

_Support - SB 798- Reproductive Health Service Pla

Uploaded by: Ashley Egan

Position: FAV



Unitarian Universalist Legislative Ministry of Maryland

Testimony in Support of SB 798: The Declaration of Rights - Right to Reproductive Freedom

TO: Senator Melony Griffith, Chair and Members of the Finance Committee
FROM: Janice Bird, MD, Unitarian Universalist Legislative Ministry of Maryland
Lead Advocate for Reproductive Health Care Rights
DATE: March 1, 2023

The members of the Unitarian Universalist Legislative Ministry of Maryland ask for your support of **SB 798: The Declaration of Rights - Right to Reproductive Freedom.**

Our Unitarian Universalist faith believes in the worth and dignity of all, and the rights to liberty and equality including the fundamental right to reproductive freedom. We affirm that all of our bodies are sacred, and that we are each endowed with the gifts of agency and conscience. Each of us should have the power to decide what does and doesn't happen to our bodies at every moment of our lives because consent and bodily autonomy are holy.

This bill to amend our Maryland Constitution will prohibit the State from directly or indirectly, denying, burdening, or abridging our reproductive health care rights. It ensures that health care providers can offer comprehensive medical care allowing patients to make their own decisions to prevent, continue, or end one's own pregnancy.

Please vote YES for SB 798!

Sincerely,

Janice Bird, MD

UULM Lead Advocate for Reproductive Health Care Rights

SB0798 Senate Ashley Esposito Testimony.docx.pdf

Uploaded by: Ashley Esposito

Position: FAV

Support
SB0798 - Declaration of Rights - Right to Reproductive Freedom
Senate Finance Committee
March 1, 2023

My name is Ashley Esposito. I live in Baltimore City, and my story is a story of reproductive freedom. It almost wasn't, which is why I strongly support HB 705 - Declaration of Rights - Right to Reproductive Freedom, to take the first step to establish reproductive freedom as a constitutionally protected right in Maryland.

I almost didn't have access to an abortion at 23.5 weeks because access in Maryland is not equal OR without obstacles. You heard that right. We have better access than our neighbors to the north, Pennsylvania, who demand a politically motivated 24-hour waiting period. That we have access at all puts us ahead of our neighbors to the west, West Virginia, who outlawed abortion in 2022 after *Roe v. Wade* was overturned. But Pennsylvania and West Virginia are not the bar.

This is what happened to us. In 2016, my husband and I found out we were expecting our first. We were so ready and excited. It was great. We told the first wave of relatives on New Year's Day. We announced on social media we were expecting, we even went to one of those places with our parents where you can have a group ultrasound. We named him Vitale Angelo.

I was just about to hit send on the invitation for my baby shower when we got the worst news of our lives. We went in for an anatomy scan, and the medical staff was silent. After some more silence, they told us: "The prognosis is poor"

I had no amniotic fluid. The longer I carried this pregnancy, the more I was pulling life away, rather than fueling the life inside of me, and abortion was presented as an option. I had two options: dilation and evacuation, or labor and delivery.

It had to be dilation and evacuation. Knowing what my body was doing to the body I was trying to grow, I could not live with that. I also would not be able to handle labor and delivery because of the risk involved. If I was forced to carry to term because I missed the 24-week deadline, I probably would not be standing here today.

And here's what made it all worse: the minute the prognosis was poor, politics entered the room. Immediately there was tension among the hospital staff. We were already past 20 weeks and the hospital we were at — in Anne Arundel County, the very seat of the state government — doesn't provide abortion care after 20 weeks. We needed a referral, and even though it is legal, not all hospitals had a doctor on staff.

Referrals take time. Making new appointments takes time. At the time, 24 weeks was the limit in Maryland. Time was running out, and I felt no sense of urgency from my medical staff. I felt a sense of urgency. I knew my life and the suffering of our baby was on the line. We barely got an appointment in time. But as we did our initial consults with the medical staff there, a new unease set in.

I don't like to see politics outside an abortion clinic, but I expect it. It shouldn't be there, but it is and I know that. But I was in a hospital. I was at a hospital, and I was watching doctors live in fear of their work.

I was going to say which hospital name but for the safety and privacy of their future patient, I will not. My doctors who performed a D&E can't operate with the same freedom as other doctors in that same building. They probably went to med school with some of the other doctors there. To see it in a hospital, it really drove home how needlessly political this all is. In a moment where I found out I would not have a baby to bring home and was literally crushing what I was trying to grow, politics forced my original providers to be cold and distant.

When we were needing grieving assistance, compassion, care, and a hug do you know who was there? Our abortion providers were that support for us. They coordinated our cremation and pastor services. In our experience, our religious beliefs were never in conflict with our medical care.

I ended up needing a second abortion in 2018. It was like *deja vu*. No amniotic fluid missing organs, and no chance of survival. I found out that we were carriers of a very rare condition. This was my condition, and it's so rare that no one would test for it. Only a few specialists have even heard of it. We carry Fraser Syndrome. After our whole genome sequencing we found out I was the only person on record with my mutation. My husband is one of two people on record with his.

I ended up needing a second abortion in 2018. It was like *deja vu*. No amniotic fluid missing organs, and no chance of survival. I found out that we were carriers of a very rare condition. This was my condition, and it's so rare that no one would test for it. Only a few specialists have even heard of it. We carry Fraser Syndrome. After our whole genome sequencing we found out I was the only person on record with my mutation. My husband is one of two people on record with his.

Our babies didn't have amniotic fluid because they didn't have kidneys and were missing other vital parts of their urinary tract system. After further investigation they found that not only didn't the our second baby have missing kidneys, he also had missing veins. They did everything they could to find a sign of hope but our baby's dying was a reality. In that moment, I realized that many people that face this are serving as life support. I decided to choose abortion as a form of compassion. I believe I am a good mother for it.

I've found a community of people who are also carriers but of other conditions. But these conditions have something in common: most of us find out we carry the condition *after* we have an abortion or multiple abortions. Many diagnosed at 20 weeks or later.

For genetic carriers like me, if we want to carry a healthy pregnancy to term, in-vitro fertilization (IVF) is the best way. IVF allows us to test for healthy embryos in advance that won't carry our deadly diseases. That's how my husband and I finally had a successful pregnancy, and why I'm the parent to a beautiful child today.

Abortion isn't the only aspect of reproductive freedom under attack. So is IVF. Establishing reproductive freedom as a constitutional right in Maryland sets us on a path for what we all deserve:

- private, quality medical care which includes abortion access
- medical care without fear, shame, ridicule, or obstacles.

- doctors who feel safe and supported to treat their patients.

It is incumbent on our leaders in Annapolis to ensure that abortion is safe, legal and accessible for all Americans. Abortion restrictions of any kind do not serve any healthcare purpose. My condition—and all pregnancies—are quite simply too complex to legislate. Establishing the right to reproductive freedom will save lives. I know it saved mine. I urge a favorable report on HB 705. Thank you for your time.

2023 JCRC SB 798 Declaration of Rights Right to Re

Uploaded by: Ashlie Bagwell

Position: FAV



**Testimony in SUPPORT of Senate Bill 798 – Declaration of Rights –
Right to Reproductive Freedom
Finance Committee
March 1, 2023**

The Jewish Community Relations Council of Greater Washington (JCRC) serves as the public affairs and community relations arm of the Jewish community. We represent over 100 Jewish organizations, synagogues, and social services agencies throughout Maryland, Virginia, and the District of Columbia. The JCRC is strongly committed to cultivating a society based on freedom, justice, and pluralism. We work throughout the region to advocate for our agencies that serve the most vulnerable residents and to campaign for important policy interests on behalf of the Jewish community and all Marylanders. The JCRC is focused on promoting social justice and intergroup relations and combating antisemitism and all forms of hatred.

In our ongoing effort to strengthen Maryland’s reproductive freedom laws, the JCRC supports Senate Bill 798 — Declaration of Rights – Right to Reproductive Freedom. Our agency is committed to religious liberty and upholding one’s constitutional right to reproductive freedom, that is, abortion and contraception. While the State of Maryland codified *Roe v. Wade* in 1992, not everyone in the state has access to safe and affordable abortion care. Additionally, in light of the June 2022 U.S. Supreme Court *Dobbs* decision which overturned a woman’s constitutionally protected right to an abortion, the JCRC believes it is critical to unequivocally support SB 798. Although the *Dobbs* decision does not impact Maryland law, it does add an urgency to enshrining abortion rights in the State’s constitution, if approved by voters at the ballot box in 2024.

Senate Bill 798 proposes an amendment to the Maryland Constitution to establish that every person, as a central component of the individual's rights to liberty and equality, has the fundamental right to reproductive freedom. This right includes but is not limited to the ability to prevent, continue, or end their pregnancy. SB 798 also prohibits the State from directly or indirectly denying, burdening, or abridging the right unless justified by a compelling State interest achieved by the least restrictive means. Although the State of Maryland already has codified reproductive freedom laws, we need to guarantee that this religious freedom is ensured for all. For these reasons, we ask the committee to give a favorable report on SB 798.

Bob Spear Testimony SB798.pdf

Uploaded by: Bob Spear

Position: FAV

POSITION: FAVORABLE: SB798: Declaration of Rights – Right to Reproductive Freedom
TO: Senate Finance Committee
DATE: March 1, 2023
FROM: Dr. Robert Spear, Swanton, Garrett County, MD
Mountain Maryland Alliance for Reproductive Freedom (MMARF)

My name is Bob Spear. I am a resident of Garrett County and grandfather to five amazing young women who are fierce advocates for autonomy over their own bodies and their own reproductive freedoms. To support them and young people in my rural community, I am an active member in MMARF, the Mountain Maryland Alliance for Reproductive Freedom, a non-partisan, grassroots organization of people in Allegany and Garrett Counties committed to assuring and expanding reproductive healthcare to residents in Mountain Maryland.

A large and growing constituency in Western Maryland understands that reproductive healthcare, including education, family planning, contraception, and abortion, must be readily accessible and affordable for all.

We know that misinformation and stigma around reproductive choice hampers us, that lack of access to reproductive healthcare harms young people and families, and that the freedom to make reproductive healthcare decisions can be eliminated entirely, as our neighbors in nearby West Virginia have experienced.

Maryland voters upheld our current abortion law in a referendum in 1992. But because of the Dobbs decision, we need to put abortion rights into our Maryland Constitution. But we must go further and protect all reproductive rights, not only abortion, to safeguard against future adverse Court decisions.

Consider this. The Comstock Act of 1873 banned the distribution of contraceptives and information about birth control. The Supreme Court ended Comstock in **1965** when it ruled in *Griswold v. Connecticut* that the constitutional right to privacy allowed married couples to use birth control. But Justice Clarence Thomas has written that *Griswold* should be reconsidered. Another reason Maryland needs to protect all reproductive rights.

MMARF joins the many other Maryland organizations and citizens who support SB798. We urge this committee to do the same.

Thank you.



Ricarra Jones Right to Repro Freedom Testimony FAV

Uploaded by: Brige Dumais

Position: FAV



Testimony on HB705/SB798
Declaration of Rights – Right to Reproductive Freedom
Position: Favorable

To Chair Pena- Melnyk and Members of the Health & Government Operations Committee;
To Chair Griffith and Members of the Senate Finance Committee:

My name is Ricarra Jones and I am the Political Director of 1199SEIU United Healthcare Workers East. We are the largest healthcare workers union in the country, representing over 10,000 members in Maryland and Washington DC, including members who provide reproductive healthcare. We urge a **favorable** report on this bill to enshrine the Right to Reproductive freedom in our State.

Our right to reproductive freedom is under attack by the Supreme Court and nationwide, so the State of Maryland must act immediately to protect this right in our Constitution. Whether it is contraception, abortion, or family planning – these are personal healthcare decisions to be made between a patient and their healthcare provider, not the government or an employer.

As a union of healthcare workers, the vast majority of whom are women, we believe everyone should have the right to reproductive freedom. Furthermore, our union recognizes that there are transgender men and nonbinary people who can get pregnant, and they also deserve the right to reproductive freedom. We appreciate that the language of this bill is inclusive of all genders.

This bill to amend the State Constitution will ensure a healthier and happier Maryland for all. Please vote **YES** on this bill.

In Unity,

Ricarra Jones
1199SEIU MD/DC Political Director
ricarra.jones@1199.org

SB0798 Right to Reproductive Freedom FAV.pdf

Uploaded by: Cecilia Plante

Position: FAV



TESTIMONY FOR SB0798
Declaration of Rights - Right to Reproductive Freedom

Bill Sponsor: Senator Ferguson

Committee: Finance

Organization Submitting: Maryland Legislative Coalition

Person Submitting: Cecilia Plante, co-chair

Position: **FAVORABLE**

I am submitting this testimony in favor of SB0798 on behalf of the Maryland Legislative Coalition. The Maryland Legislative Coalition is an association of individuals and grassroots groups with members in every district in the state with well over 30,000 members.

Let the voters decide!

Do Marylanders believe that every person, as a central component of an individual's rights to liberty and equality, has the fundamental right to reproductive freedom, including but not limited to the ability to make and effectuate decisions to prevent, continue, or end one's own pregnancy? Do they agree that the state may not, directly or indirectly, deny, burden, or abridge the right unless justified by a compelling state interest achieved by the least restrictive means?

Our members sure hope so, but as this is a democracy, we believe in the power of the vote. In matters of fundamental rights, the voters should have their say.

It is unfortunate in the extreme that we have to bring this to a vote, since it's been settled law for decades, but now that the Supreme Court in their contempt for established precedence and the will the majority has blown up this fundamental right and left it to the states, it is incumbent upon Maryland voters to show that they support women's rights.

