

SB0623_FAV_LifeSpan, MAADS_Income Tax - Sub. Mod.

Uploaded by: Danna Kauffman

Position: FAV



*Keeping You Connected...Expanding Your Potential...
In Senior Care and Services*



Managed by LifeSpan

TO: The Honorable Guy Guzzone, Chair
Members, Senate Budget and Taxation Committee
The Honorable Paul D. Corderman

FROM: Danna L. Kauffman
Pamela Metz Kasemeyer

DATE: March 2, 2022

RE: **SUPPORT** – Senate Bill 623 – *Income Tax – Subtraction Modification – Income of Health Care Workers*

On behalf of the LifeSpan Network and the Maryland Association of Adult Day Services (MAADS), we **support** Senate Bill 623. Senate Bill 623 provides a subtraction modification of \$25,000 for taxable years 2021 and 2022 for health care workers in primary care (includes geriatrics), behavioral health, and dental services.

Over the last two years, health care workers have been at the front lines of this pandemic. While others were able to safely work from home, these workers showed up every day providing care to Maryland's frail elderly and disabled residents. These workers struggled to implement new and ever-changing guidance, serve both the physical and mental needs of residents, and manage their own personal and family needs, such as finding childcare so that they could continue to come to work. Maryland must continue to bolster our health care workforce, and Senate Bill 623 demonstrates the appreciation that this State has for them during this most troubling time. It is well deserved, and we urge a favorable vote.

For more information call:

Danna L. Kauffman
Pamela Metz Kasemeyer
410-244-7000

HFAM Testimony SB 623.pdf

Uploaded by: Joseph DeMattos

Position: FAV



**TESTIMONY BEFORE THE
SENATE BUDGET AND TAXATION COMMITTEE**

March 2, 2022

Senate Bill 623: Income Tax - Subtraction Modification - Income of Health Care Workers

Written Testimony Only

POSITION: FAVORABLE

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to express our support for Senate Bill 623. HFAM represents over 170 skilled nursing centers and assisted living communities in Maryland, as well as nearly 80 associate businesses that offer products and services to healthcare providers. Our members provide services and employ individuals in nearly every jurisdiction of the state.

Senate Bill 623 would allow, for taxable years 2021 and 2022, a subtraction modification under the Maryland income tax for the first \$25,000 of income attributable to an individual's work as a health care worker during the taxable year. Under this legislation, a "health care worker" is defined as a health care practitioner who is licensed or certified under the health occupations article or the laws of another state and provides primary care, including geriatric services.

We should do all we can to support our health care workforce in roles across the care continuum. It is incredibly important that we include all types health care workers in this legislation, especially nursing assistants, nurses, doctors, and other licensed practitioners who work in long-term care settings.

Skilled nursing and rehabilitation centers have been on the front lines fighting COVID-19 since the beginning of the pandemic. We have long known that older individuals and those with pre-existing conditions are most at risk of severe illness for death from COVID-19. Nursing homes and their employees took early, proactive steps to protect those in their care and have continued to get better at fighting this virus.

Throughout the pandemic, nursing home workers have proven themselves to be not just essential workers, but health care heroes. There are so many amazing stories of dedication, sacrifice, and compassion by long-term care professionals who have gone above and beyond to ensure the safety, health, and happiness of residents and patients during these unprecedented times.

Considering the workforce challenges that our sector and many others face, it is more important than ever that we continue to support our health care workforce. Those working in long-term care, and across all settings, are truly health care heroes. We must continue to show our support and gratitude for their dedication, commitment, and sacrifice in tangible, actionable ways.

For these reasons, we request a favorable report from the Committee on Senate Bill 623.

Submitted by:

Joseph DeMattos, Jr.

President and CEO

(410) 290-5132

22_SB623SponsorTestimony.pdf

Uploaded by: Paul Corderman

Position: FAV

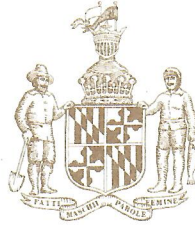
PAUL D. CORDERMAN
Legislative District 2
Washington County

Budget and Taxation Committee

Subcommittees

Education, Business and Administration

Pensions



THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

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Annapolis, Maryland 21401
410-841-3903 · 301-858-3903
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Paul.Corderman@senate.state.md.us

District Address

P.O. Box 3716
Hagerstown, MD 21742
240-313-3929

March 2, 2022

Testimony in Support of SB 623 – Income Tax – Subtraction Modification – Income of Health Care Workers

Chair Guzzone and Members of the Senate Budget and Taxation Committee;

Thank you for hearing *SB 623 – Income Tax – Subtraction Modification – Income of Health Care Workers*.

This bill creates an income tax subtraction for healthcare workers on the first \$25,000 of their income for tax years 2021 and 2022. A “health care worker” includes individuals licensed under the Maryland Health Occupations Article as well as those licensed under a different state but pay Maryland income taxes.

For the last two years, healthcare workers have been serving on the front lines of the COVID-19 pandemic, putting themselves before others by caring for those in need. Their tireless efforts should be honored through a financial break on their income taxes.

