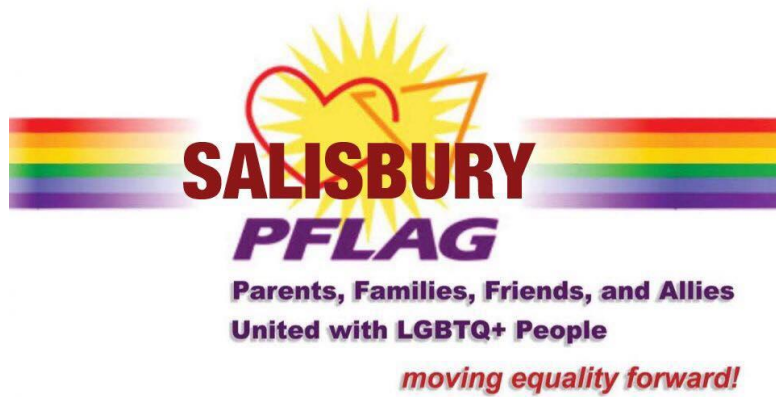


# **reproductive\_health\_services.pdf**

Uploaded by: Nicole Hollywood

Position: FAV



## LEGISLATIVE TESTIMONY

Bill: **SB341 Public Senior Higher Education Institutions – Reproductive Health Services Plans**

Organization: PFLAG Salisbury Inc., PO Box 5107, Salisbury Maryland 21802

Submitted by: Nicole Hollywood, President of the Board

Position: **FAVORABLE**

### **SALISBURY PFLAG SUPPORTS REPRODUCTIVE HEALTH SERVICES IN HIGHER EDUCATION**

I am submitting this testimony in FAVOR of **SB341** on behalf of PFLAG Salisbury, the Salisbury, Maryland Chapter of PFLAG National.

LGBTQIA+ people experience a number of health disparities. They're at higher risk of certain conditions, have less access to health care, and have worse health outcomes. These disparities come from a combination of homophobia and transphobia, a lack of access to healthcare, misinformation, and inequities in our health education curriculum that keep many LGBTQIA+ youth from developing appropriate health literacy. Most importantly, a shortage of affirming providers in all care areas is a significant problem for the LGBTQIA+ in rural parts of the State such as the Eastern Shore of Maryland.

In the absence of supportive services pregnancy, sexual transmitted diseases, and parenthood can diminish a college student's ability to complete their education. Accordingly, providing students with the resources, including access to affordable contraceptive options, gender-affirming care, and information they need to decide if and when they want to start a family, is key to supporting their postsecondary success.

The expansion of reproductive health access on college campuses promises to support education for all and, by extension, uphold their Title IX civil rights. Further, history has shown that legal access to contraception, sexual transmitted infection prevention, gender-affirming care, and abortion services directly links to improved educational and economic outcomes for female students and members of the LGBTQ community.

According to the Williams Institute, "College has the capacity to reinforce the gendered and transphobic treatment that many students have already experienced in school and in society, leading to poor academic and psychosocial outcomes; or, to support and empower these students (who already show signs of resilience, in that they have completed high school and enrolled in college), thus enhancing academic and personal success." Many transgender or gender non-conforming students will begin their gender identity exploration in college and the availability of culturally appropriate gender-affirming care plays an important role in supporting and sustaining their success.

Salisbury PFLAG supports each public senior higher education institution, in consultation with students, to develop and implement a reproductive health services plan to provide at the institution or to refer students to a comprehensive range of reproductive health services; and requiring the Maryland Department of Health, on request, to provide assistance to a public senior higher education institution in developing the plan. Accordingly, Salisbury PFLAG supports SB341 and recommends a FAVORABLE report in committee.

# **SB341-APP-FAV.pdf**

Uploaded by: Nina Themelis

Position: FAV



BRANDON M. SCOTT  
MAYOR

*Office of Government Relations  
88 State Circle  
Annapolis, Maryland 21401*

**SB341**

March 23, 2023

**TO:** Members of the Appropriations Committee

**FROM:** Nina Themelis, Interim Director of Mayor's Office of Government Relations

**RE:** Senate Bill 341 – Public Senior Higher Education Institutions – Reproductive Health Services Plans – Requirements

**POSITION: Support**

Chair Barnes, Vice Chair Chang, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (SB) 341.

