

HB1210_USM_UNF.pdf

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HOUSE APPROPRIATIONS COMMITTEE

House Bill 1210

Public Institutions of Higher Education - Student Health Insurance Plan Enrollment

March 16, 2023

Unfavorable

Chair Barnes, Vice Chair Chang, and members of the committee, thank you for the opportunity to share our position on House Bill 1210. The bill prohibits “automatic” enrollment in student health insurance plans offered by public institutions of higher education.

The University System of Maryland (USM) does not enroll students in health plans. The president of each constituent institution has the duty to “*[s]et tuition and fees*” for students enrolled in their institution, subject to the authority of the Board of Regents and the Board’s applicable regulations and policies granted in Section 12-109(e)(7) of the Education Article. Functionally, each institution manages their own student health insurance rules and requirements.

Student health plans have long been available as a way for college students to obtain health insurance coverage. But prior to the enactment of the Affordable Care Act (ACA), student health plans were very loosely regulated, and the coverage was often inadequate if an enrollee experienced a significant medical event. Young adults are allowed to remain on a parent's health insurance plan until they turn 26 (this applies regardless of whether they're in school). Depending on how much the parent pays in premiums after any employer contributions, it may be more cost-effective for the family to have the student purchase individual health insurance or enroll in the student health plan. There's no one-size-fits-all answer.

Medicaid eligibility has been expanded under the ACA, and 37 states plus DC have implemented the new eligibility guidelines. In those states, coverage is available with household income up to 138% of the poverty level, which amounts to \$18,754 in 2022 for a single individual in the continental U.S. Students are eligible to receive subsidies (assuming they're eligible based on income) regardless of whether their school offers student health insurance (in contrast, premium subsidies are usually not available when a person has access to an employer-sponsored plan).

Prior to the ACA, student health plans tended to have low lifetime benefit caps and often had gaps in the coverage. But the ACA created new consumer protections for student health plans, ensuring that these plans meet the same standards that the ACA also implemented for individual and small group plans. As a result, nearly all student health plans cover the essential health benefits with no dollar limit on how much the plan will pay.

The USM believes that each student should have access to a quality health insurance plan that provides adequate coverage in preventative and unexpected circumstances. Now that the ACA makes that a possibility for more Americans, the USM can assist students in accessing such a vital service.

Thank you for allowing the USM to share these thoughts on House Bill 1210.



About the University System of Maryland

The University System of Maryland (USM)—one system made up of twelve institutions, three regional centers, and a central office—awards eight out of every ten bachelor’s degrees in the State of Maryland. The USM is governed by a Board of Regents, comprised of twenty-one members from diverse professional and personal backgrounds. The chancellor, Dr. Jay Perman, oversees and manages the operations of USM. However, each constituent institution is run by its own president who has authority over that university. Each of USM’s 12 institutions has a distinct and unique approach to the mission of educating students and promoting the economic, intellectual, and cultural growth of its surrounding community. These institutions are located throughout the state, from western Maryland to the Eastern Shore, with the flagship campus in the Washington suburbs. The USM includes Historically Black Colleges and Universities, comprehensive institutions, research universities, and the country’s largest public online institution.

USM Office of Government Relations - Patrick Hogan: phogan@usmd.edu

2023 HB1210 Written Testimony.pdf

Uploaded by: Deborah Brocato

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Opposition Statement HB1210
Public Institutions of Higher Education -
Student Health Insurance Plan Enrollment
Deborah Brocato, Legislative Consultant
Maryland Right to Life

We strongly oppose **HB1210**

On behalf of our Board of Directors and our followers across the state, we strongly object to HB1210. This bill forces county high schools to become an active partner with the abortion industry using taxpayer funds, subject minor children to abortion coercion at the hands of adults within the school system, and undermines parental rights to make medical decisions for their children. We once again urge the state to put the safety of patients, in this case schools children, before abortion politics and profit, by issuing an unfavorable report on this reckless bill.

The state of Maryland including the Department of Education and the Department of Health have become state sponsors of the abortion industry, using taxpayer funds to contract out educational curriculum development, programs training and school health services to questionable third-party organizations that are financially interested in abortion sales, including Planned Parenthood and Advocates for Youth.

