



## Support Statement

### House Bill 846 – Public Health – Abortions – Prenatal Diagnosis of Down Syndrome

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Dear Chairperson Pendergrass and Honorable Committee Members,

On behalf of our chapters and members across the state, I enthusiastically support this bill and ask for your favorable report. The purpose of this bill is to prevent disability discrimination and eugenics through induced termination of a preborn child diagnosed with Down syndrome or suspected of having Down syndrome based on genetic screening.

Down Syndrome is not a disease. According to the Centers for Disease Control (**CDC**), Down syndrome is the most common chromosomal condition diagnosed in the United States. Destroying the patient is not curative medicine. Such acts are a modern-day form of eugenics. HB 846 would provide necessary, distinct protections for developing human beings at risk for Down syndrome, preventing discrimination based on genetics or disability.

### **ABORTION BASED ON GENETIC ABNORMALITY IS DISCRIMINATION**

The United States Congress found that “physical or mental disabilities in no way diminish a person’s right to fully participate in all aspects of society, yet many people with physical or mental disabilities have been precluded from doing so because of discrimination.” (See 42 U.S.C. § 12101(a).

The landmark disabilities legislation in the United States is called the *Americans with Disabilities Act* (ADA). The ADA was intended to have the same effect of ending discrimination based upon disability as the Civil Rights Act of 1964 had for racial minorities. The ADA reflects important truths about the dignity of disabled persons that can also be invoked in the context of opposing the practice of disability-based abortion.

The Supreme Court of the United States has not held that a woman’s interest in abortion trumps the state’s interest in preventing disability discrimination, and federal lower courts are split on whether and how *Roe v. Wade* and *Planned Parenthood v. Casey* apply. As stated in *Gonzales v. Carhart*, the Supreme Court “has confirmed the validity of drawing boundaries to prevent certain practices that extinguish life and are close to actions that are condemned.” (550 U.S. 124 at 158 (2007)). By passing HB846, Maryland can speak on the issue and affirm that abortion for eugenics purposes should not be protected.

The U.N. Committee on the Rights of Persons with Disabilities (CRPD), stated “[I]aws which explicitly allow for abortion on grounds of impairment violate the Convention on the Rights of Persons with Disabilities.” The CRPD rejected the idea that a prenatal diagnosis of a genetic abnormality is “incompatible with life” and “experience shows that assessments on impairment conditions are often false,” but even if the diagnosis turns out to be accurate, discriminating on the basis of genetic abnormalities “perpetuates notions of stereotyping disability as incompatible with a good life.” (See, e.g., Susan Yoshihara, Another U.N. Committee Says Abortion May Be a Right, But Not on Basis of Disability, Center for Family and Human Rights, Oct. 26, 2017,

available at [https://c-fam.org/friday\\_fax/another-un-committee-says-abortion-may-right-not-basis-disability/.](https://c-fam.org/friday_fax/another-un-committee-says-abortion-may-right-not-basis-disability/))

## **GENETIC TESTING AS MODERN DAY EUGENICS**

Abortion is becoming a search-and-destroy method for eliminating less-than-"perfect" people. Rather than pursuing medical solutions to some of these difficulties, there is a regular use of genetic testing techniques like amniocentesis, to identify problems in the unborn so that an abortion can be performed more expediently. Some studies have **indicated** that between 50 and 90 percent of children diagnosed with Down syndrome are aborted.

Early prenatal screening and testing for Down syndrome are targeting babies inside the womb for destruction based on their presumed risk for trisomy 21. There is a high false positive rate of incorrect reporting (a negative result is reported as positive) ranging from 1-14%. Standard prenatal screening for Down syndrome is often performed during the first and second trimester to calculate the risk of having a baby with trisomy 21. However, these standard screening tests do not accurately predict the risk of Down syndrome. While diagnostic DNA tests can be more accurate, testing from the amniotic sac and placenta are invasive and carry their own risks for pregnancy loss.

Studies suggest that many undergoing prenatal testing do not do so with the intention to abort but that medical providers are strongly influencing the abortion decision. Pressuring women to abort, and abort quickly, after a prenatal diagnosis is not reproductive justice. The long term effects on women of these abortions should not be ignored. Even Planned Parenthood, the nation's largest abortion provider, notes on its website that studies show that "those who choose abortion because of genetic conditions may suffer more serious emotional effects and may have a greater need for counseling than those who elect abortion for socioeconomic or psychological reasons."

## **LOVE THEM BOTH**

80% of people support laws to protect the lives of both mothers and children. But the state of Maryland is failing to provide adoption counseling to the same extent that it is supporting abortion counseling. Children with Down Syndrome deserve to grow up in a loving home. In the USA, there are approximately two million infertile couples waiting to adopt, many times regardless of the child's medical problems such as Down Syndrome, Spina Bifida, HIV infection or terminally ill. The National Down Syndrome Adoption Network reports it has over 200 approved families waiting to adopt children with Down Syndrome.

With appropriate medical care, children born with Down syndrome can lead healthy, happy lives with an average life expectancy of 60 years. In fact, polling has shown that 99 percent of people with Down syndrome are happy with their lives, 99 percent of parents of Down syndrome children love their child, and 97 percent of children aged 9 to 11 with a sibling with Down syndrome love them and are proud of them. (See [https://lozierinstitute.org/improving-joyful-lives-societys-response-to-difference-and-disability/.](https://lozierinstitute.org/improving-joyful-lives-societys-response-to-difference-and-disability/))

For these reasons, we strongly support HB 846 and respectfully urge your favorable report. Thank you for your consideration of the value of each human life.