We strongly support this bill and recommend a **FAVORABLE** report in committee.

Charlene_Rock-Foster_SB798_support.pdf

Uploaded by: Charlene Rock-Foster

Position: FAV

Charlene Rock-Foster
Baltimore, MD 21206

Support
SB 798 – Right to Reproductive Freedom
February 28th, 2023

My name is Charlene Rock-Foster, and I support SB 798 – Right to Reproductive Freedom. This bill would ensure the constitutional rights of Maryland to reproductive freedom. This bill is very personal to me because of my own experience making a decision about my own reproductive freedom.

In September of 2009, I was informed by my Ob/Gyn that I was pregnant; this after I noticed a month without a menstrual cycle. At the time I was 42 years old, got married in July of that same year, which that union gave me two bonus children—one boy who had graduated from high school and was going away to college, and one girl who was in the 10th grade. My family was complete, with both children embracing me as their second mother.

We were dealing with the heavy financial responsibilities of getting one child through college with another one in high school, preparing to attend college, on top of running a household where at the time the recession impacted me and my husband's income. I told my husband of the news and we had a very long talk about our family planning. In the end, we choose not to have a third child. At the time I was referred to Planned Parenthood which was one of the medical services that was able to do the abortion surgery with me being eight weeks into my pregnancy. My husband was with me for the surgery and was very supportive.

Over 10 years later after my abortion my children are grown, living very productive lives. My husband and I are officially empty nesters still in love with each other. I do not regret having to make the decision to have an abortion. In my reproductive years, I was treated for uterine cancer, something that is not often seen in women under 25 years old, and I had a miscarriage at 32 years old. I've by choice used various forms of birth control to manage my reproductive health. I'm sharing all of these things to support every person's decision around reproductive freedom and family planning. No one should be put into a position not to make the best reproductive decisions due to interference of other peoples'/entities' beliefs.

For the foregoing reasons, I urge a favorable report on SB 798. Thank you for the opportunity to submit my testimony.

SB798_MSEA_Bost_FAV.pdf

Uploaded by: Cheryl Bost

Position: FAV

**Testimony in Support of Senate Bill 798
Declaration of Rights – Right to Reproductive Freedom**

**Senate Finance Committee
March 1, 2023**

**Cheryl Bost
President**

The Maryland State Education Association stands in strong support of Senate Bill 798, a constitutional amendment protecting Marylanders' right to reproductive freedom. MSEA appreciates Speaker Jones' commitment to protecting the rights to liberty and equality under the Maryland constitution.

MSEA represents 75,000 educators and school employees who work in Maryland's public schools, teaching and preparing our almost 900,000 students so they can pursue their dreams. MSEA also represents 39 local affiliates in every county across the state of Maryland, and our parent affiliate is the 3 million-member National Education Association (NEA).

Education is a field dominated by people who can bear children, and we believe these decisions should be best left up to families and individuals. NEA has long supported the right of our members to choose whether to have children and how to have a family, with an official resolution saying, "The National Education Association believes in family planning, including the right to reproductive freedom."

MSEA strongly urges a favorable report on Senate Bill 798.

BaltimoreCounty_FAV_SB0798.pdf

Uploaded by: County Executive John Olszewski, Jr.

Position: FAV



JOHN A. OLSZEWSKI, JR.
County Executive

JENNIFER AIOSA
Director of Government Affairs

AMANDA KONTZ CARR
Legislative Officer

JOSHUA M. GREENBERG
Associate Director of Government Affairs

BILL NO.: SB 798

TITLE: Declaration of Rights - Right to Reproductive Freedom

SPONSOR: The President

COMMITTEE: Finance

POSITION: **SUPPORT**

DATE: March 1, 2023

Baltimore County strongly **SUPPORTS** Senate Bill 798 – Declaration of Rights – Right to Reproductive Freedom, a constitutional Amendment that would enshrine in Maryland’s Constitution a woman’s right to reproductive freedom. Baltimore County Executive John Olszewski, Jr. firmly believes that reproductive rights are human rights and should be fully protected by the law, and has consistently supported an amendment to Maryland’s constitution to strengthen protections for reproductive freedom.

Under Maryland law, access to abortion is protected, and health care providers are free to provide critical care and support to women in need of a full suite of reproductive health care services. Some may argue that these current legal protections are sufficient. Unfortunately, for almost 50 years, many Americans believed their right to reproductive freedom was similarly protected. But, in the wake of the recent Supreme Court decision to overturn *Roe v Wade*, many states are changing laws criminalizing medical procedures and the individuals providing critical services for women. Baltimore County’s State’s Attorney Scott Shellenberger and County Executive Olszewski reaffirmed that no one would, or should, be criminalized for seeking abortion care or providing such care or other supportive services in Baltimore County.

Baltimore County remains fully committed to protecting the rights of all women. Accordingly, Baltimore County requests a **FAVORABLE** report on SB 798. For more information, please contact Jenn Aiosa, Director of Government Affairs at jaiosa@baltimorecountymd.gov.

SB 798 - Declaration of Rights - Right to Reproduc

Uploaded by: Donna Edwards

Position: FAV



MARYLAND STATE & D.C. AFL-CIO

AFFILIATED WITH NATIONAL AFL-CIO

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President

Donna S. Edwards

Secretary-Treasurer

Gerald W. Jackson

**SB 798 - Declaration of Rights - Right to Reproductive Freedom
Senate Finance Committee
March 1, 2023**

SUPPORT

**Donna S. Edwards
President**

Maryland State and DC AFL-CIO

Madame Chair and members of the Committee, thank you for the opportunity to submit testimony in support of SB 798. My name is Donna S. Edwards, and I am the President of the Maryland State and District of Columbia AFL-CIO. On behalf of Maryland's 300,000 union members, I offer the following comments.

The Maryland State & DC AFL-CIO believes that everyone should have control over their own personal reproductive healthcare. Our 2022 Convention unanimously approved a resolution in support of defending reproductive healthcare, calling on the government to act by codifying these rights and expanding access to reproductive healthcare services. Threats to reproductive healthcare are threats to workers' economic rights as well.

We urge the committee to issue a favorable report.

Maryland State & DC AFL-CIO
2022 Convention
Resolution #14 - Defending Reproductive Rights

WHEREAS, the US Supreme Court has overturned the nearly 50-year-old landmark Roe v Wade decision in which the majority opinion held that there is a fundamental right to privacy that springs from the 1st, 4th, 9th and 14th Amendments to choose whether to continue a pregnancy without excessive government interference, affirming the constitutional right to privacy, which the court has relied on in previous decisions, and

WHEREAS, the Court's decision to overrule Roe and Casey remanding the authority to regulate abortion return to the people and their elected state representatives uprooted decades of precedent and the freedom which millions of Americans have relied on, and

WHEREAS, the Court's decision and Dobbs v Jackson will inevitably jeopardize the health and well-being of millions of people and threatens the economic security and well-being of millions of individuals who should be allowed to decide intimate family planning questions for themselves in consultation with their healthcare providers and others with whom they trust, and

WHEREAS, access to reproductive health gives women the power to make decisions regarding their work lives, their futures and the economic security of their families because the decision about when and whether to bear children is fundamental to the ability to pursue self-sustaining work, and

WHEREAS, the Court's decision is taking our nation backward with at least 26 states having a patchwork of varying restrictive state legal regimes governing access to reproductive health, further solidifying barriers to care in far too many states and opening the door to divisive and socially injurious measures that threaten those who choose not to continue a pregnancy with criminal prosecution and would criminalize the provision of reproductive health potentially including the treatment of miscarriages and ectopic pregnancies, by medical professionals, and

WHEREAS, the Court's opinion not only threatens reproductive freedoms for millions but that the Court's inconsistent contemplation of whether a right even exists in the 14th Amendment jeopardizes other freedoms and rights, and

WHEREAS, the Court's Dobbs decision potentially opens the floodgates to relitigating past Supreme Court precedents that advance fundamental American rights and liberties, including its exceptionally narrow approach to analyze whether people have a right through constitution protection of substantive due process.

THEREFORE, BE IT RESOLVED the Maryland State and D.C. AFL-CIO recognizes the aspiration of people to full rights and justice and the inherent values at stake in this decision of dignity, equal justice, and freedom

BE IT FURTHER RESOLVED, that the Maryland State in D.C. AFL-CIO will continue its advocacy to protecting Maryland and the District of Columbia's access to reproductive rights and support federal legislation codifying full reproductive rights and expanded access to reproductive healthcare services.

CFW SB 798 - SUPPORT.pdf

Uploaded by: Elizabeth Richards

Position: FAV



**COMMISSION FOR WOMEN
COMMUNITY ENGAGEMENT CLUSTER**

February 27, 2023
Senator Melony Griffith
Chair, Senate Finance Committee
Miller Senate Office Building
3 East Street
Annapolis, MD 21401

RE: SB 798 Declaration of Rights – Right to Reproductive Freedom

Position: **SUPPORT**

Dear Chairperson Griffith, and members of the Senate Finance Committee,

On behalf of the Montgomery County Commission for Women, I, Commissioner Elizabeth Richards, am writing to ask for your support of SB 798 — Declaration of Rights—Right to Reproductive Freedom. The proposed legislation would allow Marylanders to vote for a constitutional amendment to enshrine the rights of individuals to make their own reproductive healthcare decisions.

Montgomery County Commission for Women advocates for legislation that promotes the equal and full participation of women and girls in every aspect of community living and access to education, healthcare, and work advancement with political and economic power. Reproductive choice is necessary for equal and full participation in all facets of society.

Marylanders’ right to make their own decisions regarding their reproductive health is jeopardized by the US Supreme Court’s decision in *Dobbs vs. Jackson Women’s Health*. By ruling in favor of the state of Mississippi and overturning *Roe v. Wade*, the US Supreme Court showcased their willingness to disregard past precedent and established rights that had previously been protected under the right to privacy. Even though there is the perception that Maryland is a safe state for reproductive choice, that freedom is grounded a series of legal status rooted in the right to privacy. If those legal status are overturned, reproductive freedom within Maryland may be called into question. **For these reasons, a constitutional amendment is needed to protect reproductive freedom within the state, and Marylanders should have the opportunity to vote for it in 2024.** Marylanders must be afforded the opportunity to vote on a constitutional amendment for reproductive freedom. Therefore, I urge a favorable report on SB 798.

Sincerely,

Elizabeth Richards
Member, Policy & Legislative Committee
Montgomery County Commission for Women

SB 0798 Declaration of Rights - Right to Reproduct

Uploaded by: Essita Duncan

Position: FAV



www.marylandwomen.org

Maryland Commission for Women

A Commission of the Maryland Department of Human Services

51 Monroe Street, Ste. 1034 – Rockville, Maryland 20850

www.marylandwomen.org

February 24, 2023

Tawanda A. Bailey, Chair

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First Vice Chair*

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Rev. Tamara England Wilson

Yun Jung Yang, Esq.

Senator Melony Griffith, Chair

Senator Katherine Klausmeier, Vice Chair

Senate Finance Committee

Miller Senate Office Building – 3 East

Annapolis, Maryland 21401

RE: SB 0798 – Declarations of Rights - Right to Reproductive Freedom

Dear Senator Griffith, Senator Klausmeier, and Members of the Senate Finance Committee:

SB0798 Declaration of Rights - Right to Reproductive Freedom proposes an amendment to the state's constitution which will establish that every person has the fundamental right to reproductive freedom and will prohibit the State from, directly or indirectly, denying, burdening, or abridging the right unless justified by a compelling State interest achieved by the least restrictive means.

Should this bill pass, it would be subject to vote by registered Maryland voters in the November 2024 general election.

The Maryland Commission for Women urges you to support this legislation and the right of women to make decisions regarding their reproductive health.

As you know, the Maryland Commission for Women was established in 1965 and was set in state law in 1971. An office of the Department of Human Services, the Commission is a 25-member advisory board whose duties outlined in its enabling legislation include: study the status of women in our state, recommend methods of overcoming discrimination, recognize women's accomplishments and contributions, and provide informed advice to the executive and legislative branches of government on the issues concerning the women of our state. It is to fulfill this mandate that the Commission writes to you today.

In June 2022, the U.S. Supreme Court overturned *Roe v. Wade* and 50 years of legal precedent that leaves abortion policy to the will of individual states.

Maryland Commission for Women
Re: SB 0798 – Declaration of Rights
Page 2

While Maryland has laws in place regarding abortions, with no federal protections in place, the right for women to make independent reproductive health decisions could be at risk without this constitutional amendment.

We believe the health care decisions someone makes about their own body should be between a person and their doctor. This bill protects all rights regarding reproductive health including infertility treatments and birth control, not just abortion. A constitutional amendment is the strongest protection we could provide to ensure future generations of Marylanders have meaningful access to the full range of reproduction health care.

The Maryland Commission for Women requests your support for this bill and the rights for all Marylanders to make healthcare decisions regarding their own body.

With very best regards,

A handwritten signature in black ink, appearing to read "Tawanda Bailey". The signature is fluid and cursive, with the first name being more prominent than the last.

Tawanda Bailey, Chair
Maryland Commission for Women

Please note that the positions expressed in this letter are those of the Maryland Commission for Women and do not necessarily reflect the position of the Governor or the Department of Human Services.