Thank you for your consideration as I respectfully ask for a Favorable report on SB 623.

Sincerely,

A handwritten signature in blue ink, appearing to read "Paul D. Corderman".

Senator Paul D. Corderman
District 2 – Washington County

2022 LCPCM SB 623 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Budget and Taxation Committee

Bill Number: Senate Bill 623

Title: Income Tax - Subtraction Modification - Income of Health Care Workers

Hearing Date: March 3, 2022

Position: Support

The Licensed Clinical Professional Counselors of Maryland (LCPCM) supports *Senate Bill 623 – Income Tax - Subtraction Modification - Income of Health Care Workers*.

This bill creates a three-year tax subtraction for health care workers, including behavioral health providers. Throughout the pandemic, there has been a significant increase in demand for behavioral health providers and many providers are feeling burnt out. Many behavioral health providers are also struggling with significant student loan debt. This bill helps compensate providers for the important work they have done over that last two years and help pay outstanding student loan debt.

We ask for a favorable report. If we can provide any further information, please contact Scott Tiffin at stiffin@policypartners.net.

SB0623_FAV_MedChi, MACHC_Income Tax - Sub. Mod. -

Uploaded by: Steve Wise

Position: FAV



MID-ATLANTIC ASSOCIATION OF
COMMUNITY HEALTH CENTERS

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

TO: The Honorable Guy Guzzone, Chair
Members, Senate Budget and Taxation Committee
The Honorable Paul D. Corderman

FROM: J. Steven Wise
Pamela Metz Kasemeyer
Danna L. Kauffman
Christine K. Krone

DATE: March 2, 2022

RE: **SUPPORT** – Senate Bill 623 – *Income Tax – Subtraction Modification – Income of Health Care Workers*

On behalf of the Maryland State Medical Society and the Mid-Atlantic Association of Community Health Centers, we submit this letter of **support** for Senate Bill 623.

Senate Bill 623 provides a subtraction modification on the Maryland income tax of a “health care worker”, which is defined to include primary care, behavioral health, and dentistry. The modification applies for tax years 2021 and 2022.

The General Assembly is well aware of the personal sacrifices that health care workers have made since March of 2020. Working under the conditions of a pandemic for nearly two years, these professionals have placed not only themselves but their families and loved ones in harm’s way. While this is their chosen profession, no one entered the health care field with the knowledge that the events of the past 2 years would come to pass. These providers have gone well beyond the normal call of duty.

Senate Bill 623 is a gesture by the State to show its appreciation for the sacrifices of these health care workers. We think it is well deserved and hope that the Committee will agree.

For more information call:

J. Steven Wise
Pamela Metz Kasemeyer
Danna L. Kauffman
Christine K. Krone
410-244-7000

2022 MCHS SB 623 Senate Side .pdf

Uploaded by: Suhani Chitalia

Position: FAV



Maryland Community Health System

Committee:	Senate Budget and Taxation Committee
Bill:	Senate Bill 623 - Income Tax - Subtraction Modification - Income of Health Care Workers
Hearing Date:	March 2, 2022
Position:	Support

Maryland Community Health System supports *Senate Bill 623 – Income Tax – Subtraction Modification – Income of Health Care Workers*. The bill would provide a \$25,000 subtraction from income for calculating taxes for a two-year-period for certain health care practitioners: 1) primary care providers including ob/gyn, pediatric, and geriatric services; 2) behavioral health; and 3) dental services.

Maryland Community Health System is a network of federal qualified health centers providing somatic, behavioral health, and dental services to underserved communities. We have always faced health care worker staffing issues as our health centers are located in areas federally-designated as health professional (workers) workforce shortage areas (HPSA). However, it has become far more difficult to recruit and retain health care providers as we finish the second year of the pandemic. Facing burnout, some health care providers are leaving for jobs that do not involve direct care or leaving the profession altogether.

We support this legislation because it will help us retain our most critical workforce in serving our communities. We need health care practitioners to stay in their professions and continue direct care roles. We ask for a favorable report, and we stand ready to assist the Committee in every way possible in this endeavor. If we can be helpful in any way, please let us know by contacting Robyn Elliott at relliott@policypartners.net.

2022 MDAC SB 623 Senate Side .pdf

Uploaded by: Suhani Chitalia

Position: FAV



10015 Old Columbia Road, Suite B-215
Columbia, Maryland 21046
www.mdac.us

Committee: Senate Budget and Taxation Committee

Bill Number: Senate Bill 623 – Income Tax – Subtraction Modification – Income of Health Care Workers

Hearing Date: March 2, 2022

Position: Support

The Maryland Dental Action Coalition (MDAC) strongly supports *Senate Bill 623 – Income Tax – Subtraction Modification – Income of Health Care Workers*. The bill would provide a \$25,000 subtraction from income for calculating taxes for a two-year-period for certain health care practitioners: 1) primary care providers including ob/gyn, pediatric, and geriatric services; 2) behavioral health; and 3) dental services.

