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I strongly oppose House Bill 1139, "Prohibition on Expenditures for Abortion."

According to current Maryland state law and the U.S. Supreme Court 1973 Roe v. Wade ruling, women experiencing financial insecurity are no less deserving of the reproductive rights as guaranteed them under the law. Roe versus Wade aside, there are medically recognized reasons for providing women with drugs that can cause an abortion, and section 7-240(A)(2)(II) is woefully incomplete. For instance, there are numerous other instances when "abortions" are considered necessary, and there are instances when a fetus will not survive long or will have no quality of life once out of the womb, and the mental health of the mother needs to be a consideration. Also, "Fetal abnormality" and quality of life are subjective and, therefore, decisions about termination of pregnancy should remain in the private realm of women and their physicians. For instance, if a fetus has a heartbeat but no skull, the mother will be informed by medical professionals that the fetus will not survive for long outside the womb, and she should have the option to terminate in order to reduce physical suffering of the fetus as well as reduce her own psychological suffering.

I also oppose limiting public funds for the teaching of "abortion" procedures, because studies show that medical professionals who have this specific type of training are better equipped to help women experiencing miscarriage (pregnancy failure) and stillbirth, or complications thereof. The narrow definitions of "abortion or related services" do not take this into account, and medical professionals attending public institutions of higher education are entitled to this training even if their education costs are subsidized due to financial need. For instance, training in Dilation and Extraction has been shown to be a necessary part of miscarriage management and should not be excluded from publicly funded institutions (Steinauer, Jody, et al. 2018. Abortion Training in US Obstetrics and Gynecology Residency Programs. *American Journal of Obstetrics and Gynecology*, Vol. 219, Issue 1, pp.86).