



### **Opposition Statement**

HB612 – Public Schools – Lifesaver Schools Program-  
Establishment

Laura Bogley, JD

Executive Director, Maryland Right to Life, Inc.

### **We Strongly Oppose Abortion Activism in Maryland Public Schools**

On behalf of the Board of Directors of Maryland Right to Life, Inc. and our chapters across the state, we once again object to this bill that will allow students to be exploited as abortion activists in our public schools and urge your unfavorable report. We once again urge the state to put the health and safety of schoolchildren, before abortion politics and profit, by either amending this bill to prohibit its application to abortion promotion and training, or by issuing an unfavorable report on this bill.

The purpose of this bill is to use peer pressure to promote a political agenda. There is no appropriate application of student **peer-to-peer health mentoring**, as children are neither medically trained nor possess the mental judgment to provide health advice to their peers. Medical misinformation could have devastating effects on student health. We are opposed to any program, promotion or appropriation of public funds to promote abortion or contract with abortion advocacy organizations in Maryland public schools, including Planned Parenthood, Advocates for Youth and others. We particularly object to any program in Maryland public schools that could be used to recruit minors to promote abortion propaganda.

**Advocates for Youth**, which is funded in part by Planned Parenthood and establishes policies and programs for Maryland School-Based Health Centers, advertises their programs in which they exploit students to fight locally for comprehensive sex ed (i.e. includes abortion), contraceptive access and abortion access in their schools.



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[Nakisha@advocatesforyouth.org](mailto:Nakisha@advocatesforyouth.org)

### **Student Organizers**

Student Organizers are high school and college student leaders who serve as activists, advocates, and spokespeople at the local, state, and national level. With the support of Advocates for Youth, they lead issue-based campaigns for school, local, or state policy changes that support young people's sexual health and rights. Some of their campaigns for change in their communities include organizing for free menstrual products, free condoms, gender neutral restrooms, and other issues in the fight for comprehensive sex education, contraceptive access, abortion access, LGBTQ health and rights, and HIV prevention. For more information contact [roselyn@advocatesforyouth.org](mailto:roselyn@advocatesforyouth.org)

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This state has an obligation to provide a safe learning environment for Maryland school children but has been derelict in this duty by giving abortion activists and others third parties unfettered access to prey on vulnerable school children. As a direct result of public funding for abortion, abortion sales have increased not decreased. The abortion industry is financially motivated to terminate teen pregnancies rather than prevent teen pregnancy.

The state must not force local schools to **become active partners with the abortion industry**, subject minor children to abortion coercion at the hands of adults within the school system, or undermine parental rights to make medical decisions for their children.

### **Maryland is State Sponsor of Abortion**

The state of Maryland including the Department of Education and the Department of Health have become state sponsors of the abortion industry, using taxpayer funds to contract out educational curriculum development, programs, training and school health services to questionable third-party organizations that are financially interested in abortion sales, including Planned Parenthood and **Advocates for Youth**.

Together they have established the existing **Maryland Comprehensive Health Education Framework** and the **Maryland Standards for School-Based Health Centers**. They are pushing a radical sexuality agenda beginning in kindergarten that includes medically inaccurate curriculum that is not healthful or appropriate at any age. They are intentionally miseducating children about human reproduction, falsely instructing that a new human life does not begin at fertilization but at implantation, and therefore justify the use of common abortifacient drugs to “prevent pregnancy”. This is despite the scientific fact that 95% of biologists agree that new life begins at fertilization.

Planned Parenthood and Advocates for Youth cannot be trusted with the reproductive health of our youth. Abortion businesses have been exposed promoting irresponsible sex and providing faulty contraception to meet abortion sale quotas. Carol Everett operated abortion clinics in the Dallas area in the 1970s and explained how sex-ed was an important part of cultivating and maintaining abortion sales among younger clientele.

*Sex-ed was calculated, she said, “to separate the children from their values and their parents,” adding that, at one point, her business’ goal “was to assure every girl between the ages of 13 and 18 have three to five abortions.”*

*Finally, in junior high, Everett said, “My goal was to get them sexually active on a low dose birth control pill that we knew they would get pregnant on. How do you do that? You give them a low dose birth control pill that has to be taken accurately at the same time every single day. And you know and I know, there’s not a teen in the world who does everything the same time every day.”*

### **Abortion Activists Taking Over School-Based Health Centers**

Recently, the Maryland General Assembly removed oversight of School Based-Health Centers from the Department of Education and gave the Department of Health unilateral bureaucratic control over health education. They broadly expanded what type of providers may manage and operate School-Based Health Centers. We are opposed to any policy that allows Planned Parenthood or Advocates for Youth to manage SBHC policy, programs or clinics on school grounds as they currently do in Los Angeles, California (see article *Washington Examiner*).