2023-03-01 SB798 Support.pdf

Uploaded by: Hannibal Kemerer

Position: FAV

ANTHONY G. BROWN
Attorney General



CANDACE MCLAREN LANHAM
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March 1, 2023

TO: The Honorable Melony Griffith
Chair, Finance Committee

FROM: Hannibal G. Williams II Kemerer
Chief Counsel, Legislative Affairs, Office of the Attorney General

RE: SB 798 – Declaration of Rights – Right to Reproductive Freedom (**Support**)

The Office of Attorney General (the “OAG”) urges this Committee to favorably report Senate Bill 798. This constitutional amendment, sponsored by President Ferguson, if approved by Maryland voters in the next general election, would enshrine in the Declaration of Rights an individual’s right to reproductive freedom, including and would prohibits the State from denying, burdening, or abridging the right unless justified by a compelling State interest achieved by the least restrictive means. This reproductive freedom will include, but is not limited to, the ability to make and effectuate decisions to prevent, continue, or end one’s own pregnancy.

Following the Supreme Court’s decision in *Dobbs v. Jackson Women’s Health Organization* eliminating federal protections for abortion and permitted the States to severely restrict or ban abortion,¹ 14 states have implemented bans on abortion, and 9 more state have bans on hold. The Court’s decision, and subsequent State bans, have severe consequences on the health and well-being of women and people who can get pregnant across the nation. These restrictions will not end abortion, but instead lead to unsafe procedures with disastrous results.²

¹ *Dobbs v. Jackson Women's Health Org.*, 213 L. Ed. 2d 545, 142 S. Ct. 2228 (2022).

² UN WOMEN, *Statement: Reproductive Rights are Women’s Rights and Human Rights* (June 24, 2022), <https://www.unwomen.org/en/news-stories/statement/2022/06/statement-reproductive-rights-are-womens-rights-and-human-rights#:~:text=Statement%3A%20Reproductive%20rights%20are%20women's%20rights%20and%20human%20rights,-Page%20navigation%20Page&text=To%20be%20able%20to%20exercise,information%2C%20education%2C%20and%20services.>

This bill letter is a statement of the Office of Attorney General’s policy position on the referenced pending legislation. For a legal or constitutional analysis of the bill, Members of the House and Senate should consult with the Counsel to the General Assembly, Sandy Brantley. She can be reached at 410-946-5600 or sbrantley@oag.state.md.us.

Additionally, the impacts of these decisions fall hardest on people of color, people with disabilities, low-income citizens, and people in rural communities.³

Reproductive freedom allows people who can get pregnant, and their partners, to responsibly decide whether to have children, when to have children, and how many children to have, in an educated and informed manner.⁴ It is a fundamental human right to control what happens to one's own body, and should be free of governmental interference.⁵ It is crucial that Maryland enshrine this right within our Constitution, to protect the health and well-being of women and people who can get pregnant within the State.

Maryland must continue to stand firm and defend the rights of individuals to make their own reproductive decisions. With an anticipated influx of patients and providers leaving other states that have imposed new restrictions on women's healthcare, we must ensure that Maryland is equipped to be a safe haven for these individuals—as well as our own residents—seeking this vital health care.

For the foregoing reasons, the Office of the Attorney General urges a favorable report of Senate Bill 798.

cc: Committee Members

³ Risa Kaufman, et al., *Global Impacts of Dobbs v. Jackson Women's Health Organization and Abortion Regression in the United States*, NAT'L LIB. OF MED. (Nov. 16, 2022), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9673802/#:~:text=In%20overruling%20Roe%20and%20eliminating,may%2C%20in%20fact%20do%20so.>

⁴ UN WOMEN, *supra* note 2.

⁵ *Id.*

SB798_HadassahGB_FAV.pdf

Uploaded by: Harriet Rubinson

Position: FAV

**Testimony in Support of SB 798
Declaration of Rights - Right to Reproductive Freedom
Finance Committee
March 1, 2023**

FAVORABLE

TO: Chair Griffith, Vice Chair Klausmeier, and members of the Finance Committee

FROM: Kay Schuster and Ellen Sizemore, Co-Presidents
Hadassah Greater Baltimore

Hadassah, the Women's Zionist Organization of America, Inc. holds reproductive choice is an important issue to ensure all women have agency over their own bodies and the autonomy to make health decisions for themselves. As the Greater Baltimore Region of Hadassah, representing over 4,100 Marylanders, we are writing to urge you to support SB 798, a bill that will help enshrine reproductive freedom in the Maryland state constitution. Without federal protections it is up to the states to protect reproductive freedom.

Hadassah has and always will stand unequivocally for reproductive choice and empowering women with the knowledge to make critical health decisions for themselves and their families. Any interference with the doctor-patient relationship – preventing doctors from discussing women's specific concerns, sharing expert medical guidance, or providing necessary care – poses a serious threat to women's health.

Reproductive freedom is critical to women's health and all women should be able to make reproductive health choices based on medical guidance and what they feel is best for their health, families, and future.

We strongly urge you to support SB 798 to protect reproductive freedom.

Thank you,
Kay Schuster and Ellen Sizemore
Co-Presidents, Hadassah Greater Baltimore
P.O. Box 21571
Pikesville, MD 21282-1571
kschuster@hadassah.org
Esizemore@hadassah.org
P 410.484.9590

HPP Testimony SB 798- FAV.pdf

Uploaded by: Jessica Emerson

Position: FAV

Testimony of the Human Trafficking Prevention Project

BILL NO: Senate Bill 798
TITLE: Declaration of Rights – Right to Reproductive Freedom
COMMITTEE: Finance
HEARING DATE: March 1, 2023
POSITION: FAVORABLE

Senate Bill 798 proposes a constitutional amendment that voters must approve which would establish a constitutional right to abortion in Maryland. The Human Trafficking Prevention Project supports this bill because it provides the highest possible level of protection of reproductive freedom for all child-bearing individuals including human trafficking survivors, for whom access to reproductive care can be an essential part of their healing.

In 1991, the Maryland General Assembly codified the legal right to abortion, as provided by *Roe v. Wade*. Senate Bill 162 became a ballot measure and went into effect after Marylanders overwhelmingly supported the measure with 62% of the vote. Support for abortion care is even greater today: in a 2021 poll, 72% of Marylanders opposed overturning *Roe* while 79% support ensuring individuals have access to the full range of reproductive health care services. House Bill 705, if enacted and adopted, would be consistent with this high level of support, providing for the right of all child-bearing individuals to make and effectuate their own decisions about abortion, birth control and/or continuing a pregnancy. It would also prohibit the State from interfering, abridging, denying or burdening a person's right to reproductive liberty absent a compelling State interest achieved by the least restrictive means. This legislation is, quite simply, the single most important action we can take to protect reproductive freedom in the state, both for ourselves and for the generations to come.

The need for comprehensive reproductive services is often even more dire for survivors of human trafficking, given that high-risk sexual activity and sexual violence is often so commonly a part of their victimization. Trafficking into any form of labor puts survivors at high risk for sexual assault, sexually transmitted infections, HIV, and, for child-bearing survivors, unwanted pregnancy.¹ Survivors who are trafficked for sex are particularly vulnerable to these types of abuses, as many traffickers use rape and other forms of sexual abuse to control their victims.² In one survey of sex trafficking survivors, 7 out of 10 respondents said they had at least one pregnancy while trafficked, while one-fifth of respondents reporting five or more pregnancies.³ While all Marylanders who can bear children deserve compassion and access instead of barriers and shame, for trafficking survivors this can also play a crucial role in their healing, as restoring control and choice is integral to the process of recovering from trauma.

Passage and enactment of Senate Bill 798 will ensure that no one ideologically-driven person *or* state government will be permitted to dictate the ability of any Marylander to make their own decisions about their bodies or their lives. For trafficking survivors, SB 798 will allow them access to the crucial health care they need and the support they deserve as they work to heal from the trauma of their trafficking experience. For these reasons, as

¹ Freedom Network USA, *Human Trafficking and Reproductive Rights* (Apr. 2015), <https://freedomnetworkusa.org/app/uploads/2016/12/HT-and-Reproductive-Rights.pdf>

² *Id.* See also Heidi Stöckl et. al., Human Trafficking and Violence: Findings from the largest Global Dataset of Trafficking Survivors, *Journal of Migration & Health*, Vol. 4 (2021), <https://doi.org/10.1016/j.jmh.2021.100073>; Freedom Network USA, *Human Trafficking and Sexual Assault* (Apr. 2015), <https://freedomnetworkusa.org/app/uploads/2018/10/FNUSA-Human-Trafficking-and-Sexual-Assault-2015.pdf>.

³ Laura J. Lederer & Christopher A. Wetzel, *The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities* (2014), <https://humantraffickinghotline.org/sites/default/files/The-Health-Consequences-of-Sex-Trafficking%20-.pdf>.

well as the reasons supplied by our colleagues in the reproductive health and justice field, the Human Trafficking Prevention Project fully and enthusiastically supports Senate Bill 798. We respectfully urge a favorable report.

*For more information, please contact:
Jessica Emerson, LMSW, Esq.
Director, Human Trafficking Prevention Project
(E): jemerson@ubalt.edu*

SB 798, FAV, OCE Testimony, JF, LS23.pdf

Uploaded by: Jessica Fitzwater

Position: FAV



FREDERICK COUNTY GOVERNMENT
OFFICE OF THE COUNTY EXECUTIVE

Jessica Fitzwater
County Executive

SB 798 - Declaration of Rights - Right to Reproductive Freedom

DATE: March 1, 2023
COMMITTEE: Senate Finance Committee
POSITION: Favorable
FROM: The Office of Frederick County Executive Jessica Fitzwater

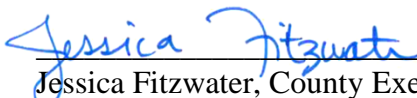
As the County Executive of Frederick County, I urge the committee to give **SB 798 - Declaration of Rights - Right to Reproductive Freedom** a favorable report.

This bill would constitutionally enshrine the rights of Marylanders to reproductive freedom. Specifically, the bill recognizes that a central component of an individual's rights to liberty and equality includes the fundamental right to reproductive liberty. Affirming this right in our State Constitution is imperative considering the recent United States Supreme Court decision *Dobbs v. Jackson Women's Health Organization*, which overruled both *Roe v. Wade* (1973) and *Planned Parenthood v. Casey* (1992), giving individual states the full power to regulate any aspect of abortion not protected by federal law.

Since the Dobbs decision, "trigger" laws in 13 states have gone into effect, generally prohibiting abortion at any stage of pregnancy except in specified circumstances.¹ Additionally, states across the country are considering newly introduced legislation to curtail reproductive rights, including our neighboring states Virginia and Pennsylvania. West Virginia has a total ban on abortions, as of September 2022.²

Maryland has, thankfully, improved access to reproductive care, including with 2022 legislation that expanded the list of medical professionals who can provide abortion services. As a state, we will continue to see increased demand on these services as our neighboring states restrict access. Frederick County is uniquely located in close proximity and/or bordering the three states Virginia, Pennsylvania, and West Virginia. For this reason, I believe it is particularly important to my constituents that Maryland protects reproductive rights to the greatest extent possible.

Thank you for your consideration of SB 798. I urge you to protect reproductive rights for all Marylanders by advancing this bill with a favorable report.



Jessica Fitzwater, County Executive
Frederick County, MD

¹["Abortion Access After the Dobbs Decision"](#), Johns Hopkins Bloomberg School of Public Health, 2023.

²["Abortion Access After the Dobbs Decision"](#), Johns Hopkins Bloomberg School of Public Health, 2023.

MLAW Testimony - SB798 - Declaration of Rights - R

Uploaded by: Jessica Morgan

Position: FAV



Bill No: SB798
Title: Declaration of Rights - Right to Reproductive Freedom
Committee: Finance
Hearing: March 1, 2023
Position: SUPPORT

The Maryland Legislative Agenda for Women (MLAW) is a statewide coalition of women’s groups and individuals formed to provide a non-partisan, independent voice for Maryland women and families. MLAW’s purpose is to advocate for legislation affecting women and families. To accomplish this goal, MLAW creates an annual legislative agenda with issues voted on by MLAW members and endorsed by organizations and individuals from all over Maryland. **SB798 - Declaration of Rights - Right to Reproductive Freedom** is a priority on the [2023 MLAW Agenda](#) and we urge your support.

SB798 would enable a ballot measure to constitutionally enshrine the rights of Marylanders to reproductive freedom. Specifically, the bill recognizes that a central component of an individual’s rights to liberty and equality includes the fundamental right to reproductive liberty. This includes the right to make decisions and choices regarding their own reproduction, including decisions related to preventing, continuing, or terminating a pregnancy. Significantly, the bill also states that those rights may only be abridge if “justified by a compelling state interest achieved by the least restrictive means.” A constitutional amendment is the strongest protection we could provide to ensure future generations of Marylanders have meaningful access to the full range of reproduction health care, from birth control to infertility treatments, to abortion. And by including a strict scrutiny standard, i.e., by explicitly requiring that the “state may not, directly or indirectly, deny, burden, or abridge the right unless justified by a compelling state interest achieved by the least restrictive means,” we would ensure that the right to reproductive liberty is unequivocal.

In the months following the U.S. Supreme Court’s decision in *Dobbs v. Jackson Women’s Health*, which overturned the seminal case *Roe v. Wade* after nearly 50 years, we have already seen 14 states ban almost all abortion care, with another 9 poised to enact restrictions so severe as to essentially prohibit any abortions in those states. Many in Maryland think of our state as a “safe state” and that we are immune from the impact of the *Dobbs* decision. It is true that we are safer than states like Texas which have enacted a near total abortion ban or our neighboring state of West Virginia which has banned abortions at all stages of pregnancy. But the truth is that our statutory protections only create a legal buffer against the erosion of our rights in Maryland.

