provide comprehensive care, from cancer screenings to prenatal and postpartum services, without destroying human life. This change would be a victory for taxpayers, ensuring government resources are being used to benefit the people, not a progressive political interest group.

The practice of abortion in America has become the “**red light district**” of medicine, populated by dangerous, substandard providers. With the proliferation of chemical abortion pills, the abortion industry itself has exposed women to “back alley” style abortions, where they bleed alone without medical supervision or assistance.

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.

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.