Under the influence of the abortion lobby, including Advocates for Youth, the state has given adults unfettered access to prey on schoolchildren. During the school day a minor girl may undergo a medical procedure to implant birth control, get free transportation to an abortion mill, and possibly receive chemical abortion pills either in person or through school telemedicine, all with an excused absence and without parental notice or consent (see SBHC attachment). The lack of parental notification under existing standards, puts students at greater risk of abortion coercion, undiagnosed abortion complications including death, and enables pedophiles and sexual abusers to continue abusing child victims.

### **Maryland is Failing to Protect Children**

The Assembly recently removed protections under the law for children by reducing the age of medical consent for behavioral health services to 12 years of age. Mental health, including anxiety or depression has long been used to justify taxpayer funded abortion including on minor girls. Many of the same businesses who commit abortions, are expanding their business models and their reach over defenseless children by pushing puberty blockers and gender mutilation. Some have expressed their intention to use school psychologists and counselors as a feeder system to prey upon school children for their own financial gain.

While Maryland law already permits girls 16 and over to undergo abortion procedures without parental notice or consent, we do not know how many abortions are committed on children under the age of 16. The state shields abortionists by allowing them to commit abortions unfettered and without reporting requirements to the state or the Centers for Disease Control. Maryland is one of only three states that do not require abortion reporting. While abortion providers are supposed to be subject to the law as mandatory reporters of suspected child abuse, we are aware of no such report. Inspections of abortion clinics and practices are complaint-driven only. But even after two women suffered near fatal injuries from botched abortions in Bethesda, the Maryland Department of Health refused to inspect the facility until after legal action was taken by the victims.

### **Abortion is not healthcare**

Abortion is not healthcare. It is violence and brutality that ends the lives of unborn children through suction, dismemberment or chemical poisoning. The fact that 85% of OB-GYNs in a representative national survey do not perform abortions on their patients is glaring evidence that abortion is not an essential part of women's healthcare.

Recent acts of abortion activists occupying the Maryland General Assembly have completely removed abortion from the spectrum of healthcare. As a result of the Abortion Care Access Act of 2022, sponsored by Delegate Ariana Kelly (D-Montgomery), a former NARAL employee, poor women will be deprived access to care through a licensed physician. The state is now allowing any "certified provider of abortion care" to perform or provide both surgical and chemical abortion through birth. This could include any school health worker who is certified, or since 2024, any out-of-state abortion provider through school telehealth appointments.

Combine this with the fact that 54% of abortions are now "Do-It-Yourself" abortions where women and girls are remotely prescribed dangerous abortion pills without a physician's examination and are left to hemorrhage alone until their bodies forcefully expel their babies' bodies, and the argument that abortion is healthcare is completed discredited.

### **State-sponsored abortion is having a genocidal impact on Black Marylanders**

Abortion has a disproportionate impact on Black Americans who have long been targeted by the abortion industry for eugenics purposes. Maryland School-Based Health Centers are disproportionately located in urban

schools. Even today 78% of abortion clinics are located in minority communities. As a result abortion violence has become the leading killer of Black lives, more than gun violence and all other causes combined. More than half of all pregnancies to Black women in Baltimore City end through abortion violence.

The state fails to measure or report the correlation between the increased incidence of abortion with increased risk to maternal mortality, infertility, miscarriage, pre-term births for Black mothers. This makes any argument that abortion is healthcare a morally repugnant call for state-sponsored genocide of Black children in Maryland.

### **Parental Notice and Consent Provides Better Outcomes for Youth**

Maryland Right to Life trusts parents to make the best decisions about their children's health. State law must recognize the natural and legal right of parents to provide consent for their children's medical care. But the state has repeatedly demonstrated a wanton disregard for the rights of parents and the welfare of school children. In 1992, under the influence of the abortion industry, the state repealed parental consent requirements for any girl under the age of 16 seeking an abortion, and replaced it with a weak parental notification requirement that can be waived at the discretion of the profit-minded abortionist. The state also removed the requirement that parents to first give permission for their child to participate in Maryland's radical sex ed curriculum, or to "opt in". Parents now have the obligation to "opt out" if they are provided notice at all.