MDAC strives to develop and maintain statewide partnerships to improve the health of all Marylanders through increased oral health promotion, disease prevention, education, advocacy and access to oral health. Oral health is essential overall health, and during the COVID 19 pandemic, fewer individuals were accessing dental care. This in part was due to the exhaustion and burnout of health care professionals, but also the high risk of working directly in patient care.

MDAC supports initiatives that support Maryland’s health care facilities to retain their workforce and continue to provide care to patients. An income tax-subtraction can help retain dentists following a difficult two years related to the pandemic.

We ask for a favorable report on this legislation. If we can provide additional information, please contact Suhani Chitalia at schitalia@policypartners.net.

Optimal Oral Health for All Marylanders

SB623_Maryland Developmental Disabilities Coalitio

Uploaded by: Mathew Rice

Position: FWA



MARYLAND DEVELOPMENTAL DISABILITIES COALITION

Dedicated to the rights and quality of life for people with developmental disabilities in Maryland

SB 623: Income Tax – Subtraction Modification – Income of Health Care Workers
Senate Budget and Taxation Committee

March 2, 2022

Position: Support with Amendment



8601 Robert Fulton Dr
Suite 140
Columbia, MD 21046



1500 Union Avenue
Suite 2000
Baltimore, MD 21211



8835 Columbia 100 Pkwy
Suite P
Columbia, MD 21044



**Maryland Developmental
Disabilities Council**

217 E Redwood Street
Suite 1300
Baltimore, MD 21202



7000 Tudsbury Road
Windsor Mill, MD
21244

The Maryland Developmental Disabilities Coalition (DD Coalition) is comprised of five statewide organizations that are committed to improving the opportunities and outcomes for Marylanders with intellectual and developmental disabilities (IDD). As such, we support HB845 with a proposed amendment to expand the definition of health care worker.

HB845 would provide an opportunity for qualified healthcare workers licensed under the state's health occupations article, or under the laws of another state, for a taxable year beginning after December 31, 2020 but before January 1, 2023 to subtract the first \$25,000 of income attributable to their health care work. We fully support the intent of the bill and thank the Sponsors for their leadership and understanding of the value and sacrifice of healthcare workers throughout the pandemic. We believe that the bill, as it is currently written, unintentionally leaves out many workers that have provided, and continue to provide, important day-to-day health care supports to those with intellectual and developmental disabilities.

We offer the following request for amendment:

IN THIS SUBSECTION, "HEALTH CARE WORKER" MEANS A HEALTHCARE PRACTITIONER WHO:

- (I) IS LICENSED OR CERTIFIED UNDER THE HEALTH OCCUPATIONS ARTICLE OR THE LAWS OF ANOTHER STATE; AND
- (II) PROVIDES:
 1. PRIMARY CARE, INCLUDING OBSTETRICS, GYNECOLOGICAL SERVICES, PEDIATRIC SERVICES, OR GERIATRIC SERVICES;
 2. BEHAVIORAL HEALTH SERVICES, INCLUDING MENTAL HEALTH OR ALCOHOL AND SUBSTANCE ABUSE SERVICES;
 3. **DEVELOPMENTAL DISABILITY SERVICES THAT ARE LICENSED OR APPROVED BY THE DEVELOPMENTAL DISABILITIES ADMINISTRATION;** OR
 4. DENTAL SERVICES

We believe that by adding this clarifying language, we will be acknowledging the sacrifice and essential work of IDD healthcare workers during this critical period in our history and recognizing the valuable services that have been provided by many people who make it possible for those with IDD to live and work in their prospective communities.

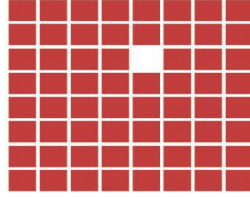
For additional information, please contact: Mat Rice, Director of Public Policy, The Arc Maryland, mrice@thearcmd.org

SB0623_FWA_MDACEP_Income Tax - Sub. Mod. - Income

Uploaded by: Pam Kasemeyer

Position: FWA

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Baltimore, MD 21201-5585
410-727-2237
e-mail: mdacep@aol.com
www.mdacep.org



Maryland Chapter AMERICAN COLLEGE OF EMERGENCY PHYSICIANS

TO: The Honorable Guy Guzzone, Chair
Members, Senate Budget and Taxation Committee
The Honorable Paul D. Corderman

FROM: Danna L. Kauffman
Pamela Metz Kasemeyer
J. Steven Wise

DATE: March 2, 2022

RE: **SUPPORT WITH AMENDMENT** – Senate Bill 623 – *Income Tax – Subtraction Modification – Income of Health Care Workers*

The Maryland Chapter of the American College of Emergency Physicians (MDACEP) which represents the interests of emergency physicians and their patients throughout the State of Maryland **supports with amendment** Senate Bill 623. Senate Bill 623 authorizes for tax years 2021 and 2022 a subtraction modification for the first \$25,000 of income attributable to an individual's work as a health care worker.