Together they have established the existing *Maryland Comprehensive Health Education Framework* and the *Maryland Standards for School-Based Health Centers*. They are pushing a radical sexuality agenda beginning in kindergarten, that includes medically inaccurate curriculum that is not healthful or appropriate at any age. They are intentionally miseducating children about human reproduction, falsely instructing that a new human life does not begin at fertilization but at implantation, and therefore justify the use of common abortifacient drugs to "prevent pregnancy." This is despite the scientific fact that 95% of biologists agree that new life begins at fertilization.

Planned Parenthood cannot be trusted with the reproductive health of our youth. Abortion businesses have been exposed promoting irresponsible sex and providing faulty contraception to meet abortion sale quotas.

Carol Everett operated abortion clinics in the Dallas area in the 1970s and explained how sex-ed was an important part of cultivating and maintaining abortion sales among younger clientele: "Sex-ed was calculated, she said, 'to separate the children from their values and their parents,' adding that, at one point, her business goal 'was to assure every girl between the ages of 13 and 18 have three to five abortions.'" Finally, in junior high, Everett said, "My goal was to get them sexually active on a low dose birth control pill that we knew they would get pregnant on. How do you do that? You give them a low dose birth control pill that has to be taken



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accurately at the same time every single day. And you know and I know there's not a teen in the world who does everything the same time every day."

Recently, the Maryland General Assembly removed oversight of School Based Health Centers from the Department of Education and gave the department of Health unilateral bureaucratic control over health education. They broadly expanded what type of providers may manage and operate School Based Health Centers. We are opposed to any policy that allows Planned Parenthood to manage clinics on school grounds as they currently do in Los Angeles, California (see Washington Examiner article).

Under the influence of the abortion lobby, including Advocates for Youth, the state has given adults unfettered access to prey on school children. During the school day, a minor girl may undergo a medical procedure to implant birth control, get free transportation to an abortion mill, or possibly receive chemical abortion pills, all with an excused absence and without parental notice or consent (SBHC attachment). The lack of parental notification under existing standards, puts students at greater risk of abortion coercion, undiagnosed abortion complications including death, and enables pedophiles and sexual abusers to continue abusing child victims.

Maryland is failing to protect children. The Assembly removed protections under the law for children by reducing the age of medical consent for behavioral health services to age 12. Mental health, including anxiety or depression has long been used to justify taxpayer funded abortion including on minor girls. Many of the same businesses who commit abortions, are expanding their business models and their reach over defenseless children by pushing puberty blockers and gender mutilation. Some have expressed their intention to use school psychologists and counselors as a feeder system to prey upon school children for their own financial gain.

Parental notice and consent provide better outcomes for youth. Maryland Right to Life trusts parents to make the best decisions about their children's health. State law must recognize the natural and legal right of parents to provide consent for their children's medical care. But the state has repeatedly demonstrated a wanton disregard for the rights of parents and the welfare of school children. Under the influence of the abortion industry, the state removed the requirement that parents must first give permission for their child to participate in the sex ed curriculum, or to "opt in." Parents now have the obligation to "opt out" if they are provided notice at all.

Americans oppose taxpayer funding of abortion. The 2023 Marist poll shows that 60% of Americans, pro-life and pro-choice, oppose taxpayer funding of abortion. 81% of Americans favor public funds being prioritized for health and



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family planning services that save the lives of mothers and their children including programs for improving maternal health and birth and delivery outcomes, well baby care and parenting classes.

Funding restrictions are constitutional. The Supreme Court of the United States, in *Dobbs v. Jackson Women's Health* (2022), overturned *Roe v. Wade* (1973) and held that there is no right to abortion found in the Constitution of the United States. As early as 1980 the Supreme Court affirmed in *Harris v. McRae*, that *Roe* had created a limitation on government, not a government funding entitlement. 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 held that there is "*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.*"

We urge you to put parents and children before politics and profit and issue an unfavorable report on this dangerous and predatory bill, **HB1210**.

MD SBHC Reproductive Health Standards (1).pdf

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Developmentally appropriate reproductive care must be provided according to community acceptance, documented need and community norms. Reproductive health services are not in lieu of reproductive health services provided by community base health providers, SBHC are encouraged to partner with other community-based providers.