This bill would require public senior higher education institutions to collaborate with students on developing and implementing reproductive health services plans with optional assistance from the Maryland Department of Health. Students enter senior higher institutions of learning from various backgrounds – some straight from high school – who have a high need for reproductive health services. Many of these students have low levels of sexual and reproductive health knowledge and will need access to comprehensive reproductive health services. Access to these services can affect students' ability to persist in and successfully compete in educational programs.

There has always been a discrepancy between young people's desire to avoid pregnancy and their knowledge and ability to successfully do so. Having reproductive health services available creates an opportunity to fill gaps in services and education. This bill presents a unique opportunity for students to not only share information about reproductive health services, but also to set the tone on their campuses, in their classrooms, and amongst their peers that reproductive health is an essential component of student success.

Without access to testing and treatment, college students are at risk for several adverse sexual and reproductive health outcomes. Research suggests that college students may also be considerably more likely to experience sexual assault and intimate partner violence.<sup>1</sup> This fact increases the need for access to reproductive health services at institutions of senior higher education.

For these reasons, the BCA respectfully requests a **favorable** report on SB341.

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<sup>1</sup> Scull, T. M. (2019). *The Understudied Half of Undergraduates: Risky Sexual Behaviors among Community College Students*. Journal of American College Health.

# **Maryland Catholic Conference\_UNFAV\_SB341A.pdf**

Uploaded by: Brian Barnwell

Position: UNF



**March 23, 2023**

**Senate Bill 341**

**Public Senior Higher Education Institutions – Reproductive Health Services Plans  
– Requirements**

**House Appropriations Committee**

**Position: Unfavorable**

The Catholic Conference is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

**Senate Bill 341** requires that on or before August 1, 2024, each public senior higher education institution, in consultation with students, shall develop and implement a reproductive health services plan to provide at the institution or to refer students to various reproductive health services. It calls for the Maryland Department of Health, on request, to provide assistance to a public senior higher education institution in developing a reproductive health services plan.

Senate Bill 341 specifically says it will develop and implement a reproductive health services plan to provide at public senior higher education institutions or will refer students to a comprehensive range of reproductive health services. Unfortunately, the bill does not explicitly provide any resources or referrals for students who decide to have and parent a child. In Maryland, 18 percent of all undergraduates, or 54,908 students, are parents and 25,955 college students are single mothers.<sup>1</sup> We must provide student mothers, and/or mothers to be, resources and referrals that allow them the choice to have and parent a child. Too often a student mother, and/or mother to be is forced to choose between her child and her dreams for educational attainment. We cannot let this be the case.

There is a great need to provide students with resources and referrals that reflect their choice to have a child and parent that child. Students deserve more options than abortion.

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<sup>1</sup> <https://iwpr.org/wp-content/uploads/2020/08/Maryland.pdf>

The Maryland Catholic Conference asks for an unfavorable report on SB 341.

Thank you for your consideration.



# **UNFAVORABLE.SB341.MDRTL.L.Bogley.pdf**

Uploaded by: Laura Bogley

Position: UNF



### **Opposition Statement SB341/HB477**

Public Senior Higher Education Institutions – Reproductive Health Services Plans – Requirements

Laura Bogley, JD

Executive Director, Maryland Right to Life

Maryland Right to Life supports any public policy that enables and empowers women to choose life for their preborn children. We are willing to assist any local k-12 school system or institute of higher education in the development of policies and programs supporting pregnant students. We work with a network of providers who promote life-affirming programs for pregnant students, including Students for Life and the attached "Pregnant on Campus Bill of Rights".

However, we strongly oppose this bill that would commit public tax dollars to promote the destruction of human life through abortion. This bill is an unfunded mandate on Maryland colleges and universities to actively participate in abortion practices and promotion. It would establish a legal framework to position the abortion industry to prey on vulnerable young women without offering students access to lifesaving alternatives, prenatal care, medically accurate information or informed consent.