Marylanders’ reproductive freedom has historically been protected by a layering of Maryland law, Maryland’s constitution, federal law, and the U.S. Constitution. Unfortunately, the Supreme Court no longer recognizes that the fundamental right to privacy protects our ability to make our own reproductive health provisions, leaving the decision to regulate abortion up to individual states without the additional constitutional protection. This means Maryland’s statutory right to abortion is vulnerable, as well as other rights related to privacy that we take for granted here. Campaigns in other states to erode abortion rights have lasted decades, with incremental changes gained slowly over long periods of time. *Dobbs* was not overturned overnight but

Maryland Legislative Agenda for Women
305 W. Chesapeake Avenue, Suite 201 • Towson, MD 21204 • 443-519-1005 phone/fax
mdlegagenda4women@yahoo.com • www.mdlegagendaforwomen.org

was part of a decades-long operation to overturn Roe v. Wade. While we are confident in our legislature's ability to maintain our right to reproductive freedom it would be foolish to believe that ability will last indefinitely.

Furthermore, the right to privacy was recognized not just in the landmark case of Roe v. Wade. It has also been the underpinning of cases like Griswold v Connecticut in which the Court found in 1965 that married couples had a fundamental right to privacy to make their own birth control decisions. And in 1972, the Court reaffirmed the right to privacy to make birth control decisions and extended those rights to unmarried couples through the Court's findings in Eisenstadt v. Baird. Due to the Court's decision in Dobbs, we are witnessing the most rapid unraveling of civil rights in our lifetime. And it's not just abortion at stake. Even our rights to make birth control decisions may be at risk because so many prior U.S. Court decisions depend on the legal underpinning of the right to privacy. Indeed, Justice Clarence Thomas, in his concurrence in the Dobbs case stated "in future cases, we should reconsider all of this Court's substantive due process precedents, including Griswold, Lawrence, and Obergefell. Because any substantive due process decision is 'demonstrably erroneous.'" Thus, Dobbs could be just the first case in a long list of cases designed to constrict our reproductive freedoms and civil liberties.

For these reasons, MLAW strongly urges the passage of SB798.

MLAW 2023 Supporting Organizations

The following organizations have signed on in support of our 2023 Legislative Agenda*:

AAUW Anne Arundel County
AAUW Howard County
AAUW Maryland
Advocacy and Training Center
Allegany County Women's Action Coalition
Anne Arundel County NOW
Aspire Ascend
Baltimore County State Democratic Central Committee
Bound for Better
Business and Professional Women of Maryland
Charles County Commission for Women
Climate Xchange Maryland
Drake Institute of Women's Policy
Empowered Women in Business International
ERA Coalition
For All Seasons, Inc.
Kensington-Rockville AAUW
Maryland Coalition Against Sexual Assault (MCASA)
Maryland Commission for Women
Maryland NOW
Maryland WISE Women
Miller Partnership Consultants LLC
MoCoWoMen
Montgomery County Business & Professional Women (MC BPW)
Montgomery County Chapter, National Organization for Women
Montgomery County Commission for Women
Montgomery County Women's Democratic Club
National Coalition of 100 Black Women, Prince George's County Chapter
National Women of Achievement, Inc.
Planned Parenthood of Maryland
Planned Parenthood of Metropolitan Washington, DC
Reproductive Justice Inside
Southern Prince George's Business and Professional Women
Top Ladies of Distinction, Inc., Prince George's County Chapter
University of Baltimore School of Law If/When/How Chapter
Women's Democratic League of Frederick County
Women's Equity Center and Action Network (WE CAN)
Women's Law Center of Maryland
Zonta Club of Annapolis
Zonta Club of Mid-Maryland

**as of 2/3/2023*

Maryland Legislative Agenda for Women

**305 W. Chesapeake Avenue, Suite 201 - Towson, MD 21204 - 443-519-1005 phone/fax
mdlegagenda4women@yahoo.com - www.mdlegagendaforwomen.org**

WDC 2023 Testimony SB0798 _Final.pdf

Uploaded by: JoAnne Koravos

Position: FAV



MONTGOMERY COUNTY, MARYLAND
WOMEN'S DEMOCRATIC CLUB

P.O. Box 34047, Bethesda, MD 20827

www.womensdemocraticclub.org

**Senate Bill 798 – Declaration of Rights – Rights to Reproductive Freedom
Finance Committee – March 1, 2023
SUPPORT**

Thank you for this opportunity to submit written testimony concerning an important priority of the **Montgomery County Women's Democratic Club (WDC)** for the 2023 legislative session. WDC is one of Maryland's largest and most active Democratic clubs with hundreds of politically active members, including many elected officials.

WDC urges the passage of SB0798. By providing for a referendum to amend the Maryland State Constitution, this bill establishes a process that, upon approval of the referendum, will guarantee that every person, as a central component of an individual's rights to liberty and equality, has the fundamental right to reproductive freedom, including but not limited to making and effectuating decisions to prevent, continue, or end one's own pregnancy regardless of any future legislative action. It will prohibit the state from, directly or indirectly, denying, burdening, or abridging the right unless justified by a compelling state interest achieved by the least restrictive means. This bill also specifies that the referendum shall be submitted to the qualified voters of the state at the next general election to be held in November 2024 for adoption or rejection pursuant to Article XIV of the Maryland Constitution.

With the Supreme Court's decision to overturn the federal protections of *Roe v. Wade* and let individual states determine whether a woman can terminate her pregnancy, it is more critical than ever to protect women's reproductive rights in Maryland. While the right to terminate a pregnancy up to the point of viability is codified in Maryland State law, it is not a right under the State's Constitution. Without a Constitutional protection, women's future rights could be at risk, including the right to birth control. Nearly 70 percent of Maryland voters oppose the Supreme Court's ruling to overturn *Roe v. Wade* and nearly 80 percent support a state constitutional amendment that will protect the right to have an abortion in Maryland.¹

A woman's right to reproductive health and freedom is a top priority of WDC. We ask for your support for SB0798 and strongly urge a favorable Committee report.

Diana E. Conway
WDC President

Ginger Macomber
WDC Advocacy Committee

¹ Washington Post – University of Maryland Poll (2022, Sept. 22-27). https://docs-cdn-prod.news-engineering.aws.wapo.pub/publish_document/9396badf-7316-49cd-acc9-c92b4cc59edd/published/9396badf-7316-49cd-acc9-c92b4cc59edd.pdf

SB 798.pdf

Uploaded by: Jodi Finkelstein

Position: FAV

Jodi Finkelstein, MSW

301-801-3755/jodi.finkelstein@gmail.com

February 17, 2023

Senator Melony Griffith
Chair, Senate Finance Committee
3 East. Miller Senate Office Building
Annapolis, Maryland 21401

RE: SB 798, Declaration of Rights–Right to Reproductive Freedom
Position: Support

Dear Chairperson Griffith and Members of the Senate Finance Committee,

My name is Jodi Finkelstein and I served as the NARAL Pro-Choice (now Pro-Choice MD) Executive Director from April 2011-April 2015. I have been a long time women's rights advocate in Maryland, in particular Montgomery County. I am writing in full support of HB 705, Declaration of Rights–Right to Reproductive Freedom.

During my tenure as executive director of Pro-Choice Maryland, we built on the leadership Maryland had shown over the years in ensuring women had access to ALL of their reproductive rights, which includes abortion, parenting and adoption. We worked to educate the community about crisis pregnancy centers and fought against state bills that would limit a woman's right to choose.

Serving as the executive director was not easy, as I received hateful letters, was the target of numerous protests, and I even had holy water thrown on me. I remained diligent and was fueled by the stories of hundreds of women who were grateful that they lived in a state that not only supported abortion, but was a national leader in women's reproductive health.

In 1992, voters OVERWHELMINGLY supported Question 6 whereby abortion rights became a part of Maryland's Charter. With Roe. v Wade now overturned, defining a woman's right to choose in Maryland's Charter is no longer enough. HB 705 is exceptionally important as it enshrines women's reproductive rights into Maryland's constitution and assures women that no matter who is in elected office, reproductive choice is an inalienable right.

I urge the committee's favorable report on HB 705.

Sincerely,

Jodi Finkelstein

Jodi Finkelstein, MSW

HB 705:SB 798 - Judy testimony.pdf

Uploaded by: Judy Stone

Position: FAV

Re Constitutional Amendment: **Declaration of Rights - Right to Reproductive Freedom**

HB 705/SB 798 vital to citizens of Maryland, particularly in rural areas as Western Maryland, where I live.

As a physician, I have cared for women who have had serious infections from a botched abortion, and poor women who had to travel for hours—when we have no public transportation—to obtain a safe abortion in Baltimore. I am aware of women who were forced to carry and deliver fetuses with fatal abnormalities (e.g., anencephaly, where part of the skull and brain are missing) because local hospitals refused to allow a late-term termination. Barbaric.

Some years ago, I strongly opposed the merger of Sacred Heart and Memorial Hospitals because that would have put all health care under the restrictions of the Catholic church, with no accessible options. This would have prohibited not only abortions, but vital contraceptives, tubal ligations, administration of Depot Provera (a long acting contraceptive), and condoms. (The prohibition on tubals would have forced women to go out of town and have a 2nd anesthesia and operation after their delivery). Counseling about HIV and STD prevention would have been prohibited.

Health care decisions should be between a patient and his/her physician, and not dictated by anyone else's personal or religious beliefs.

Many lives—and the future of reproductive health care in MD—are at stake. I urge you to support HB 705/SB 798. Our “representatives” do not represent the views of many in Western Maryland on this critically important issue.

Judy Stone, MD
Cumberland, MD

IWH UBalt Law_SB798 FAV.pdf

Uploaded by: Katherine Mullen

Position: FAV



UBALT LAW
Lawyering for Reproductive Justice

2022-23 Leadership

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FAV – SB 798 – Declaration of Rights – Right to Reproductive Freedom

March 1, 2023

Chair Griffith, Vice Chair Klausmeier, and members of the Finance Committee:

If/When/How – University of Baltimore Law is a student-led organization for lawyering for reproductive justice. Our mission is to transform the law and policy landscape through advocacy, support, and organizing so all people have the power to determine if, when, and how to define, create, and sustain families with dignity and to actualize sexual and reproductive wellbeing on their own terms. This is why we support SB 798 – *Declaration of Rights – Right to Reproductive Freedom*.

Senate Bill 798 enshrines a positive, fundamental right to reproductive freedom in Maryland’s constitution and affords the highest level of legal protection for all persons to self-determine their reproductive lives.

It is not enough to be satisfied with the codification of *Roe*, as current law stands in Maryland. The legal landscape has changed since 1992, and threats to curtail reproductive freedom have become a reality for too many people. In the wake of the U.S. Supreme Court’s decision in *Dobbs* and its potential impact to curtail other areas of reproductive liberty and privacy, Maryland must act now to safeguard reproductive freedom for generations to come.

For these reasons, we ask the committee to give a favorable report on SB 798.

sb798- constitutional amendment, reproductive righ

Uploaded by: Lee Hudson

Position: FAV



Delaware-Maryland Synod
Evangelical Lutheran Church in America
God's work. Our hands.

Testimony Prepared for the
Finance Committee
on
Senate Bill 798
March 1, 2023
Position: **Favorable**

Madam Chair and members of the Committee, thank you for the opportunity to support reproductive health care and a right inherent to human dignity. I am Lee Hudson, assistant to the bishop for public policy in the Delaware-Maryland Synod, Evangelical Lutheran Church in America, a faith community with congregations in three synods in every part of our State.

In 1991 our community decided that medical decisions appropriately reside with those affected, accessing the best credentialed resources available to them from their immediate communities. There are so many consequential decisions assigned to medical care and treatment that excessive state interest in its practices and procedures compromises any working understanding of a “pursuit of liberty;” to include rights commonly reserved for any person.

Our understanding of “human” and “right” continues to support medical decision-making by clients for medical practices. Reproductive decision-making belongs with the affected, within their circumstances and concerns. It is always a consequential decision, but the body, life, and agency of the actor reside in the choice to be made.

That right is well-anchored in Maryland law. The question contemplated by **Senate Bill 798** (and *House Bill 705*) is whether the people of the State shall have the right to enumerate it in the State’s formal charter.

Post-Dobbs policies and legal actions indicate there is the intent to script reproductive medical standards of care *via* federal courts and legislation. Maryland citizens ought to have a right to retain the kind of medical consultation and care they may need or want. They could do so with their votes. They also ought to have a choice.

We therefore support the adoption of **Senate Bill 798**.

Lee Hudson

Abortion - Constl Am - testimony - senate - 2023 -

Uploaded by: Lisae C Jordan

Position: FAV



Working to end sexual violence in Maryland

P.O. Box 8782
Silver Spring, MD 20907
Phone: 301-565-2277
Fax: 301-565-3619

For more information contact:
Lisae C. Jordan, Esquire
443-995-5544
mcasa.org

Testimony Supporting Senate Bill 798 **Lisae C. Jordan, Executive Director & Counsel** March 1, 2023

The Maryland Coalition Against Sexual Assault (MCASA) is a non-profit membership organization that includes the State's seventeen rape crisis centers, law enforcement, mental health and health care providers, attorneys, educators, survivors of sexual violence and other concerned individuals. MCASA includes the Sexual Assault Legal Institute (SALI), a statewide legal services provider for survivors of sexual assault. MCASA represents the unified voice and combined energy of all of its members working to eliminate sexual violence. MCASA urges the Finance Committee to issue a favorable report on Senate Bill 798.

