



## Informational Statement – HB1032

### Health Occupations – Licensed Direct-Entry Midwives – Previous Cesarean Section

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**On behalf of our members across the state, we are expressing our concerns about HB1032 because it will expand the reach and funding of the abortion industry deceptively operating as “midwives”.**

Abortion providers are rebranding themselves as “midwives” to create alternate funding streams for abortion. In doing so, they are diverting funds from traditional midwives who are dedicated to assisting women through healthy birth and delivery. Public funds must be prioritized for programs that protect the lives of both mothers and children, not to subsidize the abortion industry.

Currently, the law prohibits midwives from providing services to women who have experienced a previous cesarean birth. This is because of the increased risk of medical complications from natural birth following a cesarean birth. The reduction in the current medical standard of care will benefit the abortion industry that can then exploit this bill to expand the number of abortions that can qualify for reimbursement, not to facilitate healthy natural births.

Midwives are an important part of a longstanding, life-giving, and life-affirming tradition, to welcome a child into the world *not into the wastebasket*. They are trained to give physical and emotional support in childbirth, not abortion. By expanding the definition of midwife to include abortion services, the state has allowed the abortion industry to divert critical funding away from legitimate midwives and forced taxpayers to subsidize the billion dollar abortion industry. This bill will expand the use of public funds for abortion.

**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.

**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*.

**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.

**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.

**We respectfully urge you to reserve public funds for legitimate midwife services that promote healthy birth and delivery outcomes and amend this bill to exclude its application to abortion related services. We ask that you uphold your oath of office by protecting the right to life of all human beings, born and preborn. Thank you for your consideration.**