The bill also does not contain a conscience clause to protect the rights of faculty or staff who do not want to participate in abortion coordination or practices.

#### **State Government Obligation to Parents and Students**

The State of Maryland has an obligation to provide a safe and healthy environment for all students attending institutes of higher education within this state. The state cannot reasonably entrust abortion providers and others who stand to gain financially from the sale of abortions, with the education and care of pregnant students.

Parents send their daughters to college for an education, not for an abortion. The bill undermines parental rights to make medical decisions for their children as many young adults remain on their parents' insurance policies until the age of twenty-six. By enacting this bill the state will violate the trust of parents and far exceed its limited authority to act in place of the parents on campus, particularly in the matter of student health.

## **Abortion Coercion**

This bill would dramatically increase the risk of Abortion Coercion of pregnant students at the hands of financially motivated adults within the system. The *majority* of women who have had abortions (64%) report afterward that they were pressured into the decision. Coercion encompasses any situation in which a pregnant mother is made to feel - by any means - that she has *no choice* but an abortion. Coercion sends a mother into the belief that *either the baby dies or I will die or suffer great harm*, which may include losing a scholarship, being displaced from a team or even temporarily delaying education.

With the documented severity of physical and psychological repercussions of abortion, protection from abortion coercion becomes even more essential in ensuring that the best interests of students are protected. Under current Maryland law, there is no explicit measure prohibiting any individual from coercing a woman into abortion.

The abortion industry self-identifies as *pro-choice*, but in reality, choice has little to do with the abortion transaction. Far from enshrining protections against coercion, the abortion industry operates on omission: they omit important questions about coercion during pre-abortion "counseling", fail to provide information about the potential physical and psychological risks of abortion, and deny women the ability to view the ultrasound of their baby before abortion.

Abortion providers also have demonstrated an unwillingness to protect women and girls against sexual abuse and trafficking by refusing to report suspected abuse to law enforcement or other public authorities while agreeing to commit abortions on suspected victims.

## **MDRTL Opposes Public Funding for Abortion on Campus**

Maryland taxpayers should not be forced to subsidize abortion indoctrination, promotion and abortion violence. A 2023 Marist poll showed that 60% of people polled oppose the use of tax dollars to pay for abortion and 81% favor laws that protect both the lives of women and unborn children. Public funds instead should be prioritized to fund legitimate 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.

Pregnant women have better alternatives for maternal health. There are 14 federally qualifying health centers

and 4 pregnancy centers for each Planned Parenthood in Maryland. Planned Parenthood profits from abortion sales and is not a significant provider of prenatal care or adoption referrals.

While federal Title IX requires any institution that receives federal funds to provide equal accommodation for pregnancy or *termination* of pregnancy, including things like larger desks and excused absences, the state has no legal obligation to provide access, coordination or public funding for abortion including on college campuses.

### **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.*”

### **Abortion is not healthcare**

Abortion is not healthcare. It is violence and brutality that 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 perform abortions on their patients is glaring evidence that abortion is not an essential part of women's healthcare.

Recent acts of abortion activists occupying the Maryland General Assembly have completely removed abortion from the spectrum of healthcare. As a result of the Abortion Care Access Act of 2022, sponsored by Delegate Ariana Kelly (D-Montgomery), a former NARAL employee, poor women will be deprived access to care through a licensed physician. The state is now allowing any “certified provider of abortion care” to perform or provide both surgical and chemical abortion through birth.

Combine this with the fact that 54% of abortions are now “Do-It-Yourself” abortions where women are remotely prescribed dangerous abortion pills without a physician's examination and are left to hemorrhage alone until their bodies forcefully expel their babies' bodies, and the argument that abortion is healthcare is completely discredited.