Senate Bill 798 – Reproductive Liberty

This bill proposes an amendment to the Maryland Constitution to establish that every person, as a central component of the individual's rights to liberty and equality, has the fundamental right to reproductive liberty; prohibiting the State from directly or indirectly denying, burdening, or abridging the right unless justified by a compelling State interest achieved by the least restrictive means; and submitting the amendment to the qualified voters of the State at the next general election. MCASA strongly supports reproductive rights for all women, and for all people. Enshrining reproductive liberty in the State Constitution is sadly necessary given the threat to reproductive freedom on the federal level.

Access to abortion care and reproductive liberty is vital to survivors of rape.

The CDC reports that almost 3 million women in the U.S. experienced Rape-Related Pregnancy (RRP) during their lifetime. <https://www.cdc.gov/violenceprevention/sexualviolence/understanding-RRP-inUS.html>

A three year longitudinal study of rape-related pregnancy in the U.S., published in the American Journal of Obstetrics and Gynecology (1996, vol. 175, pp. 320-325), found:

5% of rape victims of reproductive age (age 12-45) became pregnant as a result of rape, with the majority of pregnancies in adolescents. Of these, half terminated the pregnancy, 5.9% placed the child for adoption, and 32.2% kept the child.

Each of these reproductive choices should be protected by our Constitution.

Adolescents are more likely to become pregnant as result of rape because they are less likely to be on birth control or to seek emergency contraception following a rape. 29% of all forcible rapes occurred

when the victim was less than 11 years old; 32% of all forcible rapes occurred when the victim was between the ages of 11 and 17.

Survivors of Reproductive Coercion Need Access to Abortion Care and Reproductive Liberty

Reproductive coercion is a form of intimate partner violence where a woman's partner tries to control reproductive decisions by preventing access to or tampering with birth control, or forcing sexual intercourse with the intent of causing pregnancy. Of women who were raped by an intimate partner, 30% experienced a form of reproductive coercion by the same partner. Specifically, about 20% reported that their partner had tried to get them pregnant when they did not want to or tried to stop them from using birth control. About 23% reported their partner refused to use a condom.

<https://www.cdc.gov/violenceprevention/sexualviolence/understanding-RRP-inUS.html>

These survivors need access to reproductive liberty.

Laws should not require survivors to disclose sexual assault or reproductive coercion in order to receive abortion care. Decisions about who to disclose sexual assault or reproductive coercion to should be left to the survivor. It is incorrect to assume that all health care providers will be supportive or that a survivor will want that person's support. Survivors should be free to choose whom to confide in and when to disclose assault. A constitutional right to reproductive liberty will help protect survivors' choices.

**The Maryland Coalition Against Sexual Assault urges the
Finance Committee to
report favorably on Senate Bill 798**



SB0798_Right to Reproductive Freedom_FAVORABLE.pdf

Uploaded by: Liz Enagonio

Position: FAV



Indivisible: Central Maryland

Susan Radke, Lead Advocate

Dsusan56@gmail.com

Liz Enagonio, Lead Advocate

lenagonio@icloud.com

TESTIMONY FOR SB0798

Declaration of Rights - Right to Reproductive Freedom

Bill Sponsors: Senators Ferguson, Hettleman, Lam, Hester, Waldstreicher, Carter, James, M. Washington, Gile, Kagan, King, Kramer, Feldman, Lewis Young, Watson, Beidle, Guzzone, Elfreth, Smith and Zucker

Committee: Finance

Organization Submitting: Indivisible Central Maryland

Person Submitting: Liz Enagonio and Susan Radke, Lead Advocates

Position: FAVORABLE

Our names are Liz Enagonio and Susan Radke, lead advocates for Indivisible Central Maryland, a grassroots organization of constituents dedicated to protecting progressive and democratic values and ensuring human rights for all. Indivisible Central Maryland **strongly supports SB0798.**

We strongly believe that bodily autonomy is a human right. Each and every individual should have the freedom to make their own reproductive choices, including contraception and abortion. The decision by the Supreme Court to overturn Roe v Wade was a deep blow to our fundamental human freedom of bodily autonomy. By ripping away our rights to reproductive choice and abortion care, the Supreme Court significantly limits health care for women, especially low income women, women of color, and most especially Black women. It criminalizes personal health decisions. As interpreted by some states, the loss of Roe v Wade is already forcing women and girls to carry all pregnancies to term, with zero regard for the health of the mother or fetus, without regard for the economic and social needs of the woman and her family, without regard for whether the pregnancy was the result of incest, rape or simple failure of anticontraceptive measures. States have criminalized miscarriage and fetal death. THIS IS MALEVOLENT AND UNCONSCIONABLE. In most of the world, forced pregnancy is considered a human rights violation. As it is.

Some say that abortion is against their religious principles. May we remind the Legislature that the government is not a church. Individuals are free to follow their religious tenets; we are also free to NOT follow someone else's religious beliefs. Not all religions consider contraception or abortion as sins.

We are grateful that the General Assembly passed the Abortion Care Access Act in 2022, and are hopeful we can pass this even more fundamental bill for reproductive freedom. Indivisible Central Maryland **STRONGLY SUPPORTS** the constitutional amendment to enshrine the right to all aspects of reproductive health care in the Maryland Constitution. **We strongly request that the committee give a FAVORABLE report to SB0798, to pass it out of committee, and to urge your colleagues to vote in favor as well.** Thank you.

SB 798_mgoldstein_fav 2023.pdf

Uploaded by: Mathew Goldstein

Position: FAV



March 01, 2023

SB 798 - SUPPORT

Declaration of Rights - Right to Reproductive Liberty

Dear Chair Griffith, Vice-Chair Klausmeier, and Members of the Finance Committee,

Secular Maryland supports this bill which would amend the Maryland State Constitution to affirm a right to reproductive health care, including abortion. Public policy in a pluralistic society should affirm a right for individuals to make their own reproductive choices.

Our freedom to opt out of continuing a pregnancy may conflict with our neighbors' religious beliefs about a claimed elevated status conferred uniquely upon humanity by a claimed deity from the moment of conception. We disagree with those religious beliefs and reject the obligations on our behaviors that are derived from those beliefs. We are skeptical regarding the veracity of those religious beliefs, or we positively reject those religious beliefs as mistaken. We believe there is no supernatural realm, or there is no deity, or that deity has not conferred the specified special status upon humanity. Accordingly we see no overriding and ever-present ethical requirement to refrain from relying on pregnancy prophylactics, or to continue with pregnancy through birth and caring for the child. We instead see a more complex set of context sensitive ethical and practical considerations which may favor decisions that initially help to block, or afterwards abort, a pregnancy.

Our ethics are anchored in, and derived from within, our understanding of how the universe works. The reliability of our ethics depends on the veracity of their factual foundations. And our understanding of how the universe works is derived pragmatically on a best fit with the overall available empirical evidence basis. Logic and reason alone, without the empirical grounding, fails to reliably obtain facts. Our understanding of how the universe works is not anchored in, nor derived from, pre-existing ethics that are pre-defined independently of our understanding of how the universe works.

If approved by voters, this amendment protects abortion in Maryland from U.S. Supreme Court decisions that change the decades old, but contested, legal framework protecting abortion nationally.

Respectfully,
Mathew Goldstein
3838 Early Glow Ln
Bowie, MD

SB798 LOS 2023 Leg.docx.pdf

Uploaded by: MD Chesapeake Chapter National Association of Pediatric Nurse Practitioners
Position: FAV



National Association of
Pediatric Nurse PractitionersSM
MD: CHESAPEAKE

Support: SB 798 Declaration of Rights - Right to Reproductive Freedom

2/27/2023

Maryland Senate
Finance Committee
3 East
Miller Senate Office Building
Annapolis, Maryland 21401

Dear Chair, Vice-Chair and Members of the Committee:

On behalf of the pediatric nurse practitioners (PNPs) and fellow pediatric-focused advanced practice registered nurses (APRNs) of the National Association of Pediatric Nurse Practitioners (NAPNAP) Chesapeake Chapter, I am writing to express our **Support for SB 798 Declaration of Rights - Right to Reproductive Freedom**.

The Right to Reproductive Freedom Act makes an addition to the Declaration of Rights section under Maryland's Constitution. The constitutional amendment would provide that every person has the fundamental right to reproductive freedoms including the ability to make and execute decisions to prevent, continue, or end one's own pregnancy. This bill is necessary to preserve reproductive freedoms as a fundamental freedom. It will also prevent reproductive freedoms from being used as a bargaining chip in the future.

For these reasons the Maryland Chesapeake Chapter of NAPNAP extends their **Support for SB 798 Declaration of Rights - Right to Reproductive Freedom**.

The pediatric advanced practice nurses of your state are grateful to you for your attention to these crucial issues. The members of Chesapeake Chapter of the National Association of Pediatric Nurse Practitioners are committed to improving the health and advocating for Maryland's pediatric patients. If we can be of any further assistance, or if you have any questions, please do not hesitate to contact Lindsay J. Ward, the Chesapeake Chapter President at 410-507-3642 or lindsayjward@hotmail.com.

Sincerely,

Lindsay J. Ward CRNP, RN, IBCLC, MSN, BSN
Certified Registered Nurse Practitioner- Pediatric Primary Care
International Board-Certified Lactation Consultant
National Association of Pediatric Nurse Practitioners (NAPNAP)
Chesapeake Chapter President



Evgenia Ogordova

Evgenia Ogordova-DNP
National Association of Pediatric Nurse Practitioners (NAPNAP)
Chesapeake Chapter Legislative Chair

SB 798_MNADV_FAV.pdf

Uploaded by: Melanie Shapiro

Position: FAV



BILL NO: Senate Bill 798
TITLE: Declaration of Rights - Right to Reproductive Liberty
COMMITTEE: Finance
HEARING DATE: March 1, 2023
POSITION: **SUPPORT**

The Maryland Network Against Domestic Violence (MNADV) is the state domestic violence coalition that brings together victim service providers, allied professionals, and concerned individuals for the common purpose of reducing intimate partner and family violence and its harmful effects on our citizens. **MNADV urges the Senate Finance Committee to issue a favorable report on SB 798.**

Between 6-22% of women terminate their pregnancies because they're in an abusive relationship.¹ One of the most common reasons why survivors struggle to leave their abuser is because they have children in common. When a survivor is denied an abortion, they remain tethered to their abusive partner, whereas survivors who choose to terminate an unwanted pregnancy have a reduced risk of experiencing violence over time.² Additionally, survivors frequently experience forms of abuse that put them at an increased risk for unintended pregnancy, such as birth control sabotage, sexual assault, and reproductive coercion.³ 2.1 million women in the U.S. have become pregnant as a result of rape by an intimate partner,⁴ and, in one study, 16% of survivors with rape-related pregnancies chose to get an abortion.⁵ Access to abortions can be a matter of life or death for survivors of domestic violence because experiencing abuse while pregnant puts survivors at a much higher risk of being killed by their abuser.⁶

Senate Bill 798 proposes a constitutional amendment that voters must approve that would establish that a central aspect of a person's rights to liberty and equality includes the fundamental right to reproductive liberty including but not limited to the right to decide to prevent, continue, or end a pregnancy. The bill also would prohibit the state from interfering, abridging, denying or burdening a person's right to reproductive liberty absent a compelling State interest achieved by the least restrictive means. This legislation is singularly the most important action we can take to protect the reproductive freedom of the generations behind us.

For the above stated reasons, the **Maryland Network Against Domestic Violence urges a favorable report on SB 798.**

¹ <https://ncadv.org/blog/posts/ncadv-denounces-law-restricting-abortion-in-texas>

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4182793/>

³ <https://www.futureswithoutviolence.org/userfiles/file/HealthCare/Reproductive%20Health%20Guidelines.pdf>

⁴ <https://www.guttmacher.org/gpr/2016/07/understanding-intimate-partner-violence-sexual-and-reproductive-health-and-rights-issue>

⁵ <https://www.ojp.gov/pdffiles1/nij/grants/211678.pdf>

⁶ https://apps.who.int/iris/bitstream/handle/10665/70764/WHO_RHR_11.35_eng.pdf?sequence=1

For further information contact Melanie Shapiro • Public Policy Director • 301-852-3930 • mshapiro@mnadv.org

Melissa Murphy Favorable Testimony.pdf

Uploaded by: Melissa Murphy

Position: FAV

FAVORABLE REPORT ON SENATE BILL 798

My name is Melissa Murphy, and I am a resident of Baltimore City. I strongly urge a **favorable report** on Senate Bill 798. I have been advocating and fighting for reproductive justice my entire adult life. In 2021 I left the professional life I had been building for 15 years and moved to Maryland to pursue my J.D. at the University of Baltimore School of Law. I made this decision in order to further my advocacy for reproductive justice and bodily autonomy for all persons.

The Supreme Court ignored nearly 50 years of precedent in its *Dobbs* decision and as a result stripped women of their bodily autonomy and basic human rights. The fallout of this decision has been detrimental to all women: those who seek to carry a pregnancy to term; those who seek to terminate a pregnancy; and those who seek to prevent a pregnancy.

I believe, along with the majority of this country, that a central component of an individual's rights to liberty and equality is reproductive freedom. The decision to strip a class of citizens of their liberty is unconstitutional. For these reasons, I strongly urge a favorable report on Senate Bill 798.