Reproductive Health Services	Level I Core	Level II Expanded	Level III Comprehensive
d. General Reproductive Health Services			
Reproductive health exam (inclusive of pap, pelvic, testicular exam)	Recommended	Recommended	Recommended
Abstinence education	Onsite	Onsite	Onsite
Referral for community based reproductive healthcare services	Onsite	Onsite	Onsite
Case management	Onsite	Onsite	Onsite
Pregnancy testing	Onsite	Onsite	Onsite
Reproductive Health Education	Onsite	Onsite	Onsite
e. Family Planning Services			
Family Planning Services	Recommended	Recommended	Recommended
Prescriptions for contraceptives	Recommended	Recommended	Recommended
Comprehensive pregnancy options/ pregnancy counseling	Recommended	Recommended	Recommended
Case management	Onsite	Onsite	Onsite
Referral for community based reproductive healthcare services	Onsite	Onsite	Onsite
Condom availability	Recommended	Recommended	Recommended
Prenatal care	Referral	Referral	Referral
Informing and referring for birth control	Onsite	Onsite	Onsite
Dispensing contraceptives	Onsite or Referral	Onsite or Referral	Onsite or Referral
f. STD/STI Services			
Case management	Onsite	Onsite	Onsite
STD/STI treatment and testing	Onsite	Onsite	Onsite
Condom availability	Recommended	Recommended	Recommended
HIV pre- and post-test counseling/HIV testing	Recommended	Recommended	Recommended
HIV/AIDS treatment	Referral	Referral	Referral

Mental Health Services must be provided in collaboration with a licensed provider for those students requiring psychotropic drugs as part of their treatment.

g. Mental Health Services	Level I Core	Level II Expanded	Level III Comprehensive
Individual mental health assessment	Referral	Onsite	Onsite
Mental health treatment	Referral	Onsite	Onsite
Mental health crisis intervention	Referral	Onsite	Onsite
Group therapy	Referral	Onsite	Onsite
Family therapy	Referral	Onsite	Onsite
Consultation with school administrators, parent/guardian, teachers and students	Onsite	Onsite	Onsite
Psychiatric evaluation	Onsite or Referral	Onsite or Referral	Onsite or Referral
Psychiatric medication management	Onsite or Referral	Onsite or Referral	Onsite or Referral

Washington Examiner, PP and High Schools (3).pdf

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Position: UNF

Planned Parenthood plans to infiltrate high schools

by Kate Hardiman, Contributor

December 16, 2019 02:07 PM

Planned Parenthood announced it will be opening 50 clinics in Los Angeles high schools last week. This is just the organization's latest attempt to infuse its values into the public school system.

Though the new "Wellbeing Centers" stop short of offering surgical abortions, they will provide emergency contraception, STI testing and treatment, and a wide range of birth control options. Funded by a \$10 million grant from Los Angeles County and \$6 million from Planned Parenthood, 50 clinics will open over the next three years, available to more than 75,000 students.

Students can walk into the clinics anytime — including during class. Per California law, minors can receive emergency contraception and other forms of birth control, and healthcare providers are not allowed to inform their parents without the minor's permission.

The clinics will also train hundreds of teens to be "peer advocates" about "safe sex and relationships" and will provide "pregnancy counseling." Pro-life advocates believe these are thinly-veiled efforts to drive more business to Planned Parenthood's abortion-providing clinics.

"If LAUSD truly cares about the health of our daughters (and sons) it would not give unfettered access to our kids to an organization that directly benefits from unplanned pregnancies," 28-year California public school teacher and founder of the nonprofit organization For Kids and Country Rebecca Friedrichs said in a statement.

"District officials are quick to point out these clinics won't technically offer abortions on-premises, but no one is fooled that abortion won't be heavily pushed on our daughters and sons by an organization that has made billions off the macabre practice," she concluded.

This move builds upon the controversial sex education framework California forced into its public schools in April. Planned Parenthood helped draft and lobby for this effort — which pushes schools to teach young children about gender identity and how to perform certain types of sexual acts.

Roughly 200 parents marched on Sacramento against the curriculum before it was enacted, and a petition in Fremont, California, garnered more than 8,000 signatures. The outcry over Planned Parenthood's new in-school clinics could be even louder.

Parents should be alarmed by Planned Parenthood's latest effort to usurp their authority as the primary educators of their children, and the Los Angeles school system's acquiescence. As progressive groups continue to co-opt public schools, parents will increasingly face a decision about whether they must leave the system — or risk the state deciding it knows best for their children.

Kate Hardiman is a contributor to the Washington Examiner's Beltway Confidential blog. She taught high school in Chicago for two years while earning her M.Ed. and is now a J.D. candidate at Georgetown University Law Center.