## **Abortion is a Failed Policy**

Nearly fifty years of federal abortion mandates on the state have failed to cure the underlying socio-economic challenges women face in raising their families. The abortion industry has failed to reduce pregnancies, but only reduced the number of *live births*. In fact, the number of abortions has increased proportionately with the increase in public funding for abortion businesses.

Planned Parenthood and their network of organizations are financially invested in unplanned pregnancies that increase abortion profits. They cannot be trusted to instruct children and young adults in human reproduction and sexuality or to promote their abortion business under the guise of student “health”.

The fact that the number of abortions is highest among college-aged students, demonstrates that decades of public funding to abortion activists in Maryland k-12 public education, has failed to prepare our youth with sound family planning practices. Throwing additional public funding toward the multi-billion dollar abortion industry’s failed practices, is not sound fiscal policy and harms those most in need of quality maternal health care options.

## **State-sponsored abortion is having a genocidal impact on Black Marylanders**

Abortion has a disproportionate impact on Black Americans who have long been targeted by the abortion industry for eugenics purposes. Even today 78% of abortion clinics are located in minority communities. As a result abortion violence has become the leading killer of Black lives, more than gun violence and all other causes combined. More than half of all pregnancies to Black women in Baltimore City end through abortion violence. The state fails to measure or report the correlation between the increased use of abortion with increased risk to maternal mortality, infertility, miscarriage, pre-term births for Black mothers. This makes any argument that abortion is healthcare a morally repugnant call for state-sponsored genocide of Black children in Maryland.

**For these reasons we respectfully urge you to put Maryland students and the integrity of our higher education system before abortion politics and profit, by issuing an unfavorable report on this bill.**

Sincerely,  
**Laura Bogley, J.D.**  
Executive Director  
Maryland Right to Life



# Pregnant on Campus Bill of Rights



In the interest of presenting young women with ALL of their options, especially those guaranteed to her by law, and to ensure that pregnant and parenting students are never discriminated against, schools need to understand and communicate the following:

- I. Pregnant students cannot be barred from activities enjoyed by fellow students, including but not limited to: club memberships, academic programs, and intramural activities.
- II. Pregnant students should not be barred from utilizing campus housing and, upon birth of her child, should be permitted to make her own decision about off-campus housing.
- III. Pregnant students cannot have their academic or athletic scholarships revoked due to pregnancy or be subject to penalty regarding any other type of financial aid.
- IV. Professors and other staff may not punish pregnant students as a result of a medically necessary absence. Concessions must be made to re-take tests and complete other assignments if necessary.
- V. Instructors cannot penalize a student because of his or her parenting status.
- VI. Recipients of scholarships, athletic or otherwise, are to be fully informed of their Title IX rights. Coaches or other school officials who fail to fully inform students are to be deemed negligent.
- VII. Athletic directors or coaches may not bully students into abortions by threatening loss of future or present opportunity.
- VIII. Campus Title IX offices are responsible for ensuring this law is followed. Too often, Title IX coordinators are either complacent or complicit in violations.
- IX. Student problems and concerns must be addressed in a timely manner to ensure an uninterrupted education.
- X. Failure to provide these protections to students must be reported.

# **Oppose SB341.pdf**

Uploaded by: Mark Meyerovich

Position: UNF

## Oppose SB341 - Public Senior Higher Education Institutions – Reproductive Health Services Plans – Requirements

As described in the bill the plan includes a broad range of services, education, expensive and sometimes risky treatments, expensive patented drugs, and transportation. Much of the costs appears to be born by the institutions themselves, and thus taxpayers. The inclusion of services and drugs is decided by the DoH or other providers by a process not open or known to the public. That creates a preferential treatment of certain businesses, providers, and products.

The described institutions already require health coverage for students. All health policies provide adequate range of reproductive health services. This bill duplicates the efforts and duplicates the costs.

Promoting the use and making the reproductive drugs and services extremely accessible is likely to increase the consumption. It will shift the responsibility for decisions leading to the need of such services from the individuals to the institutions. That will lead to negative effects on society in terms of costs and health outcomes.

Please reject SB341.

Sincerely,  
Mark Meyerovich  
Gaithersburg, MD