The State of Maryland, through the Department of Education has been entrusted by parents with the academic instruction of Maryland children. The state has far exceeded its limited authority to act in place of the parents during the school day, particularly in the matter of student health. Parents expect their children will be taught health and human reproduction-not sexuality or sex acts. Parents send their daughters to school for an education, not for an abortion. The state must restore the trust of parents by purging predatory abortion businesses from our schools.

### **No Public Subsidies to Billion Dollar Abortion Industry**

A 2025 Marist poll showed that 82% of Americans polled favor laws that protect both the lives of women and unborn children, and that 57% oppose the use of tax dollars to pay for abortion. Taxpayers should not be forced to subsidize abortion indoctrination, promotion and abortion violence. *Public funds instead should be prioritized to fund legitimate health and family planning services which have the objective of saving the lives of both mother 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.

**For these reasons we urge your unfavorable report on HB612 and the implementation of peer-to-peer abortion mentoring in schools. We ask you to restore integrity to the medical profession and our Maryland Public School System by putting patient health and safety before abortion politics and profit.**

Sincerely,

Laura Bogley, JD  
Executive Director  
Maryland Right to Life, Inc.

Developmentally appropriate reproductive care must be provided according to community acceptance, documented need and community norms. Reproductive health services are not in lieu of reproductive health services provided by community base health providers, SBHC are encouraged to partner with other community-based providers.

<b>Reproductive Health Services</b>	<b>Level I Core</b>	<b>Level II Expanded</b>	<b>Level III Comprehensive</b>
<b>d. General Reproductive Health Services</b>			
Reproductive health exam (inclusive of pap, pelvic, testicular exam)	Recommended	Recommended	Recommended
Abstinence education	Onsite	Onsite	Onsite
Referral for community based reproductive healthcare services	Onsite	Onsite	Onsite
Case management	Onsite	Onsite	Onsite
Pregnancy testing	Onsite	Onsite	Onsite
Reproductive Health Education	Onsite	Onsite	Onsite
<b>e. Family Planning Services</b>	<b>Level I Core</b>	<b>Level II Expanded</b>	<b>Level III Comprehensive</b>
Family Planning Services	Recommended	Recommended	Recommended
Prescriptions for contraceptives	Recommended	Recommended	Recommended
Comprehensive pregnancy options/ pregnancy counseling	Recommended	Recommended	Recommended
Case management	Onsite	Onsite	Onsite
Referral for community based reproductive healthcare services	Onsite	Onsite	Onsite
Condom availability	Recommended	Recommended	Recommended
Prenatal care	Referral	Referral	Referral
Informing and referring for birth control	Onsite	Onsite	Onsite
Dispensing contraceptives	Onsite or Referral	Onsite or Referral	Onsite or Referral
<b>f. STD/STI Services</b>	<b>Level I Core</b>	<b>Level II Expanded</b>	<b>Level III Comprehensive</b>
Case management	Onsite	Onsite	Onsite
STD/STI treatment and testing	Onsite	Onsite	Onsite
Condom availability	Recommended	Recommended	Recommended
HIV pre- and post-test counseling/HIV testing	Recommended	Recommended	Recommended
HIV/AIDS treatment	Referral	Referral	Referral

**Mental Health Services** must be provided in collaboration with a licensed provider for those students requiring psychotropic drugs as part of their treatment.

<b>g. Mental Health Services</b>	<b>Level I Core</b>	<b>Level II Expanded</b>	<b>Level III Comprehensive</b>
Individual mental health assessment	Referral	Onsite	Onsite
Mental health treatment	Referral	Onsite	Onsite
Mental health crisis intervention	Referral	Onsite	Onsite
Group therapy	Referral	Onsite	Onsite
Family therapy	Referral	Onsite	Onsite
Consultation with school administrators, parent/guardian, teachers and students	Onsite	Onsite	Onsite
Psychiatric evaluation	Onsite or Referral	Onsite or Referral	Onsite or Referral
Psychiatric medication management	Onsite or Referral	Onsite or Referral	Onsite or Referral

