

2025 Legislation - MHCC - HB1104_Administrative Tr

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Position: FAV



2025 SESSION
POSITION PAPER

BILL NO: HB 1104

COMMITTEE: Senate Finance Committee

POSITION: Support

TITLE: Maryland Department of Health - AHEAD Model
Implementation - Electronic Health Care Transactions and
Population Health Improvement Fund

BILL ANALYSIS

HB 1104 – Maryland Department of Health - AHEAD Model Implementation - Electronic Health Care Transactions and Population Health Improvement Fund is intended to clarify that electronic health care transaction information may be used to support the State's participation in the States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model. It establishes the Population Health Improvement Fund (Fund) as a special, non-lapsing fund to invest in population health improvements that align with the statewide health targets under the AHEAD Model and any successor models. The bill requires that interest earnings on the Fund be credited to the Fund, authorizes the Health Services Cost Review Commission to assess certain amounts in hospital rates, which will be credited to the Fund, and generally relates to the implementation of the AHEAD Model.

POSITION AND RATIONALE

The Maryland Health Care Commission (MHCC) supports HB 1104, which aims to amend current law¹ to explicitly allow for the use of electronic health care transaction data to support Maryland's participation in the AHEAD Model.² Electronic health care transaction data will provide the necessary insights for data-driven interventions, fully advancing the comprehensive health strategy under the AHEAD Model. The bill is crucial as Maryland focuses on improving population health, advancing health

¹ Chapter 790 (HB 1022) of the 2021 laws of Maryland available at www.mgaleg.maryland.gov/2021RS/chapters_noln/Ch_790_hb1022T.pdf.

² The AHEAD Model award was received from the Centers for Medicare & Medicaid Services on July 2, 2024. Information on the AHEAD Model is available at: www.cms.gov/priorities/innovation/innovation-models/ahead.

equity by reducing disparities in health outcomes, and addressing health care cost growth.

To support the AHEAD Model's goals, Maryland requires access to timely and accurate data across all payer groups, including those not previously covered by State-specific data collection efforts. Access to accurate and timely utilization and spending data will enable health officials and providers to implement targeted, effective strategies to address the unique health challenges facing Maryland's diverse population. Current Maryland law allows the use of electronic health care transaction data for certain public health and clinical purposes.³ However, it does not explicitly mention the AHEAD Model as an authorized use, which creates uncertainty for electronic health networks (EHNs) regarding the permissible use of such data. By updating the statute to specifically include the AHEAD Model, this bill will resolve these concerns and clarify that electronic health care transaction data may be used for the broader goal of advancing health equity and improving population health outcomes.

Existing law requires EHNs to provide electronic health care transaction data to the State-designated health information exchange (CRISP) for certain public health and clinical health purposes. EHNs route administrative transactions, such as claims and eligibility data, electronically between providers and payers,⁴ which historically had been performed by paper using the postal system.^{5, 6, 7} Existing regulations, COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouses*, requires payers operating in the State to only accept electronic transactions from MHCC-certified EHNs.⁸ To receive MHCC certification, EHNs must be accredited or certified by a nationally recognized organization.⁹ Accreditation and certification ensures that EHNs meet standards related to privacy and confidentiality,

³ See n.1, *Supra*.

⁴ EDI Basics. Available at: www.edibasics.com/edi-resources/document-standards/hipaa/.

⁵ EHNs reduce administrative overhead as the payer cost to process electronic claims is around seven percent of the paper cost, and the provider cost to generate an electronic claim is about 47 percent of the paper cost.

⁶ Payer claim submission cost per transaction is \$1.18 for manual and \$0.08 for electronic. Provider claim submission cost per transaction is \$2.52 for manual and \$1.19 for electronic.

⁷ 2020 CAQH, Closing the Gap: The Industry Continues to Improve, But Opportunities for Automation Remain. Available at: www.caqh.org/sites/default/files/explorations/index/2020-caqh-index.pdf.

⁸ Health General Article § 19-134 requires MHCC to establish standards for the operation of medical care electronic claims clearinghouses in Maryland and license clearinghouses meeting those standards.

