**Informational Statement – SB923**
**Maryland Medical Assistance Program - Eligibility and Disenrollment**
Laura Bogley, JD - Director of Legislation, Maryland Right to Life

**On behalf of our members across the state, we strongly oppose any public funding for abortion. Compulsory taxpayer funding for abortion violates the people's natural and Constitutional rights to life, liberty, freedom of speech and religion. This bill could accomplish some good by providing important healthcare services for pregnant women, including well mother and prenatal, birth and delivery care. However, without your amendment, this bill also will expand taxpayer funding for abortion by expanding eligibility for the Maryland Medical Assistance Program.**

> **Maryland Medical Assistance Program -** This program is the *primary vehicle for Medicaid Reimbursements to Abortion providers* (See DLS Exhibit 29 below). In 2019 taxpayers paid for more than 9,660 elective abortions, 0 (zero) of which were to save the life of the mother (See DLS Exhibit 30 below).

**Funding to Abortion Providers Increases Abortion** – State programs commit significant taxpayer funds to Planned Parenthood for prenatal services but Planned Parenthood is not a significant provider for prenatal care. Despite its claims that its primary focus is to provide health care for women, Planned Parenthood's business model is built on profiting from abortions. **Planned Parenthood commits 41 abortions for every one prenatal care service and 133 abortions for every adoption referral. Planned Parenthood provides no pediatric care.** In their **Annual Report** released in January 2021, Planned Parenthood reports that the number of abortions they committed increased nearly 3% in 2019-2020 from the previous year for a total of 354,871 abortions. That's over 972 babies killed daily- or one every 89 seconds. **In stark contrast, they report that their prenatal care and adoption referrals both dropped double digits from the previous year.** Planned Parenthood offers minimal "prenatal" services and adoption referrals as a means to qualify for public funds and to sell abortion to vulnerable women and girls facing unplanned pregnancies (LEARN MORE).

**There is bi-partisan unity on prohibiting the use of taxpayer funding for abortion.** State funding for abortion on demand is in direct conflict with the will of the people. In fact, 58% percent of those surveyed say they oppose taxpayer funding of abortion, including 31% of Democrats, 83% of Republicans, and 65% of independents. 80% of Americans polled favor laws that protect both the lives of women and unborn children.

**Pregnancy is not a Disease -** Abortion is not healthcare. It is violence and brutality that systemically targets the poor and minority populations and 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 commit abortions is glaring evidence that abortion is not an essential part of women's healthcare.

**Abortion is *never medically necessary* to save the life of a woman -** In the rare case of severe pregnancy complications, hospitals, not abortion clinics, may decide to separate the mother and child and make best efforts to *sustain the lives of both*. This is different from an abortion, which involves the *purposeful termination of fetal human life*. Prior to the Supreme Court's imposition of their decision in *Roe v. Wade* in 1973, the Maryland legislature had enacted a ban on abortion and only would allow exception for the physical life of the mother, if two physicians agreed that termination of the pregnancy was necessary to avoid the imminent death of the mother. Science has advanced beyond this point to support that *both lives can be saved*.

**LIFE is our first Civil Right**

Abortion is the greatest civil rights abuse of our time and this bill forces the people to fund abortion to the detriment of Black lives. Legal abortion is having a genocidal effect specifically on Black Americans, who are disproportionately targeted by the abortion industry, with half of all pregnancies to Black women ending in abortion. Planned Parenthood was founded by racist eugenicists who believed that forced sterilization and later abortion, were necessary tools to reduce the growth in "unfit" populations, particularly those persons of African descent. Even today more than 78% of abortion clinics are located in Communities of Color. The government interest in health care is highly questionable as the state invests more in the corner abortion clinic than the corner grocery store. While Black Americans make up less than 13% of the population, they account for nearly 30% of all abortions. **As a result abortion is the leading cause of death of Black Americans, more than gun violence and all other causes combined.** (For more information see http://www.BlackGenocide.org.)

**Love them both -** 80% of Americans polled favor laws that protect both the lives of women and unborn children. We believe each human being is created EQUAL and the circumstances of conception do not diminish the worth of a human child. Public funds instead should be prioritized to fund 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.

