



Unfavorable
HB952 – Access to Abortion Care & Health Insurance Act
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Abortion Access: Putting Profits Over Pregnant Patients

Maryland Right to Life (MDRTL) opposes HB 952- Access to Abortion Care & Health Insurance Act. By enacting this bill, you will be infringing on citizens rights to the Free Exercise of Religion and rights of conscience, by forcing taxpayers to fund abortions. The bill commits additional public funding for abortion and diverts public funds away from lifesaving alternatives to abortion including access to legitimate reproductive health care, quality prenatal care, foster care reform and affordable adoption programs.

The abortion industry's solution to the lack of willing abortion providers 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 reimburse abortion providers to kill children.

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.

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.

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.

“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%.

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. Maryland is one of only 3 states that shield abortionists from criminal liability by refusing to report abortion data to the CDC. As a result, the state is failing to accurately assess how well it is providing for the needs of pregnant women.

For these reasons, we respectfully urge you to vote against this bill and any other measures 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.

Exhibit 34
Abortion Services
Fiscal 2020

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

Reason

1. Life of the woman endangered.

Total Received

II. Abortion Services Eligible for State-only Funding
(Based on restrictions contained in the fiscal 2020 State budget)

1. Likely to result in the death of the woman.
2. Substantial risk that continuation of the pregnancy could have effect on the woman's present or future physical health.
3. Medical evidence that continuation of the pregnancy is creating the woman's mental health and, if carried to term, there is a serious or long-lasting effect on the woman's future mental health.
4. Within a reasonable degree of medical certainty that the fetus has a defect or serious deformity or abnormality.
5. Victim of rape, sexual offense, or incest.

Total Fiscal 2020 Claims Received Through November 2020