⁹ Organizations include the Electronic Healthcare Network Accreditation Commission (EHNAC) and the Health Information Trust Alliance (HITRUST).

business practices, physical and human resources, technical performance, and security. Approximately 30 MHCC-certified EHNs operate in Maryland.¹⁰

HB 1104 is a crucial step toward enabling Maryland to meet the AHEAD Model's performance requirements and goals of improving health equity and population health. By clarifying that electronic health care transaction data can be used to support the AHEAD Model, the bill ensures that Maryland's data-sharing infrastructure continues to evolve in support of the State's ongoing health care transformation.

For the stated reasons above, we ask for a favorable report on HB 1104.

¹⁰ The list of EHNs certified by MHCC is available at www.mhcc.maryland.gov/mhcc/Pages/hit/hit_ehn/hit_ehn_application_process.aspx.



2025 MASBHC HB 1104 Senate Side.pdf

Uploaded by: Jennifer Navabi

Position: FAV



Committee: Senate Finance Committee

Bill Number: House Bill 1104 – Maryland Department of Health – AHEAD Model
Implementation – Electronic Health Care Transactions and Population Health
Improvement Fund

Hearing Date: March 25, 2025

Position: Support

The Maryland Assembly on School-Based Health Centers (MASBHC) supports *House Bill 1104 – Maryland Department of Health – AHEAD Model Implementation – Electronic Health Care Transactions and Population Health Improvement Fund*. The bill provides for the statutory framework for Maryland to implement the AHEAD model and make needed investments in improving population health using hospital assessments.

MASBHC supports this legislation because school-based health centers serve students in underserved communities with a high concentration of poverty. The AHEAD Model supports greater access to primary care and preventative services as part of Maryland's efforts to address health disparities.

We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net.

2025 MCHS HB 1104 Senate Side.pdf

Uploaded by: Jennifer Navabi

Position: FAV



Maryland Community Health System

Committee: Senate Finance Committee

Bill Number: House Bill 1104 – Maryland Department of Health – AHEAD Model
Implementation – Electronic Health Care Transactions and Population Health
Improvement Fund

Hearing Date: March 25, 2025

Position: Support

The Maryland Community Health System (MCHS) supports *House Bill 1104 – Maryland Department of Health – AHEAD Model Implementation – Electronic Health Care Transactions and Population Health Improvement Fund*. The bill provides for the statutory framework for Maryland to implement the AHEAD Model.

The Maryland Community Health System is a network of federally qualified health centers providing primary, behavioral health, and dental services to underserved communities across Maryland. We support this legislation because it will lead to increased investment in population health initiatives to address health disparities and improve health outcomes. The AHEAD Model will help Maryland to realign healthcare financing to support primary care and preventative services. Federally qualified health centers would like to be strong partners in implementation of the AHEAD Model.

We ask for a favorable report. If we can provide additional information, please contact Robyn Elliott at relliott@policypartners.net.

2025 MdAPA HB 1104 Senate Side.pdf

Uploaded by: Jennifer Navabi

Position: FAV



To: Senate Finance Committee

Bill: House Bill 1104 – Maryland Department of Health - AHEAD Model Implementation - Electronic Health Care Transactions and Population Health Improvement Fund

Date: March 25, 2025

Position: Favorable

The Maryland Academy of Physician Assistants supports *House Bill 1104 – Maryland Department of Health - AHEAD Model Implementation - Electronic Health Care Transactions and Population Health Improvement Fund*. This bill requires electronic health networks to provide electronic health care transactions to the State–designated health information exchange and creates the Population Health Improvement Fund to invest in population health improvements to support the statewide population health targets under the AHEAD model and any successor models.

On September 5, 2023, the Centers for Medicare & Medicaid Services (CMS) announced a new voluntary, state total cost of care model: the States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model. CMS collaborates with states to curb health care cost growth; improve population health; and advance health equity by reducing disparities in health outcomes. CMS supports participating states through various AHEAD Model components that aim to increase investment in primary care, provide financial stability for hospitals, and support beneficiary connection to community resources. This legislation is required as part of AHEAD Model implementation in Maryland.

MdAPA supports the goals of the AHEAD Model and we ask for a favorable report so that we can see this Model come to fruition. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net.