**Funding restrictions are constitutional -** The Supreme Court has held that the alleged constitutional "right" to an abortion "*implies 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*." When a challenge to the constitutionality of the Hyde Amendment reached the Supreme Court in 1980 in the case of *Harris v. McRae*, 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 affirmed that *Roe v. Wade* had created a limitation on government, not a government funding entitlement.

**For these reasons, we respectfully urge you to amend this bill to exclude its application to abortion and Medicaid reimbursement to abortion providers, in order to preserve its good purposes for healthy birth and delivery outcomes. We ask you to honor your oath of office and protect the rights of *all* human beings, born and preborn. Thank you for your consideration.**

# *Updates*

## 1. 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. Women eligible for Medicaid solely due to a pregnancy do not currently qualify for a State-funded abortion.

**Exhibit 29** provides a summary of the number and cost of abortions by service provider in fiscal 2017 through 2019. **Exhibit 30** indicates the reasons abortions were performed in fiscal 2019 according to the restrictions in the State budget bill.

**Exhibit 29**
**Abortion Funding under Medical Assistance Program***
**Three-year Summary**
**Fiscal 2017-2019**

| | Performed under 2017 State and Federal Budget Language | Performed under 2018 State and Federal Budget Language | Performed under 2019 State and Federal Budget Language |
|---|---|---|---|
| Abortions | 8,892 | 9,875 | 9,660 |
| **Total Cost ($ in Millions)** | **$5.9** | **$6.3** | **$6.0** |
| Average Payment Per Abortion | $660 | $636 | $622 |
| Abortions in Clinics | 6,829 | 7,644 | 7,483 |
| Average Payment | $441 | $434 | $433 |
| Abortions in Physicians' Offices | 1,509 | 1,720 | 1,770 |
| Average Payment | $935 | $982 | $962 |
| Hospital Abortions – Outpatient | 550 | 506 | 404 |
| Average Payment | $2,522 | $2,417 | $2,584 |
| Hospital Abortions – Inpatient | ** | ** | ** |
| Average Payment | $14,711 | $13,228 | $6,973 |
| Abortions Eligible for Joint Federal/State Funding | 0 | 0 | 0 |

* Data for fiscal 2017 and 2018 includes all Medicaid-funded abortions performed during the fiscal year, while data for fiscal 2019 includes all abortions performed during fiscal 2019, for which a Medicaid claim was filed through November 2019. Since providers have 12 months to bill Medicaid for a service, Medicaid may receive additional claims for abortions performed during fiscal 2019. For example, during fiscal 2019, an additional 78 claims from fiscal 2018 were paid after October 2017, which explains differences in the data reported in the fiscal 2020 Medicaid analysis to that provided here.

** Indicates a dataset of less than 10 cases.

Source: Maryland Department of Health

**Exhibit 30**
**Abortion Services**
**Fiscal 2019**

**I. Abortion Services Eligible for Federal Financial Participation**
(Based on restrictions contained in the federal budget.)

| Reason | | Number |
|---|---|---|
| 1. | Life of the woman endangered. | 0 |
| | **Total Received** | **0** |

**II. Abortion Services Eligible for State-only Funding**
(Based on restrictions contained in the fiscal 2018 State budget.)

| | | |
|---|---|---|
| 1. | Likely to result in the death of the woman. | 0 |
| 2. | Substantial risk that continuation of the pregnancy could have a serious and adverse effect on the woman's present or future physical health. | 120 |
| 3. | Medical evidence that continuation of the pregnancy is creating a serious effect on the woman's mental health, and if carried to term, there is a substantial risk of a serious or long-lasting effect on the woman's future mental health. | 9,520 |
| 4. | Within a reasonable degree of medical certainty that the fetus is affected by genetic defect or serious deformity or abnormality. | 19 |
| 5. | Victim of rape, sexual offense, or incest. | * |
| **Total Fiscal 2019 Claims Received through November 2019** | | **9,660** |

* Indicates a dataset of less than 10 cases.

Source: Maryland Department of Health

## 2. Block Grants Redux

In January 2020, CMS announced a Healthy Adult Opportunity (HAO) initiative. HAO offers states, for certain adults under 65, flexibility in administering benefits for those individuals. The flexibility being offered includes the ability to:

- adjust cost-sharing requirements to incentivize high value care;