Respectfully,
Melissa Murphy

SB 798 - WLCMD - FAV.pdf

Uploaded by: Michelle Siri

Position: FAV

BILL NO: Senate Bill 798
TITLE: Declaration of Rights – Right to Reproductive Freedom
COMMITTEE: Finance
HEARING DATE: March 1, 2023
POSITION: **SUPPORT**

The Women’s Law Center of Maryland (WLC) is a non-profit legal services and advocacy organization dedicated to ensuring the physical safety, economic security, and bodily autonomy of women in Maryland. While our direct representation projects are limited to primarily survivors of domestic violence, our advocacy is in support of gender justice as a whole, because all women are entitled to access to justice, equality, and autonomy. We recognize that all the issues we fight for are interconnected. Women cannot have bodily autonomy unless they have physical safety. They cannot have physical safety without economic security. And they cannot have economic security without bodily autonomy.

The WLC wholeheartedly supports Senate Bill 798 – Declaration of Rights – Right to Reproductive Freedom, which would amend the Maryland Constitution, subject to adoption by voters in the next general election, to include reproductive freedom as a fundamental right. Specifically, the bill recognizes that a central component of an individual’s rights to liberty and equality contains the fundamental right to reproductive freedom. This includes the right to make decisions regarding their own reproduction, including decisions related to preventing, continuing, or ending one’s own pregnancy. Significantly, the bill also states that those rights may only be abridge if “justified by a compelling state interest achieved by the least restrictive means.”

In its landmark ruling *Roe v. Wade*, 410 US 113 (1973), the Supreme Court recognized that the right to abortion was a fundamental liberty protected by the Due Process clause of the 14th Amendment of the Constitution. Building on prior case law recognizing a fundamental right to privacy, the Court held that privacy right extended to an individual’s rights to reproductive autonomy. *See Griswold v. Connecticut*, 381 U.S. 479 (1965); *Eisenstadt v. Baird*, 405 U.S. 438 (1972). But the ruling didn’t make the right to privacy absolute. Indeed, almost immediately after the *Roe* decision was issued, courts and politicians attempted to chip away at those rights, and in 1992 the Court replaced the strict scrutiny standard of *Roe* with a new, lesser, “undue burden” standard in *Planned Parenthood v. Casey*, 505 U.S. 833 (1992).

In June 2022, the Supreme Court issued its radical decision *Dobbs v. Jackson Women’s Health Organization*, 142 S. Ct. 2228 (2022) overturning nearly fifty years of constitutional protection and legal precedence. Among the many arguments contained within the opinion was a position that our nation’s laws in the year that the 14th Amendment was ratified should be a determining factor in whether a right to privacy and abortion exist within the constitutional framework. The *Dobbs* majority found that abortion rights were not a part of the nation’s history and traditions at that time and thus could not be a right connected to the constitution. This decision, and the travesty left in its wake, does not take into account the fact that women were not a part of the “body politic” during that period of our nation’s history and

thus had no say or right to participation in our democratic process¹. Decisions were made about them, and their bodies, without their input. This cannot be allowed to happen again.

It has been less than a year since the *Dobbs* decision was issued, and yet we have already seen its devastating affects across the nation. The abortion landscape has become fragmented and increasingly polarized as pro-abortion states work hard to protect access to abortion care, and anti-abortion states have passed bans and restrictions making it difficult, if not impossible, for people to access the care they need. Indeed, at least twenty-four states have banned abortion or are likely to do so in the imminent future. This means millions of Americans are without access to critical health care and are denied the right to bodily autonomy.

While we watch the continued attack on abortion rights across the country, they are thankfully strong here in Maryland. Maryland voters overwhelmingly approved a ballot measure in 1992 that led to a statutory right to an abortion. The Maryland legislature has vigilantly and successfully defended against an onslaught of attempts to chip away at those rights over the past several decades. But we cannot take for granted that those rights could not at some point be stripped, not when so much is at stake. And while our statutory protections extend to abortion care, they do not extend to other forms of reproductive health care. A constitutional amendment would be the strongest protection we could provide to ensure future generations of Marylanders have meaningful access to the full range of reproduction health care, from birth control to infertility treatments, to abortion. And by including a strict scrutiny standard, *i.e.*, by explicitly requiring that the “state may not, directly or indirectly, deny, burden, or abridge the right unless justified by a compelling state interest achieved by the least restrictive means,” we give guidance to the courts in how to interpret the amendment and ensure that the right to reproductive freedom is unequivocal.

The Court in *Dobbs* has made clear that abortion is an issue left to be decided by the States, and so it is now up to the state of Maryland to ensure that those who can become pregnant are not left out of the conversation yet again. We must be entitled to chart our own course and have full autonomy over our reproductive decisions. A constitutional amendment is the clearest and most explicit method of ensuring that the right to reproductive freedom is not vulnerable to attack and will remain for generations to come. While reproductive rights are being eroded in neighboring states, Maryland must act affirmatively to ensure all Marylanders have the fundamental right to reproductive freedom.

For these reasons, the Women’s Law Center of Maryland strongly urges a favorable report on Senate Bill 798.

The Women’s Law Center of Maryland is a private, non-profit, legal services organization that serves as a leading voice for justice and fairness for women. It advocates for the rights of women through legal assistance to individuals and strategic initiatives to achieve systemic change, working to ensure physical safety, economic security, and bodily autonomy for women in Maryland.

¹ Testimony of Khiara M. Bridges, Professor of Law, UC Berkeley School of Law, Senate Committee on the Judiciary, July 12, 2022, <https://www.judiciary.senate.gov/imo/media/doc/Testimony%20-%20Bridges%20-%202022-07-121.pdf>

SB 798 - Declaration of Rights - Reproductive Free

Uploaded by: Morgan Drayton

Position: FAV

March 1, 2023

**Testimony on SB 798
Declaration of Rights - Right to Reproductive Freedom
Finance**

Position: Favorable

Common Cause Maryland is in favor of SB 798, which would constitutionally enshrine the rights of Marylanders to reproductive freedom.

A central component of an individual's rights to liberty and equality includes the fundamental right to reproductive liberty. This includes the right of the individual to make decisions about their medical needs with their chosen healthcare provider - specifically the right to make decisions related to preventing continuing or terminating a pregnancy.

As reproductive rights are being eroded across the country, the General Assembly must act affirmatively to ensure that all Marylanders have the fundamental right to reproductive liberty, regardless of what the Supreme Court or any other state determines. The Constitutional Amendment provides the highest possible level of protection of reproductive freedom in Maryland, and for these reasons we strongly urge a favorable report on SB 798.

SB798-FIN-FAV.pdf

Uploaded by: Nina Themelis

Position: FAV



BRANDON M. SCOTT
MAYOR

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

SB 798

March 1, 2023

TO: Members of the Finance Committee
FROM: Nina Themelis, Interim Director of Mayor's Office of Government Relations
RE: Senate Bill 798 – Declaration of Rights – Right to Reproductive Freedom
POSITION: SUPPORT

Chair Griffith, Vice Chair Klausmeier, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) supports Senate Bill (SB) 798.

SB 798 establishes that every person has a fundamental right to make their own reproductive decisions. SB0798 explicitly states that the State of Maryland may not interfere in any way with a person making these decisions unless justified by a “compelling state interest” achieved by the “least restrictive means.” This bill seeks to amend the State constitution, and so it also provides that the issue must be submitted as a question before the voters in the next scheduled general election for adoption or rejection.

The *Dobbs v. Jackson Women's Health Organization* court case concerned the constitutionality of a Mississippi law prohibiting abortions after the fifteenth week of pregnancy. It was used to launch an attack on *Roe v. Wade*, which provided federal protections to abortion 50 years ago. On June 24, 2022, the Supreme Court of the United States overturned *Roe* and eliminated the federal constitutional right to abortion. Because of this decision, half of the states are expected to ban abortion. Our legislature has decided to put forth this important issue before the people of Maryland.

Having power and control over one's own body is a basic principle. The access to an abortion is only part of this autonomy – it is part of a much larger conversation about systemic barriers to health care. All residents need access to comprehensive health care, including reproductive health counseling, birth control, abortion, prenatal care, safe childbirth, childbirth spacing, and parenting support. Each service needs to be available, affordable, and accessible so people can make choices that preserve health. The impacts of minimizing access to health care falls disproportionately on the same persons who have always faced systemic barriers to care – communities of color, persons living on low incomes, undocumented immigrants, the LGBTQ+ community, and persons with disabilities. As such, this bill does not leave this critical issue of liberty and equality to the Supreme Court.

Maryland has been on the forefront of protecting the reproductive rights of residents in the United States. Over the last decade, Maryland lawmakers have passed legislation to uphold protections for reproductive health care services, including abortion. In 2016, the Maryland Contraceptive Equity Act (MCEA) (HB 1005/SB 848) passed, providing all Maryland residents expanded access to birth control, at little to no cost. The MCEA was one of the nation's most comprehensive expansions of insurance coverage for contraception.

For these reasons, the BCA respectfully requests a **favorable** report on SB0798.

*Annapolis – phone: 410.269.0207 • fax: 410.269.6785
Baltimore – phone: 410.396.3497 • fax: 410.396.5136
<https://mogr.baltimorecity.gov/>*

SB 798- LWVMD- FAV- Declaration of Rights- Right t

Uploaded by: Nora Miller Smith

Position: FAV



TESTIMONY TO THE SENATE FINANCE COMMITTEE

SB0798: Declaration of Rights- Right to Reproductive Freedom

POSITION: Support

BY: Nancy Soreng, President

DATE: March 1, 2023

The League of Women Voters Maryland supports **Senate Bill 798: Declaration of Rights- Right to Reproductive Freedom**, which would constitutionally enshrine Marylanders' right to reproductive liberty, including whether to prevent, continue, or end one's own pregnancy.

The League has a long history of affirming the rights of individuals to self-determination related to bodily autonomy, privacy, and reproductive health. The League's 1983 *Position on Public Policy on Reproductive Rights* states that "**Public policy in a pluralistic society must affirm the constitutional right of privacy of the individual to make reproductive choices.**" That same year the League pressed for defeat of a proposed constitutional amendment that would have overturned *Roe v Wade*.

In 1991 and 1992, in coalition with 178 other groups, the League filed an amicus brief in *Planned Parenthood of Southeastern Pennsylvania v. Casey*, arguing that **constitutional rights, once recognized, should not be snatched away.** And during the 1993-1994 health care debate, the League pressed for inclusion of reproductive services, including abortion, in any health care reform package. In 2012 the League successfully fought against attempts in Congress to allow an employer or provider with a "religious or moral" objection to exclude certain health care services, including reproductive health care, from coverage under the ACA.

The League continues to advocate to protect each individual's right to make their own reproductive health choices.

Following the Supreme Court's decision last year in *Dobbs v. Jackson Women's Health Organization* to overturn *Roe* after nearly fifty years, thereby removing the constitutional right to abortion, many states passed legislation essentially banning abortion under any or most circumstances. **Thus, state courts and constitutions have become even more important in protecting reproductive rights.** Passage of this bill would be a strong step to ensure that reproductive health care, including abortion, will remain accessible and legal in Maryland.

The League and its 1,500+ members urge the committee to give a favorable report to Senate Bill 798.

SB0798_FAV_MedChi, MDAAP, MDACOG_Declaration of Ri

Uploaded by: Pam Kasemeyer

Position: FAV



The Maryland State Medical Society
63711 Cathedral Street
Baltimore, MD 263701-5516
410.539.0872
Fax: 410.547.0915
1.800.492.1056
www.medchi.org



TO: The Honorable Melony Griffith, Chair
Members, Senate Finance Committee
The Honorable Bill Ferguson

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
Andrew G. Vetter
Christine K. Krone
410-244-7000

DATE: March 1, 2023

RE: **SUPPORT** – Senate Bill 798 – *Declaration of Rights – Right to Reproductive Freedom*

On behalf of the Maryland State Medical Society, the Maryland Chapter of the American Academy of Pediatrics, and the Maryland Section of the American College of Obstetricians and Gynecologists, we submit this letter of **support** for Senate Bill 798.

Senate Bill 798 seeks to establish permanent protection of reproductive rights in Maryland. While it is likely that a majority of General Assembly members will remain supportive of reproductive rights for the next few generations, the past few years have clearly shown that there can be political shifts that could put the protection of reproductive rights at risk as we are seeing in other States. Senate Bill 798, if enacted, would place on the ballot of the next general election a constitutional amendment that, if passed, would establish that every person, as a central component of the individual’s rights to liberty and equality, has the fundamental right to reproductive liberty and would prohibit the State from directly or indirectly denying, burdening, or abridging that right, unless justified by a compelling State interest. Amending the State’s Constitution will ensure access to abortion along with other reproductive rights in perpetuity.

The above-named organizations support safe, legal, and accessible reproductive services, free from harmful restrictions. The State’s adoption of the proposed constitutional amendment will permanently secure the right to reproductive liberty, including the right to abortion care. A favorable report is requested.

SB 798 Senate Side Barbara Francisco Testimony.pdf

Uploaded by: Rahula Strohl

Position: FAV

Support
SB 798 – Declaration of Rights - Right to Reproductive Freedom
Senate Finance Committee
March 1, 2023

Dear Honorable Chair Griffith:

In the early 1990s, I had completed a second B.S. degree at the University of Maryland in elementary education and was early in my career as a 4th-grade teacher. My husband and I lived in a small house in Silver Spring with our two young children. My birth control failed, and we chose to end the pregnancy because I would not have been able to work at my dream job and also be able to give a third child the kind of attention I gave – and wanted to give – to the first two.

I want all families and all people who can become pregnant to be able to exercise their right to bodily autonomy the way I was able to do – including those who live in nearby states where legislators have limited those choices. Establishing reproductive freedom as a fundamental constitutional right in Maryland sends a clear message that we value all our citizens.