2025 Moveable HB 1104 Senate Side.pdf

Uploaded by: Jennifer Navabi

Position: FAV



Committee: Senate Finance Committee

Bill Number: House Bill 1104 – Maryland Department of Health - AHEAD Model
Implementation - Electronic Health Care Transactions and Population Health
Improvement Fund

Hearing Date: March 25, 2025

Position: Support

Moveable Feast supports House *Bill 1104 – Maryland Department of Health - AHEAD Model Implementation - Electronic Health Care Transactions and Population Health Improvement Fund*. This bill authorizes CRISP to provide data to support the AHEAD model, and sets up a special fund, using hospital assessments, to reduce rates of common preventable conditions, address health related social needs, and reduce or eliminate health disparities.

Moveable Feast’s mission is to improve the health of Marylanders experiencing food insecurity and chronic illness by preparing and delivering medically tailored meals and providing nutrition education, thereby achieving racial, social, and health equity. We support this legislation as part of Maryland’s efforts to address social determinants of health through the AHEAD model. These efforts align with an increasing recognition, backed by an increasing body of data, that the delivery of medically tailored meals improves health outcomes and reduces health care costs.¹

We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net.

¹ <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2797397>

HB 1104 - MHCC - FIN - LOS.pdf

Uploaded by: Maryland State of

Position: FAV



2025 SESSION
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BILL NO: HB 1104

COMMITTEE: Senate Finance Committee

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⁸ Health General Article § 19-134 requires MHCC to establish standards for the operation of medical care electronic claims clearinghouses in Maryland and license clearinghouses meeting those standards.

⁹ Organizations include the Electronic Healthcare Network Accreditation Commission (EHNAC) and the Health Information Trust Alliance (HITRUST).

business practices, physical and human resources, technical performance, and security. Approximately 30 MHCC-certified EHNs operate in Maryland.¹⁰

HB 1104 is a crucial step toward enabling Maryland to meet the AHEAD Model's performance requirements and goals of improving health equity and population health. By clarifying that electronic health care transaction data can be used to support the AHEAD Model, the bill ensures that Maryland's data-sharing infrastructure continues to evolve in support of the State's ongoing health care transformation.

For the stated reasons above, we ask for a favorable report on HB 1104.

¹⁰ The list of EHNs certified by MHCC is available at www.mhcc.maryland.gov/mhcc/Pages/hit/hit_ehn/hit_ehn_application_process.aspx.



NCADD-MD - 2025 HB 1104 FAV - AHEAD Implementation

Uploaded by: Nancy Rosen-Cohen

Position: FAV



Senate Finance Committee

March 25, 2025

House Bill 1104

**Maryland Department of Health - AHEAD Model Implementation -
Electronic Health Care Transactions and
Population Health Improvement Fund
Support**

NCADD Maryland supports House Bill 1104. Maryland will be one of the first states to embark on a new state total cost of care model, the States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model. Under this model, the Centers for Medicare and Medicaid Services provide funding to support participating states through various components that aim to increase investment in primary care, provide financial stability for hospitals, and support beneficiary connection to community resources. House Bill 1104 is necessary for proper AHEAD Model implementation.

NCADD-Maryland supports the goals of the AHEAD Model. Addressing social determinants of health are crucial to preventing and treating substance use disorders. Increasing access to affordable housing, job training, and quality education help reduce negative impacts on mental health and the risk of substance use disorders. This in turn helps reduce reliance on emergency room visits and hospital admissions.

We urge a favorable report on House Bill 1104.

2025 ACNM HB 1104 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

Bill: House Bill 1104 – Maryland Department of Health - AHEAD Model Implementation - Electronic Health Care Transactions and Population Health Improvement Fund

Hearing Date: March 25, 2025

Position: Support

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) supports *House Bill 1104 – Maryland Department of Health - AHEAD Model Implementation - Electronic Health Care Transactions and Population Health Improvement Fund*. The legislation requires electronic health networks to provide electronic health care transactions to the State—designated health information exchange and creates the Population Health Improvement Fund to invest in population health improvements to support the statewide population health targets under the AHEAD model and any successor models.

On September 5, 2023, the Centers for Medicare & Medicaid Services (CMS) announced a new voluntary, state total cost of care model: the States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model. In this Model, CMS provides funding to support participating states through various AHEAD Model components that aim to increase investment in primary care, provide financial stability for hospitals, and support beneficiary connection to community resources. This bill is necessary for proper AHEAD Model implementation.