As drafted, Senate Bill 623 appears to omit those workers in emergency medicine. During the COVID-19 pandemic, individuals working in our emergency rooms and hospitals not only worked tirelessly caring for individuals with COVID-19 but also worked to ensure that others who continued to need emergency care received services. Over the last two years, these workers were both cheered but, too often, were also the recipients of verbal and physical assaults. Therefore, MDACEP requests that the bill be amended to include emergency medicine services – on page 2, after line 10, insert “4. EMERGENCY MEDICAL SERVICES.”

With this amendment, we urge a favorable report of Senate Bill 623.

For more information call:

Danna L. Kauffman
Pamela Metz Kasemeyer
J. Steven Wise
410-244-7000

2021 ACNM SB 623 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FWA



Support with Amendment

SB 623 – Income Tax – Subtraction Modification – Income of Health Care Workers

Senate Budget and Tax Committee

March 2, 2022

The Maryland Affiliate of the American College of Nurse-Midwives (ACNM) supports *Senate Bill 623 – Income Tax – Subtraction Modification – Income of Health Care Workers*. The bill would provide a \$25,000 subtraction from income for calculating taxes for a two-year-period for certain health care practitioners: 1) primary care providers including ob/gyn, pediatric, and geriatric services; 2) behavioral health; and 3) dental services.

Nurse-midwives serve a wide range of essential health care services. These services can include primary care; gynecological and family planning services; preconception care; care during pregnancy, childbirth, and the postpartum period; care of the newborn during the first 28 days of life; and treatment for sexually transmitted infections. Midwives also conduct physical examinations, provide comprehensive assessment diagnosis and treatment, and admit and manage discharge patients.

Nurse-midwives have stepped up during the pandemic and supported some of the most vulnerable populations during COVID-19: pregnant women. Midwives had to re-consider how to support pregnant women because they could no longer be in close proximity to their patients.ⁱ Nurse-midwives also faced the same hardships and hurdles as other providers. They often lacked personal protective equipment (PPE) and were re-deployed to COVID units to support other staff. Therefore, ACNM suggests the following amendment:

On Page 1, after Page 10 add “4. MIDWIFERY SERVICES”.

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

ⁱ <https://www.un.org/en/pregnant-women-are-worried-about-giving-birth-during-pandemic>

14a - SB 623 - B&T - PHARM - LOSWA.docx.pdf

Uploaded by: State of Maryland (MD)

Position: FWA



Board of Pharmacy

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

Jennifer L. Hardesty, Board President – Deena Speights-Napata, Executive Director

March 2, 2022

The Honorable Guy Guzzone
Chair, Senate Budget and Taxation Committee
3 West Miller Senate Office Building
Annapolis, MD 21401

RE: Senate Bill 623 – Income Tax – Subtraction Modification – Income of Health Care Workers - Letter of Support with Amendments

Dear Chairman Guzzone and Committee Members:

The Maryland Board of Pharmacy (the Board) is submitting this Letter of Support with Amendment for Senate Bill (SB) 623 – Income Tax – Subtraction Modification – Income of Health Care Workers.

SB 623 will allow certain health care workers to take a taxable deduction in an amount equal to \$25,000 from their federal adjusted gross income to determine their Maryland adjusted gross income for a taxable year beginning after December 31, 2020, but before January 1, 2023. SB 623 will extend the tax deduction to certain licensed or certified health care workers who provide primary care, behavioral health services, or dental services.

It is the Board's desire that pharmacists, pharmacy interns, pharmacy students participating in an experiential learning program, and pharmacy technicians be included in SB 623. As written, SB 623's definition of a "health care worker" does not include an individual involved in the provision of pharmaceutical services. Pharmaceutical services are integral to the care of many patients; therefore, "pharmaceutical services" should be included as a qualifying care category.

The Board recommends a favorable report on SB 623 with the proposed amendment. If you would like to discuss this further, please do not hesitate to contact me at deena.speights-napata@maryland.gov / (410) 764 – 4753.

Sincerely,

Deena Speights-Napata, MA
Executive Director

Jennifer L. Hardesty,
PharmD, FASCP
President

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.

AMENDMENTS:

- Page 2, line 9, delete “or.”
- Page 2, line 10, delete the period after “dental services,” insert a semicolon, and insert “OR.”
- Page 2, line 11, move the text on line 11 to line 12.
- Page 2, line 11, insert “PHARMACEUTICAL SERVICES.”

14b - SB 623 - X - B&T - BON - LOSWA.docx.pdf

Uploaded by: State of Maryland (MD)

Position: FWA



Board of Nursing

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

February 23, 2022

The Honorable Guy Guzzone
Chair, Budget and Taxation Committee
Miller Senate Office Building, 3 West
Annapolis, MD 21401

RE: Senate Bill 623 – Income Tax – Subtraction Modification – Income of Health Care Workers

Dear Chairman Guzzone and Committee Members:

The Maryland Board of Nursing (the Board) respectfully submits this letter of support with amendments for Senate Bill (SB) 623 – Income Tax – Subtraction Modification – Income of Health Care Workers. This bill allows, for certain taxable years, a subtraction modification under the Maryland income tax for certain income earned by certain health care workers.