Thank you for your time. I urge a favorable vote on SB 798.

Most sincerely,
Barbara Francisco
Silver Spring, MD 20901

SB 798 Senate Side Lorraine Layman Testimony.pdf

Uploaded by: Rahula Strohl

Position: FAV

Lorraine Layman
Baltimore, MD 21223

Support
SB 798 – Declaration of Rights - Right to Reproductive Freedom
Senate Finance Committee
March 1, 2023

My name is Lorraine Layman, a resident of Baltimore Md, and I support SB 798 – Declaration of Rights - Right to Reproductive Freedom. This bill would lay the groundwork to make reproductive freedom—the decision to continue, prevent, or end one’s own pregnancy—a constitutional right.

About 15 years ago, I was pregnant, and initially, I was excited. I posted the sonogram to social media. I told family members. But something wasn’t right.

That something was my abusive partner. When you’re in a relationship, you can’t always see the big picture. When I posted those photos, when I was telling family, I wasn’t seeing the big picture. Then I had the opportunity to think about it.

If this is the way he treated me, how was he going to treat a child? I couldn’t bring a child into the world just to suffer the abuse I was suffering.

Thankfully, reproductive coercion wasn’t one of the ways he was abusive. He even went so far as to recommend an abortion clinic and pay for the procedure. How did he know about the provider? He had impregnated someone else recently and paid for her procedure, as well.

Not every abuse victim has the outlets I had. It’s not hard for me to imagine a world where my former partner’s abuse extended to reproductive coercion. It’s not hard for me to imagine a world where he withheld money. This is the sad reality for too many Marylanders.

We need to live in a Maryland where abuse victims have complete autonomy over their own reproductive future. Making sure that access to abortion, or access to birth control, or access to pre-natal care, is a basic constitutional right, will give more options to victims and fewer options to the people who want to control them.

For the foregoing reasons, I urge a favorable report on SB 798. Thank you for the opportunity to submit testimony.

SB 798 Senate Side Rev Sullivan Testimony.pdf

Uploaded by: Rahula Strohl

Position: FAV

Chair Melony Griffith
Senate Finance Committee
Senate Office Building
11 Bladen St.
Annapolis, MD 21401

Dear Honorable Chair Griffith,

I am writing to you as a bereaved mother and as a United Methodist pastor in support of SB 798 because reproductive freedom is not a privilege to be enjoyed by the few, but a right to be bestowed on all.

After my third miscarriage in 2018, I kept the abortifacient I had been prescribed. I didn't need much for my body to begin miscarrying and I thought, given the political climate, I might want to keep the rest of the prescription in case I needed to manage another miscarriage or abortion. While I was mourning the loss of a much-wanted baby, I also worried about my access to future medical care being affected by politics. I have balanced translocated chromosomes, which essentially means I have an 80 percent chance of becoming pregnant with a baby who is incapable of living outside of my uterus because of chromosomal abnormalities. Sometimes those babies are miscarried, but often those with balanced translocated chromosomes either need abortifacient to induce miscarriage or have to terminate for medical reasons. I desperately want children, but I am very aware because of my translocation that I need access to abortion to care for my own body and to care for my living child, and I need access to abortion as part of my attempts to get pregnant again. Again and again in churches I have served as a pastor and in the support groups for bereaved parents where I often end up serving as a chaplain, I have encountered families with similar stories of need to access abortions.

Many of us thought we would never have an abortion. Many of us spent enormous amounts of money for fertility treatments, even with the insurance coverage mandates we have in this state. Many of us overcame fears of needles and procedures, even fears of subsequent losses so we could have a chance at giving birth to a living child. But we also know there is more to parenting than giving birth. For some of us, the best way we could mother our baby who would not live much past birth was to end their suffering in the womb. For others, we knew that our living children would suffer if we continued another pregnancy because we would be unable to care for them if we were on bedrest or if we did give birth to a sibling for whom we would have to immediately put on indefinite hospice care, as can happen with some kinds of chromosomal abnormalities.

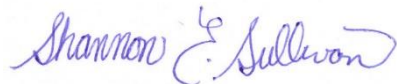
My guiding scripture verse as a pastor and a Christian comes from the Gospel of John 10:10, where Jesus is talking about himself as a gate protecting the sheep from harm, and he says, "I came that they might have life and have it abundantly." One cannot have an abundant life

without fundamental control over their own reproductive present and future. People who are against abortion are often labeled as pro-life, but in my ministry and in my own fertility journey, I have learned that the decision to have an abortion is often about seeking that abundant life. Access to abortion, especially for those of us in the pregnancy-loss community, is about protecting women and families from further harm in terrible circumstances. Subjecting us to the hurdles, humiliation, and potential physical injury of restricted abortion care in a situation where many of us are already in shock and grief is immoral. The politicization of abortion only hurts families.

My most recent loss was at 19 weeks and 3 days, and it was caused not by my Balanced Translocation but by an incompetent cervix we did not discover in time. We chose not to abort right away, but I was grateful the option of abortion was available to me because I knew that the longer my cervix was open, the more exposed myself and my baby were to infection. I have a living child at home I needed to be healthy enough to care for, and I have known women who had to carry dead or dying babies too long, risking sepsis, or had other infections due to medical care that prioritized a baby who could not live anyway and not the mother carrying the child. Limiting access to abortion benefits no one; instead it risks injury to women, mothers, their living children and families by treating a woman's body, health, and well-being as though they are inconsequential.

Abortion care is life-giving and family-preserving care in so many ways. I have seen that as a pastor and experienced it for myself. Please consider my needs, the needs of the families in the communities I have served, and the needs of all women in Maryland and vote in favor of SB 798.

Sincerely,



Rev. Shannon E. Sullivan,
Trinity United Methodist Church
703 West Patrick Street
Frederick, MD 21701

Testimony PPMW SB 798 Senate Side.docx.pdf

Uploaded by: Rahula Strohl

Position: FAV

Committee: Senate Finance Committee

Bill Number: Senate Bill 798 - Declaration of Rights - Right to Reproductive Freedom

Hearing Date: March 1, 2023

Position: Support

Planned Parenthood of Metropolitan Washington, DC (PPMW) is proud to serve Maryland's Prince George's and Montgomery Counties as the oldest and largest provider of family planning services in the Metropolitan Washington area. Founded in 1937, PPMW provides high quality, comprehensive reproductive health care, including abortion, at health centers in Suitland and Gaithersburg, as well as high quality sexual health education across Prince George's and Montgomery Counties.

PPMW supports Senate Bill 798 – Declaration of Rights – Right to Reproductive Freedom:

“That every person, as a central component of an individual’s rights to liberty and equality, has the fundamental right to reproductive freedom, including but not limited to the ability to make and effectuate decisions to prevent, continue, or end one’s own pregnancy. The state may not, directly or indirectly, deny, burden, or abridge the right unless justified by a compelling state interest achieved by the least restrictive means.”

Maryland should act now as the right to reproductive freedom is under attack. The Supreme Court overturned *Roe v. Wade* in June 2022 in the *Dobbs v. Jackson Women’s Health Organization* decision. Far from leaving the decision to secure the right to abortion access up to the states, anti-abortion extremists are attempting to take Mifepristone—a drug used in the most common form of medication abortion in the U.S.—off the market. A decision in *Alliance for Hippocratic Medicine v. U.S. Food and Drug Administration* could come out of Amarillo, Texas, any day now.



Planned Parenthood of Metropolitan Washington, DC

Though the right to abortion has been Maryland law since 1992, and many folks assume states like Maryland will steadfastly continue to protect the right to abortion into the future, a constitutional amendment is the strongest protection. Right now, abortion access has been eliminated in 12 states, including Maryland's neighbor to the west, West Virginia. While the history and landscape in Maryland are a far cry from Texas or Mississippi, we could see total bans in more than half of states in the U.S. before long. Often, successful campaigns against reproductive freedom start small and grow gradually over time. To ensure that current and future generations of Marylanders are protected, Maryland should act now.

PPMW was founded on the visionary idea that access to sexual and reproductive health care could transform people's lives. PPMW's mission is to provide high-quality, compassionate healthcare, including reproductive care; promote sexual health; and advocate for reproductive rights and health equity for all. A constitutional amendment is the strongest protection, and we ask for a favorable vote on Senate Bill 798.

2023 ACNM SB 798 Senate Side FAV.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

Bill: Senate Bill 798 - Declaration of Rights - Right to Reproductive Freedom

Hearing Date: March 1, 2023

Position: Support

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) strongly supports *Senate Bill 798 – Declaration of Rights – Right to Reproductive Freedom*. The bill proposes a Constitutional Amendment to protect the ability of Marylanders to make and effectuate reproductive health decisions about abortion, birth control, and other pregnancy care.

With the *Dobbs* decision, the U.S. Supreme Court erased legal protections for abortion by overturning *Roe v. Wade*. Because the decision cited there was no constitutional right to privacy, other rights – including the right to access birth control – are at risk. Maryland has strong laws protecting reproductive health access, but we need the very highest level of State legal protection as provided in this legislation.

We ask for a favorable vote on this legislation. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net.

2023 PPM SB 798 Senate Side FAV.pdf

Uploaded by: Robyn Elliott

Position: FAV

Senate Finance Committee
Senate Bill 795 - Declaration of Rights - Right to Reproductive Freedom
March 1, 2023
Support

Planned Parenthood of Maryland strongly supports *Senate Bill 795 – Declaration of Rights – Right to Reproductive Freedom*. The legislation proposes an amendment to the Maryland Constitution to protect reproductive freedom for all Marylanders. Reproductive freedom encompasses the right to make and effectuate decisions about abortion, birth control, and continuing a pregnancy.

SB 795 is the most important bill to protect reproductive freedom in Maryland in our lifetime. On June 14, 2022, the U.S. Supreme Court overturned *Roe v. Wade* with the *Dobbs* decision. This disastrous decision deprives everyone in the United States of constitutional protections for bodily autonomy.

With the *Dobbs* decision, 14 states have already banned abortion with a dozen state bans in the pipelines. Our abortion rights are protected in Maryland – at least for now. In 1991, the Maryland General Assembly had the foresight to repeal outdated unconstitutional abortions restrictions and codify the statutory framework of *Roe v. Wade*. Maryland voters overwhelmingly approved this measure in 1992 in a ballot referendum known as Question 6.

We are deeply appreciative that Speaker Jones has the foresight to propose protecting reproductive freedom in the Maryland Constitution. This measure will protect us now and all future generations of Marylanders. A constitutional amendment offers us the strongest legal protection against infringements on our right to bodily autonomy.

Before the *Dobbs* decision, we may have felt safe in Maryland, but our world has drastically changed. Almost half of the people of reproductive age in our country will lose the right to abortion in the coming year. This change did not happen overnight. The anti-abortion advocates spent decades in their campaign to reverse abortion rights, and they are continuing to advance extreme restrictions at the state level with 300 bills proposed this session, including

a Kentucky bill that would create a homicide penalty for abortion patients and providers. Senate Bill 795 will provide constitutional protections against any future attempts to restrict reproductive rights in Maryland. We ask for a favorable vote. We need this measure to protect future generations of Maryland and demonstrate that we will not be deterred in our efforts to protect reproductive freedom.

If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net.

SB 798 Senate Side Roz Jonas Testimony.pdf

Uploaded by: Rosalyn Jonas

Position: FAV

Chair Melony Griffith
Senate Finance Committee
Miller Senate Office Building
11 Bladen St.
Annapolis, MD 21401

SUPPORT – SB 798
Declaration of Rights - Right to Reproductive Freedom

Dear Honorable Chair Griffith:

My name is Rosalyn Levy Jonas, and I have been a Maryland resident for nearly 40 years. In 1966, 17 years before I would take up residency in Maryland, I had a difficult and challenging experience here.

I was just 20 years old, single, pregnant, and desperate, I stood alone on Eutaw Street in downtown Baltimore, waiting to be picked up by a man I'd never met, whose job it was to deliver me to the place where I was scheduled to have an illegal abortion.

My abortion was performed in a farmhouse somewhere in rural Baltimore County, by a man whose face I never saw. For his services, I paid him \$600 in cash, and after a few hours, I was returned to Eutaw Street. I consider myself lucky; no complications prevented me from later choosing to bring children into the world. I have two adult daughters whose reproductive rights I am determined to protect. On their behalf and on behalf of the women in this state and across the country, I have served on the boards of state and national organizations tasked with preserving their rights.

I had my abortion seven years before *Roe v. Wade* gave women the right to control their own reproductive destinies. Seven years before women, desperate to control their bodies and their lives, could stop using coat hangers and knitting needles and stop drinking poison—and stop standing alone on Eutaw Street, hoping to meet a man who was actually a doctor. Seven years before girls and women could stop their search for the underground networks that existed to connect them with abortion providers. And seven years before desperate women had to come up with the cash equivalent of \$5,200 today.

Today, we are faced with the reality that *Roe v. Wade* has been overturned. Twelve states, including our neighbor, West Virginia, have total abortion bans. No one should have to endure the fear, uncertainty, and financial hardship that I did in 1966. But that is the reality for too many, right now. Maryland must take the first step toward asserting reproductive freedom as a fundamental constitutional right. I urge a favorable report on SB 798.