ACNM supports the goals of the AHEAD Model. Improving population health is an integral part of nurse midwifery practice. Nurse midwives play a crucial role in improving population health by providing accessible, holistic reproductive healthcare, particularly for underserved communities, focusing on preventative care, education, and promoting healthy pregnancy outcomes, which can significantly reduce maternal mortality rates and improve infant health, especially when integrated into broader public health initiatives.

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 1104 - FIN - HSCRC - LOSAA.pdf

Uploaded by: State of Maryland (MD)

Position: FAV

March 21, 2025

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

RE: House Bill 1104 – Maryland Department of Health - AHEAD Model Implementation - Electronic Health Care Transactions and Population Health Improvement Fund – Letter of Support as Amended

Dear Chair Beidle and Members of the Committee:

The Health Services Cost Review Commission (HSCRC or Commission) strongly supports House Bill (HB) 1104, titled **“Maryland Department of Health - AHEAD Model Implementation - Electronic Health Care Transactions and Population Health Improvement Fund,”** as amended. HB 1104 facilitates the implementation of the AHEAD Model, the next phase of Maryland’s innovative healthcare reform.

Maryland has long been a national leader in healthcare reform through its all-payer rate-setting system. Since 2014, the State has successfully expanded this model to control healthcare costs and improve access to high quality care for Maryland residents. Beginning in 2026, the AHEAD model will further these efforts by strengthening primary care, enhancing care coordination, and addressing population health needs. This effort will include collaborative work with communities, hospitals, and other stakeholders to develop a Statewide Health Equity Plan with the goal of reducing health disparities and improving overall health outcomes.

HB 1104 conforms with the requirements of Maryland’s State Agreement with Centers for Medicare and Medicaid Services (CMS) and is necessary for AHEAD’s success. HB 1104 allows the State to access and use information from electronic health care transactions to support Maryland’s participation in AHEAD. This data will provide information that is not available from existing data sources. This information is crucial for the State to measure AHEAD Model performance and guide the public health initiatives envisioned under the AHEAD Model. HB 1104 also establishes a Population Health Improvement Fund. The Population Health Improvement Fund is a requirement of the State Agreement with CMS.

Joshua Sharfstein, MD
Chairman

James N. Elliott, MD
Vice-Chairman

Ricardo R. Johnson

Maulik Joshi, DrPH

Adam Kane, Esq

Nicki McCann, JD

Farzaneh Sabi, MD

Jonathan Kromm, PhD *****
Executive Director

William Henderson
Director
Medical Economics & Data Analytics

Allan Pack
Director
Population-Based Methodologies

Gerard J. Schmith
Director
Revenue & Regulation Compliance

Claudine Williams
Director
Healthcare Data Management & Integrity

This dedicated fund will have multiple revenue sources, including revenues from an assessment on hospitals set by the HSCRC, money appropriated in the State Budget, interest earnings, and any other money from any other source accepted for the benefit of the fund. HSCRC is required to build the entire amount of the hospital assessment into hospital rates, so these costs will be passed on to health care payers, including Medicare, Medicaid, commercial insurance, and patients. These resources will only be used to address the goals and health outcomes identified by the State Health Equity Plan, including reducing rates of identified preventable conditions, reducing health disparities, and addressing health related social needs.

The Commission urges a favorable report on HB 1104 to ensure the continued success of Maryland's healthcare transformation. If you have questions, please do not hesitate to contact **Jon Kromm, Executive Director**, at jon.kromm@maryland.gov or **Deborah Rivkin, Director of Government Affairs**, at deborah.rivkin@maryland.gov.

Sincerely,



Jon Kromm
Executive Director

HB 1104 - MDH - FIN - LOSAA.docx (1).pdf

Uploaded by: Meghan Lynch

Position: FWA



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, MD 21401-1991

RE: House Bill (HB) 1104 – Maryland Department of Health - AHEAD Model Implementation - Electronic Health Care Transactions and Population Health Improvement Fund – Letter of Support as Amended

The Maryland Department of Health (the Department) respectfully submits this letter of support as amended for House Bill (HB) 1104 – Maryland Department of Health – AHEAD Model Implementation – Electronic Health Care Transactions and Population Health Improvement Fund. HB 1104 proposes two components in support of Maryland’s participation in the States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model, authorized by the federal Centers for Medicare and Medicaid Services (CMS): 1) expanding the use cases permitted by the state-designated health information exchange, and 2) establishing a Population Health Improvement Fund (the Fund).