The Board strongly supports nurses receiving a tax modification for their hard work and sacrifice during and in the midst of the pandemic. The state of Maryland has encountered many turbulent changes and has been greatly impacted within the last few years. Nursing personnel, however, have adapted and persistently worked to overcome barriers to providing high quality care to patients across all fields of specialty and with varying health complexities. As the pandemic continues, the Board believes it is imperative to incentivize and reward our essential healthcare workers so they are both drawn to the field and remain in practice long after the pandemic ends.

The Board believes, however, that the tax modification should include other fields of specialty outside of primary care, behavioral health, and dentistry. Healthcare workers administering emergency, intensive care, and long-term care services should also be eligible to receive a tax modification of \$25,000. The pandemic has substantially impacted these areas, and Maryland’s most vulnerable and ill patients have relied on healthcare workers to provide these services. As such, the Board has provided the following amendments to reflect this provision appropriately.

Section 10-207 of the Tax – General Article. On page 2. Lines 6 – 7.

1. PRIMARY CARE, INCLUDING OBSTETRICS, GYNECOLOGICAL SERVICES, OR PEDIATRIC SERVICES [, GERIATRIC SERVICES];

Section 10-207 of the Tax – General Article. After Line 10. Add:

4. EMERGENCY SERVICES

5. INTENSIVE CARE SERVICES

6. GERIATRIC OR LONG TERM CARE SERVICES

For the reasons discussed above, the Board of Nursing respectfully submits this letter of support with amendments for SB 623.

I hope this information is useful. For more information, please contact Iman Farid, Health Policy Analyst, at (410) 585 – 1536 (iman.farid@maryland.gov) or Rhonda Scott, Deputy Director, at (410) 585 – 1953 (rhonda.scott2@maryland.gov).

Sincerely,

A handwritten signature in black ink, appearing to read "G. Hicks", with a long horizontal stroke extending to the left.

Gary N. Hicks
Board President

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.

SB0623-BT_MACo_OPP.pdf

Uploaded by: Kevin Kinnally

Position: UNF



Senate Bill 623

Income Tax - Subtraction Modification - Income of Health Care Workers

MACo Position: **OPPOSE**

To: Budget and Taxation Committee

Date: March 2, 2022

From: Kevin Kinnally

Tax Incentives and Local Government Autonomy

Counties are eager and committed partners in promoting economic growth and creating opportunity – and prefer local autonomy in determining the best way locally. The Maryland Association of Counties (MACo) opposes state-mandated reductions in local revenue sources, but county governments welcome flexible and optional tools to serve and react to local needs and community priorities.

The General Assembly routinely considers broad or targeted tax incentives to stimulate economic growth, encourage beneficial activities, or attract and retain residents. These proposals sometimes focus exclusively on the state's tax structure, but often extend to local revenues as well.

In general, MACo stands for local self-determination. Counties, led by locally elected leaders directly accountable within the communities they serve, are best positioned to govern local affairs – ranging from land use to fiscal matters. MACo steadfastly guards this local autonomy and consistently advocates against one-size-fits-all policies that override local decision-making.

State tax incentives should be enacted as "local option" offerings to allow counties maximum flexibility in tailoring local policies to meet local needs and priorities. The State and its local governments already work together here – where the State routinely grants a state-level property tax credit, but then enables county governments to enact their own as a local option.

MACo urges the Committee to primarily consider state income tax credits as the best means to incorporate local tax relief as part of a broader policy. MACo and county governments stand ready to work with state policymakers to craft flexible and optional tools to deliver broad or targeted tax incentives, but resist state-mandated changes that preclude local input.

INFORMATIONAL.SB623.MDRTL.L.Bogley.pdf

Uploaded by: Laura Bogley

Position: INFO



Informational

SB 623 - Income Tax - Subtraction Modification - Income of Health Care Workers

By Laura Bogley, JD

Director of Legislation, Maryland Right to Life

Maryland Right to Life (MDRTL) is concerned about the strong likelihood that SB 623 will be utilized by the abortion industry to further evade tax liability. SB 623 authorizes a subtraction modification, or essentially a tax credit, of up to \$25,000 each year for health care workers and specifically those in the *obstetrics and gynecological fields*.

Without your amendment, this bill will necessarily apply to abortion workers and contribute to the enrichment of the abortion industry. Enacting this bill without amendment would be a breach in your fiduciary duty to state taxpayers.

Maryland Right to Life has repeatedly advised legislators of the stated intent and agenda of the abortion industry is to increase abortion sales, particularly lethal chemical abortion sales, by expanding the number of health care workers who may perform or provide abortions, by expanding their scope of practice and incentivizing them with financial inducements.

This bill is one link in the abortion industry's chain of multiple piecemeal bills to achieve that goal as well as their priority bill the "Abortion Care Access Act" that repeals the physician only requirement for performing abortions and commits public funding to train non-physician abortion providers.

Collectively, these bills enrich the abortion industry by ensuring that Maryland taxpayers cover all their costs of doing business, while ensuring that they collect all the profit without paying their fair share of taxes or revenues to the state.

Undermining Physician Requirement - One of the few health and safety protections for pregnant women in the Maryland Code is the legal requirement that only a licensed physician may perform abortions. But the abortion industry is asking the state to authorize them to put profits over pregnant patients and allow practically anyone to "perform" surgical abortions and "provide" dangerous chemical abortion pills. Nurse practitioners already are performing abortions in violation of state law.

Expanding Abortion Workforce - We oppose introduction or passage of any bill that expands the 'scope of practice' of any health care provider or other worker without excluding abortion and abortion funding. Scope or independence of practice typically describes the procedures, actions, and processes that a health care practitioner is permitted to undertake in keeping with the terms of their professional license. This scope is often defined through bureaucratic process and health occupation boards with limited public input, reporting or accountability.

It has long been the strategy of the pro-abortion movement to use a broad definition of 'scope' of practice as a means of increasing the number of lower health care workers licensed to perform or provide abortion. Expanding the number of people who can provide abortion will increase the number of preborn children being killed and will put more women at risk of substandard medical care, injury and death.

9 out of 10 ob/gyn's refuse to commit abortions because they recognize the scientific fact that a human fetus is a living human being and they have sworn a Hippocratic Oath to first do no harm to patients. The abortion industry's solution is three-fold: (1) circumvent physician requirements in the law by authorizing lower-skilled health workers to perform or provide abortion; (2) authorize a wide variety of abortion providers to remotely prescribe and distribute abortion pills, including across state lines through interstate

licensing agreements; AND (3) force taxpayers to fully fund abortion and to train and reimburse abortion providers to kill children.

“D-I-Y Abortion” Drugs - Reckless public health policies that authorize the unregulated proliferation of chemical abortion pills are brazenly removing abortion further outside the spectrum of “health care” as most women are now prescribed these lethal pills without the benefit of a physician’s examination. Physicians now serve only a tangential role on paper, either as medical directors for clinics or as remote prescribers of abortion pills. These non-medical abortion providers will be eligible for Maryland Medicaid reimbursement as well as undisclosed gratuities from drug manufacturers.

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. But 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%.

UNSAFE - The practice of abortion in America has become the “**red light district**” of medicine, populated by dangerous, substandard providers. With the proliferation of chemical abortion pills, the abortion industry itself has exposed women to “back alley” style abortions, where they bleed alone without medical supervision or assistance.

UNENFORCED - The Maryland Department of Health has failed to ensure that existing abortion providers and facilities are complying with Maryland law. Women continue to be injured and killed in Maryland because of ineffective enforcement of existing abortion regulations. There are reports that unlicensed physicians continue to perform abortions in Maryland. The broad expansion of lower-skilled abortion providers, will create an enforcement nightmare for the Maryland Department of Health.

We must protect pregnant women in Maryland and other states by preserving the physician only requirement for all abortions (both surgical and chemical) and by making it clear that it is not within the scope or independence of practice of lower health care workers to provide or perform abortion.

First Amendment Conscience Rights - To ensure that the State of Maryland has a sufficient number of practicing medical professionals to meet the health needs of Maryland citizens, the legislature must not infringe on the Constitutional rights of Free Exercise of Religion and rights of Conscience of medical providers, and must ensure that conscience rights clauses are included in any legislation that attempts to expand or redefine the scope of practice.

NO PUBLIC FUNDING - Maryland is one of only 4 states that forces taxpayers to fund abortions. There is *bi-partisan unity* on prohibiting the use of taxpayer funding for abortion. 54% percent of those surveyed in a January 2022 Marist poll say they oppose taxpayer funding of abortion.

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.

ABORTION IS NOT HEALTH CARE – Pregnancy is not a disease and abortion kills, not cures. The fact that 85% of OB-GYNs in a representative national survey will not participate in abortions is glaring evidence that abortion is not an essential part of women’s healthcare. Abortion is never medically necessary and poses risks to women’s physical and emotional health as well as to the health of future pregnancies. Women have better options for family planning and well woman care. For each Planned Parenthood in Maryland, there are 14 federally qualifying health centers and 4 pro-life pregnancy centers providing FREE services for women. The Maryland Department of Health must give women real

CHOICE and protect women from abortion coercion, by providing information about and referrals to lifesaving alternatives to abortion.

INVEST IN LIFE - 81% of Americans polled favor laws that protect both the lives of women and unborn children. Public funds should not be *diverted from* but *prioritized for* health and family planning services which have the objective of saving the lives of both mothers 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 respectfully urge you to amend this bill to exclude its application to abortion. While a statement of legislative intent by the bill sponsors may serve as an historical footnote, it will not prevent exploitation of this law by the abortion industry. We urge you to vote against any measure to allocate public funds to abortion providers, services, education, training or promotion. We appeal to you to prioritize the state's interest in human life and restore to all people, born and preborn, our natural and Constitutional rights to life, liberty, freedom of speech and religion.

Terrifying Botched Abortion by Nurse Results in Multi-Million-Dollar Suit Against Brigham-Connected Late-Term Facility (Excerpt Only)

October 14, 2021 By [Operation Rescue 14 Comments](#)



Capital Women's Services is a late-term abortion facility in Washington, D.C. with connections to the discredited New Jersey abortionist Steven Chase Brigham. This is where a nurse conducted a botched late-term abortion that resulted in a major medical malpractice suit.