HB 1104 establishes the Population Health Improvement Fund as outlined in the AHEAD Model Agreement. Activities paid for out of this special, non-lapsing fund, must support the goal of meeting statewide population health targets. The Fund is to be administered jointly by the Department and the Health Services Cost Review Commission (HSCRC), and it can accept public and private dollars from different sources. This provides the opportunity to align public and private funding to invest in programs that meet one or more of the functions enumerated in the AHEAD Model Agreement - reduce rates of common preventable health conditions; address health-related social needs; or reduce or eliminate disparities in health outcomes.

To generate public revenue for the Fund, HB 1104 allows for a uniform, broad-based assessment as part of the annual all-payer hospital global budget rate-setting system. Medicaid constitutes an estimated 20 percent of the hospital payer mix. Currently, approximately 50 percent of the Medicaid costs are contributed by federal financial participation (FFP). The impact on the Medicaid budget will depend on the amount of the annual assessment passed by the HSCRC. In December 2024, HSCRC voted for a one-time, \$25 million increase in rates for calendar year (CY) 2025 to support the Fund contingent on the passage of this legislation. The Medicaid share (*i.e.*, 20 percent) translates into \$5 million (TF) and approximately \$2.5 million from the General Fund. However, the Department anticipates that savings stemming from the impact of the Fund’s

investments in population health may lower costs for Medicaid participants, thereby offsetting the cost.

The AHEAD Model is the multi-state CMS model that builds upon the successes of the Maryland Total Cost of Care Model in reducing health care cost growth, improving statewide health care quality, and addressing health disparities. As an integral part of the Department, as well as a payer of health care for more than one in five Marylanders, the Maryland Medicaid program is a critical partner in AHEAD Model implementation and looks forward to advancing the State's population health goals.

As noted, the bill before the Committee today is an amended version of the original legislation. The Department offered amendments based on several conversations with the Maryland Hospital Association (MHA) and its members. We appreciate their partnership and interest in working together to strengthen HB1104.

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 fluid and cursive, with a horizontal line underneath the name.

Ryan Moran, DrPH, MHSA
Acting Secretary

HB1104 - Senate_FWA_MedChi_MDH - AHEAD Model Imple

Uploaded by: Steve Wise

Position: FWA



The Maryland State Medical Society
1211 Cathedral Street
Baltimore, MD 21201-5516
410.539.0872
Fax: 410.547.0915
1.800.492.1056
www.medchi.org

Senate Finance Committee

March 25, 2025

House Bill 1104 – *Maryland Department of Health – AHEAD Model Implementation –
Electronic Health Care Transactions and Population Health Improvement Fund*

POSITION: SUPPORT WITH AMENDMENT

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, supports with amendment House Bill 1104, which proposes the creation of a Population Health Trust Fund aimed at enhancing public health initiatives and addressing health disparities across Maryland. MedChi acknowledges the potential of this fund to improve population health outcomes but urges several key amendments to ensure its effectiveness, transparency, and sustainability.

Recommended Amendments:

1. Increase Stakeholder Participation and Transparency:

MedChi strongly recommends broadening stakeholder representation within the governance structure of the Population Health Trust Fund. An independent board should be established to oversee fund allocation and strategic direction, ensuring decisions are made with diverse input and accountability. This board should include representation from MedChi and other key stakeholders, including public health experts, hospitals, patients, and community organizations.

2. Checks and Balances for Accountability:

To enhance trust and maintain integrity in decision-making, a system of checks and balances should be implemented. This system should include regular public reporting, transparent decision-making processes, and external audits. These measures will ensure funds are utilized effectively and equitably across communities in Maryland.

3. Governance Structure and Independence:

MedChi believes that the Population Health Trust Fund should be housed within an independent public health authority, similar to the model used by CRISP, Maryland's health information exchange. This structure would enable operational flexibility and ensure focused

public health expertise, free from undue political influence.

MedChi supports the vision behind the Population Health Trust Fund but believes these amendments are essential to maximize its impact and sustainability. By ensuring an independent governance structure with broad stakeholder representation, transparent decision-making, and effective checks and balances, Maryland can create a model of excellence in public health funding and management.