By Cheryl Sullenger

Washington, D.C. – From the moment [Capital Women's Services](#) opened in 2017, there was controversy. The facility had quietly located in an unremarkable multi-office building on Georgia Avenue in northwest Washington, D.C. where there were few regulations that would hamper its very-late-term abortion business.

Nightmare begins

Markeisha Hemsley, a Maryland resident, arrived at Capital Women's Services between 8:00 and 9:00 a.m. on the morning of October 25, 2018, for a second trimester Dilation and Evacuation (D&E) abortion. When she first made her appointment, the only information the scheduler asked for was her name and the length of her pregnancy. Hemsley was accompanied to the abortion facility by her mother. Together, they had managed to scrape together the \$1,495 for the second trimester abortion, which was paid with a combination of cash and credit card. Hemsley's malpractice complaint alleged that she was never fully informed about her abortion, which is a hallmark of Brigham's known practices. She was never told by anyone at Capital Women's Services what to expect, who would be doing her abortion, how the abortion would be done, or what risks she might be assuming in giving her consent for the abortion.

Hemsley's baby was 20.3 weeks gestation.

The lawsuit's [statement of facts](#) explained the national standard used for abortions at 20.3 weeks of pregnancy. The national standard of care for second-trimester abortions, and specifically for procedures at gestational periods of 20.3 weeks, required 1) the use of an osmotic dilator, typically laminaria, inserted 12-24 hours prior in order to dilate the cervix to 3-4 centimeters, depending on the size of the fetal tissue; 2) the use of two sizes of forceps, referred to as Bierer and Sopher forceps, to extract the fetal tissue and majority of the placenta through the cervix; and 3) a suction curette to then extract the remainder of the fetal tissue and placenta inside of the uterus. Cannulas are rarely wide enough to adequately aspirate the large amount of fetal tissue present at this gestational age. However, the national standard, as horrific as it is for the baby, was not even close to what Hemsley got.

At around 11:30 a.m., Hemsley was given two doses of Misoprostol. One dose was taken immediately and the second dose an hour later.

Her dosage was the same as given by Capital Women's Services for Methotrexate and Misoprostol (M&M) chemical abortions done at home over a period of several hours or days. In Hemsley's situation, the doses should have been taken three hours apart, with the abortion beginning six hours later for maximum dilation effect. This would have an impact on how the day unfolded.

About two hours and 45 minutes after taking the first dose, Hemsley's name was called, and she was escorted to a procedure room.

Nurse Jefferson

That's when she met [Khalilah Q. Jefferson](#) for the first time. Jefferson had entered the room wearing a white lab coat, but never introduced herself, leaving Hemsley to assume she was a doctor.

Jefferson is, in fact, licensed as a registered nurse and a certified registered nurse practitioner in Washington, D.C., and Maryland — not a licensed physician.

In the District of Columbia, non-physicians, including nurse practitioners, are allowed to conduct abortions with no apparent gestational limit. However, second trimester abortions require a very different skill set than simply handing someone abortion pills, or even conducting a relatively simpler first trimester suction aspiration abortion. Nurse Practitioners simply are not qualified to conduct surgeries of this nature. During the second trimester, the risk of medical catastrophe rises with each passing week. The fact that Capital Women's Services allowed an unsupervised nurse practitioner to conduct complex second trimester D&E abortions – presumably up to 36 weeks – was appalling. The danger this posed cannot be overstated.

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With Hemsley under the illusion that Jefferson was a physician, Jefferson told her to “get undressed, lay down on the operating table, and place her legs in stirrups.” At approximately 2:15 p.m., Jefferson injected two drugs to induce conscious sedation. That was enough, along with the improper dosing of Misoprostol, to cause Hemsley to turn on her side and vomit.

Botched

Jefferson then began the abortion using mechanical dilators, which were insufficient to adequately open Hemsley's cervix large enough to use the forceps needed to complete her abortion. It is important to note that her malpractice suit claims that osmotic dilators, such as laminaria, were *never* used on Hemsley.

In fact, Hemsley has no memory of seeing Jefferson use forceps at Capital Women's Services. According to the legal complaint, Jefferson negligently used a suction cannula with ultrasound guidance to begin removing the baby's body parts without bothering to first remove the larger pieces of the baby that would not fit through the suction tubing.

By this time, the sedation was beginning to wear off and Hemsley began to feel excruciating pain. As Jefferson rolled the ultrasound transducer over her abdomen, Hemsley heard Jefferson say repeatedly, “I missed it.”

According to treatment records referenced in the legal complaint, Jefferson was looking for the baby's calvarium, or skull. Jefferson had perforated Hemsley's uterus and shoved her baby's head through the tear where it lodged in her abdomen.

At this point, Jefferson should have called an ambulance to transport Hemsley to a hospital where she could get the surgery she needed to remove the calvarium and treat her uterine perforation and other complications.

Instead, Nurse Jefferson left the procedure room to inform Hemsley's mother that “the sonogram was not giving a clear enough image of the fetus, and that she wanted to move Ms. Hemsley to ‘her other office’ where they had better equipment,” according to the complaint.

“Shut up!”

Jefferson never bothered to tell Hemsley's mother that the “other office” was in Maryland and that no ambulance would be called.

Suffering in pain with a life-threatening internal injury, Hemsley was placed in the back seat of Jefferson's personal BMW SUV with the help of other clinic workers.

Unsure of where she was being taken and in so much pain that she feared she might die, Hemsley begged Jefferson to take her to a hospital.

The complaint narrative described Jefferson's atrocious behavior during the estimated 27-minute nightmarish drive from the D.C. facility to the Moore OBGYN's Greenbelt, Maryland office:

Jefferson transported Ms. Hemsley to the Moore OBGYN facility at 7525 Greenway Center Drive in Greenbelt, MD, approximately 14 miles away and across a state line. Ms. Hemsley remained in tremendous pain and pleaded for Jefferson to stop and take her to the hospital. In response, Jefferson turned the volume up on the stereo to drown out Ms. Hemsley's cries, insulted her, and yelled, “Shut up!”

With the help of an unidentified employee of Moore OBGYN, Hemsley was taken inside, placed on a “operating table,” and hooked up to a sonogram belt. Hemsley lay in pain, unsure of what would happen next.

Illegal abortion?

Jefferson attempted to complete the abortion, even though in Maryland, to do so was a violation of state law that allows only licensed physicians to conduct abortions.

Hemsley's malpractice complaint detailed what happened next.

At this point, Ms. Hemsley's medication had worn off, and she was in extreme pain. She cried out for Jefferson to stop and felt like she was going to die.

Jefferson did not stop and . . . used forceps to try to remove the calvarium from the abdominal cavity through the cervix, a hazardous maneuver with Ms. Hemsley's uterus already perforated.

[Hemsley's mother], who had followed Jefferson to the Moore OBGYN facility and heard her daughter's cries, entered the operating room and saw Jefferson standing in front of her screaming daughter holding bloody forceps. Jefferson finally relented and agreed that Hemsley should go to the hospital. As Hemsley's mom attempted to call for an ambulance, Jefferson pleaded with her not to reveal the location of the office.

It is unknown how Jefferson thought the ambulance would know how to reach them if the 911 dispatcher was not given the address.

Hemsley's mother refused not to identify the office, so Jefferson then "grabbed [the] phone from her hand and impersonated [Hemsley's mother] to the 9-1-1 dispatcher, repeatedly referring to Ms. Hemsley as 'my daughter.'" Hemsley, with only her mother's help, was forced to take an elevator to the lower floor then wait on the curb for the ambulance. Held up by her mom, Hemsley drifted in and out of consciousness due to the extreme pain.

When the ambulance arrived, Jefferson "intercepted" the EMTs and identified herself as an employee of Moore OBGYN. She then proceeded to give them a false story about Hemsley's abortion and the true extent of her injuries.

"This misrepresentation was intentional, self-serving, reckless, completely disregarded Ms. Hemsley's rights, and prolonged her pain and suffering," the complaint stated.

Other lies

In Hemsley's charts, Jefferson repeatedly omitted important information or just downright lied about her procedures and Hemsley's condition during the abortion.

Below is an example quoted directly from Hemsley's malpractice complaint.

Hemsley's cervix was noted as dilated to 101 millimeters, or 10.1 centimeters. This diameter is both physically impossible with a mechanical dilator and medically unnecessary. Jefferson also reported an estimated blood loss of just 25 mL, an astonishingly low number for a procedure that typically produces a blood loss in the 100 mL — 400 mL range.

For the record, [complete cervical dilation](#) for a woman delivering a full-term baby is 10 cm, at which time, she can begin to push the baby into the world.

Finally at the hospital

Hemsley was finally transported by ambulance to George Washington Hospital's emergency room, arriving at 6:15 p.m. There, she displayed an "altered state of consciousness" and complained of throbbing, severe abdominal pain. She was diagnosed with massive internal bleeding. Doctors discovered a seven-centimeter (or nearly 3 inch) tear in the uterus.

Hemsley was rushed into surgery where she was given a horizontal "bikini" incision that stretched from hip to hip so that the surgeon could clean up the blood that pooled between her organs, repair her uterine perforation, and inspect her urethra and bladder for injury. Her uterus was temporarily removed from her body so the skull of her baby could be located and removed.

A doctor consulted with Hemsley after her surgery and advised her not to have children for two years. She explained that if Hemsley ever did become pregnant, she would require strict monitoring and could never deliver vaginally again.

In all, Hemsley spent four days in the hospital.

She was so traumatized by her horrific experience that she feared seeing an OBGYN. It wasn't until February 2021 that she was able to muster the courage to visit an OBGYN again. She continues to suffer "psychological and emotional symptoms, especially in October."

Hemsley's lawsuit is seeking a total of \$30 million in compensatory and punitive damages, costs, and whatever other relief "the court deems just and proper."