We urge the committee to adopt these amendments and thank you for considering MedChi's perspective. We look forward to continued collaboration to enhance the health and well-being of all Marylanders.

For more information call:

J. Steven Wise
Danna L. Kauffman
Andrew G. Vetter
Christine K. Krone
410-244-7000

2025 HB1104 Opp AHEAD Model.pdf

Uploaded by: Deborah Brocato

Position: UNF



HB1104
2025

Opposition Statement HB1104

Maryland Department of Health – AHEAD Model Implementation -
Electronic Health Care Transactions and Population Health Improvement Fund
Deborah Brocato, Legislative Consultant
Maryland Right to Life

We oppose HB1104.

On behalf of our Board of Directors and members across the state, we respectfully object to HB1104. Maryland Right to Life opposes the appropriations from this bill being used to fund the abortion industry and their dispensing of abortion drugs and other services, including funds for abortion drugs dispensed by mail order. Chemical and surgical abortions contribute nothing to improving the health of a population. The 2022 session of the Maryland General Assembly significantly lowered the standard of care for women and girls with The Abortion Care Access Act by removing the physician requirement for medical and surgical abortions. This law also requires funding of abortion by the taxpayers through Medicaid and private health insurance. Maryland Right to Life requests an amendment excluding abortion purposes from this bill.

D-I-Y Abortions: While the Supreme Court imposed legal abortion on the states in their 1973 decisions *Roe v. Wade* and *Doe v. Bolton*, the promise was that abortion would be safe, legal and rare. But in 2016 the Court's decision in *Whole Woman's Health v. Hellerstedt* prioritized "mere access" to abortion facilities and abortion industry profitability over women's health and safety.

The abortion industry itself has referred to the use of abortion pills as "Do-It-Yourself" abortions, claiming that the method is safe and easy. Chemical abortions are 4 (four) times more dangerous than surgical abortions, presenting a high risk of hemorrhaging, infection, and even death. With the widespread distribution of chemical abortion pills, the demand on Emergency Room personnel to deal with abortion complications has increased 250%. The FDA has removed safeguards that prohibited the remote sale of chemical abortion pills leaving pregnant women and girls exposed to the predatory tele-abortion practices of the abortion industry.

In addition to the physical harm of these D-I-Y abortions, consider the psychological harm of chemical abortion. After taking the mifepristone and misoprostol and the contractions begin, the woman or girl is told to expel the baby and placenta into the toilet. This is a very bloody event and the woman and girl will see the remains of their baby in the toilet. If hemorrhaging occurs, the woman or girl will need to get herself to an emergency room.

Maryland is one of only 4 states that forces taxpayer funding of abortion. Maryland taxpayers are forced to subsidize the abortion industry 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.



HB1104
2025

Americans oppose taxpayer funding of abortion. Taxpayers should not be forced to fund elective abortions, which make up the vast majority of abortions committed in Maryland. Polls consistently show that 60% of Americans, pro-life and pro-choice, oppose taxpayer funding of abortion.

Funding restrictions are constitutional. The Supreme Court of the United States has 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.*"

Women and girls deserve better than the state sponsored D-I-Y abortions, and taxpayers deserve better than to pay for dangerous, life-threatening drugs. Maryland Right to Life requests an amendment excluding abortion purposes from this bill. Without it, we ask for an unfavorable report on HB1104.

Sample Amendment Language - No abortion funding (1

Uploaded by: Deborah Brocato

Position: UNF

SAMPLE AMENDMENT LANGUAGE: No state funding for elective abortion or abortion providers

“Nothing in this [Act, Section, Chapter] shall be construed to authorize the use of state taxpayer funds, including those appropriated by State law or in any trust fund to which funds are authorized or appropriated by State law, for abortion promotion, training, or certification, or for the distribution of abortion inducing drugs, or for the procurement, compensation, subsidization, reimbursement or other financial support of abortion providers or their affiliates. This limitation does not apply to an abortion if the pregnant woman suffers from a physical disorder, physical injury, or physical illness that would, as certified by a physician, place the woman in imminent danger of death unless an early termination of the pregnancy is performed, including a life-endangering physical condition caused by or arising from the pregnancy itself, nor does it apply to medical treatment of any infection, injury, disease, or disorder that has been caused by or exacerbated by the performance of an abortion.”