Sincerely,
Rosalyn Levy Jonas
Bethesda, MD 20814

Testimony - SB 798.pdf

Uploaded by: Sarah Parsons

Position: FAV

From: Sarah Parsons: Chairperson, Allegany County Women's Action Coalition
To: Maryland House of Delegates, 02/27/2023
Re: Declaration of Rights - Right to Reproductive Freedom - Senate Bill 798
Position: Favorable

My name is Sarah Parsons, and I am a lifelong resident of Mountain Maryland, and a community activist. I'm offering this written testimony today in support of the Declaration of Rights - Right to Reproductive Freedom - Senate Bill 798. The importance of this bill is immeasurable in the rights and protections it will provide to the women of our great state, in furthering our bodily autonomy, in taking greater steps towards equity, and in support of our ability to make some of life's most important decisions for ourselves. In rural Mountain Maryland reproductive healthcare is neither easily accessible nor affordable, and misinformation and stigma still hamper us. Our own state delegation often remarks that they speak for the people of our area, and that our priorities are different than in other parts of the state particularly on issues such as those covered by this bill. However, in our part of Western Maryland, there is a large and growing constituency who understand that reproductive healthcare, including education, family planning, contraception and abortion, must be easily accessible and affordable for all - as a matter of right.

It has been shown that lack of access to reproductive healthcare can have monumental negative health impacts for all people, but in particular on women, trans individuals, and children. Unintended pregnancies are shown to have an adverse impact on maternal health and mortality, but also on the physical and mental health of children as well as infant mortality. Additionally, lack of access does not decrease the number of abortions, but rather simply increases the number of illegal and dangerous abortions. Also, lack of access to birth control, family planning, education, and abortion has also been shown to have a catastrophic financial impact on people, particularly in communities of color and economically depressed and rural communities, and has a profound impact on the ability of young people and families to thrive and succeed, and indeed impacts our communities' economic development as well.

- <https://www.commonwealthfund.org/blog/2023/limiting-abortion-access-american-women-impacts-health-economic-security>
- <https://www.hsph.harvard.edu/news/features/abortion-restrictions-health-implications/>
- <https://www.americanprogress.org/article/limiting-abortion-access-contributes-poor-maternal-health-outcomes/>
- <https://health.maryland.gov/pophealth/Pages/Rural-health.aspx>
- <https://www.gutmacher.org/2023/01/inequity-us-abortion-rights-and-access-end-roe-deepening-existing-divides>

On a personal note, I simply cannot overstate the importance of this bill. I'm a mother to two daughters, and I want them to live in a state that respects their choices and treats them as equal citizens. When my youngest was born, there were conditions that lead to me experiencing birth trauma, and while I would not change a single thing about my choices, I had the privilege of choice and now the privilege of perspective to know that those choices and decisions are private, and personal, and should not be thrust upon anyone, nor taken away or limited by any government. Your rights to your body, and the choices surrounding your body are your own, and our state needs to protect those rights which are currently under attack across the nation. Thank you to the committee for your time and consideration. I am very strongly in support of Senate Bill 798.

Sincerely,
Sarah Parsons

SB798_Sponsor Testimony

Uploaded by: Senator Ferguson

Position: FAV



The Senate of Maryland
ANNAPOLIS, MARYLAND 21401-1991

SB 798 – Declaration of Rights – Right to Reproductive Freedom

Testimony of Senate President Bill Ferguson

On March 1, 2023

Before the Finance Committee

Why This Bill Matters:

Today, it is more important than ever to affirm that in Maryland people have the right to medical and reproductive autonomy. In our State, we have a well-established history of these protections. In 1991, the Maryland General Assembly codified the legal right to abortion, as provided in *Roe v. Wade*. Last year, the General Assembly overrode a veto and enacted the Abortion Care Access Act to remove unnecessary and outdated impediments to reproductive health care.

However, on June 14, 2022, the U.S. Supreme Court overturned *Roe v. Wade* with the *Dobbs* decision. This devastating decision removes constitutional protections for bodily autonomy for everyone in the country. The *Dobbs* decision, though long feared, was still shocking by its sheer extremism. It is not often that deeply entrenched fundamental rights are stripped from people living in America. The Supreme Court's action means that daughters born today have fewer rights than their mothers.

This Supreme Court decision has started a series of extreme attacks on reproductive liberties by states across the country. Fourteen states have already effectively banned abortion with actions pending in several other states. Here in Maryland, the right to bodily autonomy should never be diminished. Instead, we are called to meet those attacks with a full-throated defense of the ability to make one's own health care decisions.

What This Bill Does:

Senate Bill 798 would amend the Maryland Constitution, subject to approval by voters in the next general election, to include reproductive freedom as a constitutional right. Specifically, the bill recognizes that a central component of an individual's rights to liberty and equality contains the fundamental right to reproductive freedom. This includes the right to make decisions regarding their own reproduction, including decisions related to preventing, continuing, or ending one's own pregnancy.

This constitutional amendment sends a crucially important message about what we value as Marylanders. However, it is not just a symbolic gesture. It affords the very highest level of protection

against attacks on reproductive liberties and bodily autonomy. This measure will protect Marylanders now and for all future generations. A constitutional amendment offers the strongest legal protection against infringements on reproductive freedom.

Why You Should Vote for This Bill:

In Maryland, we believe that people have the right to make choices about their own health care with assurances that their decisions are private, protected, and apolitical. We stand at a critical juncture in our history; it is so important we ensure safe, accessible, and stable options for reproductive health care. This bill will enshrine constitutional protections for reproductive liberty, thereby safeguarding the rights of Marylanders now and for future generations.

TESTIMONY IN SUPPORT OF SENATE BILL 798.pdf

Uploaded by: Sharon Blugis

Position: FAV



TESTIMONY IN SUPPORT OF SENATE BILL 798: Declaration of Rights - Right to Reproductive Freedom

TO: Chair Melanie Griffith and Vice Chair Katherine Klausmeier of the Finance Committee

FROM: Sharon Blugis, Interim Executive Director, Pro-Choice Maryland

DATE: Tuesday, February 28, 2023

Pro-Choice Maryland is an independent, nonprofit organization that develops and advocates for policies that protect reproductive freedom and that advance reproductive justice. Pro-Choice Maryland **strongly supports the right of ALL individuals to full bodily autonomy and to unequivocal control over their own health and healthcare decisions.**

As was made clear on June 24, 2022, the day that the US Supreme Court for the first time in history decided to roll back human rights that had been previously expanded by overturning *Roe v. Wade*, we cannot take reproductive rights for granted. For the past six months, other states have launched extensive attacks on the right of all individuals to make their own healthcare decisions, and we cannot rely on federal authorities to protect our residents: we *must* act, as a state, to codify bodily autonomy into our Constitution.

Further, polls consistently show that over 70% of Americans overwhelmingly approved of the long-held *Roe v. Wade* decision, and 80% of Americans support abortion access in all or most cases. Thus, it is even more concerning that extreme right-wing groups and anti-abortion politicians continue to pass laws banning or restricting this essential, life-saving care. When abortion was on the ballot in Montana, Kansas, Michigan, California, and Vermont, voters resoundingly supported abortion access. House Bill 705 would establish this widely popular right via a ballot initiative, which is an important measure that would lend the amendment legitimacy by reflecting overwhelming support from Maryland voters. Access to safe, legal, and accessible abortion and reproductive health care is not only a moral imperative, but it also has enormous social, economic, and health benefits to individuals, families, and communities. Bans and restrictions on abortion and reproductive care harm pregnant people with particular impact on people of color, inappropriately interfere in the trusted doctor-patient relationship, are linked to negative maternal health outcomes, and serve an agenda that would have all pregnancy outcomes scrutinized, controlled, and criminalized. We must trust and empower pregnant people to make the best decisions about their lives and their pregnancies.

We applaud this common-sense effort to further enshrine the right to reproductive freedom in Maryland and we strongly urge the committee to lead the way, honor abortion access as essential, vital healthcare, and to **return a favorable report on Senate Bill 798.**

Anne Arundel County _FAV_SB 798.pdf

Uploaded by: Steuart Pittman

Position: FAV



March 1, 2023

Senate Bill 798

Declaration of Rights - Right to Reproductive Freedom

Senate Finance Committee

Position: FAVORABLE

Anne Arundel County **SUPPORTS** Senate Bill 798 – Declaration of Rights – Right to Reproductive Freedom. Subject to the approval of Maryland voters in the next general election, this proposed constitutional amendment will establish an individual’s fundamental right to reproductive freedom and will declare that this right is not to be impeded by the State.

Less than one year ago, the Supreme Court ruled a person’s right to access abortion now depends on your zip code. Republican controlled states quickly took away the right to choose, and we have since heard horrifying stories of women and girls who have been unable to access the care they need because of their elected officials. Although Maryland is safer than states like Texas, West Virginia, and Mississippi, we must still take this step to permanently secure the right to reproductive liberty.

After the Supreme Court’s decision, the Anne Arundel County Council successfully passed a resolution in support of women’s right to safe reproductive healthcare. And as County Executive, I’ve fought to improve the health and wellbeing of all our residents.

This proposed amendment to the Maryland Constitution will enable voters to affirm their support for access to abortion care. This is a timely and necessary step to ensure this fundamental right is protected for years to come.

For all of these reasons, I respectfully request a **FAVORABLE** report on Senate Bill 798.

Steuart Pittman
County Executive

Alan_Abortion Bill SB0798 Feb 2023.pdf

Uploaded by: Alan Timmons

Position: UNF

The absurdity of SB0798 to claim a “fundamental right to reproductive freedom” with careless omission to define such a so-called freedom is just one of many flaws contained in this Bill.

In Proverbs God tells us that he hates hands that shed innocent blood and a heart that devises wicked schemes. This Bill would make the **unrestricted** destruction of innocent children **some sort of right**. No, it is the **life** of these children that is a **right**. It is the duty of the legislature of Maryland to protect the children of Maryland.

This Bill would allow schools to transition children to a different sex, and to encourage minors to get abortions, **all without parental consent**. Pedophiles can molest children, and call it their reproductive freedom.

This Bill should be called the “Ruin and Kill Children in Any Manner Bill.” Or, it should be called the “Take Away Parental Rights Bill.” This Bill is an open-ended killing-children-Bill.

God tells us to speak up for those who cannot speak for themselves. I am speaking to you for the children that this Bill intends to slaughter. This Bill tramples the rights and equality of unborn and newborn persons.

God calls us to rescue those being led away to death. We are not to facilitate a person’s cruel destruction. It is a grievous crime to be members of this community and to close our eyes to the unrestricted dismemberment of children. Like the cries of the Jews in railroad cars begging for help during the Holocaust, like the communities that ignored those cries, the deaths of innocent children in Maryland is a great crime that we must not ignore.

SB 798 - Unfavorable.pdf

Uploaded by: Alexandra Rak

Position: UNF

SB 798 - Unfavorable

Alexandra Rak

Dear Members of the Senate Finance Committee,

Thank you so much for the opportunity to debate this important topic and I hope that you will all be open-minded about reporting unfavorable a measure that you believe in but would find completely unnecessary for our state.

Maryland already has the most permissive statutes for abortion in the country. The Freedom of Choice Act which gave us our current law was designed to survive the overturn of *Roe vs. Wade* and reality has shown that to be true. Maryland is a safe haven for late-term abortion and abortion doctors are even being encouraged to set up late-term specialty practices here. When I was a pro-choice supporter, I always maintained a limit for elective abortion. Common sense dictates that the state of Maryland should have a limit as well. However, SB 798 would end any reasonable limits now or in the future because once it is a "right" it cannot feasibly be limited. **Indeed, the proponents of the bill told the House HGO Committee they would not support any gestational limitations amended into the proposed amendment.** Frankly, that is barbaric.

It's not just the permissibility of our pro-choice law however, but Maryland is also the home of:

- State-funded abortionist training
- Insurance-required abortion regardless of personal preference
- Requiring millions of taxpayer dollars to go directly to subsidizing abortions annually through the State Medicaid program
- Sheltered funds specifically for Planned Parenthood, should the federal government restrict funding in the future (allowing another government to dictate Maryland spending!)
- Elective abortion up to birth
- Empowering abortionists the power to make a judgment as to whether to notify parents of minors receiving abortions (despite being the financial beneficiaries of the procedure – a clear conflict of interest)
- A separate section of COMAR dedicated to regulating only surgical abortion facilities instead of requiring compliance to surgical center regulations applicable on every other invasive surgical procedure in Maryland,
- Allowing abortion due to any reason whatsoever including race, disability, gender, and other otherwise protected classes in anti-discriminatory law
- Allowing abortion in a manner recent polls have indicated only around 20% of Americans support, including dismemberment abortion for babies capable of feeling pain.

I am not naïve to believe that Maryland will ban abortion anytime soon. My only hope is that you recognize that a human being is being violently extinguished in an abortion procedure and at the very least be pleased enough with the status quo to refrain from expanding our laws any further.

Very sincerely,

Alexandra Rak
Port Tobacco, MD

SB798_Dowling_Opposed.pdf

Uploaded by: Ann Dowling

Position: UNF

Statement to the House Health and Government Operations Committee
Re: House Bill 705
Submitted by Ann Dowling
OPPOSE

This bill states that each individual “has the fundamental right to reproductive freedom, including but not limited to the ability to make and effectuate decisions to prevent, continue, or end one’s own pregnancy.”

I would suggest that a woman’s reproductive freedom is quite often unduly influenced by medical professionals themselves. Almost nine years ago, my married daughter had an experience with a physician that clearly illustrates the pressure that is exerted on young women that directly violates the portion of the bill stated above. In August 2014, my daughter made an appointment with one of the most respected and well-known OB/GYNs in Annapolis for a new patient exam and to discuss the unwanted growth of facial hair. As soon as the physician walked into the exam room, his first words to her were, “Why aren’t you on birth control?” When my daughter replied that she did not want to be on birth control, he responded that he would “have her on birth control by the end of the appointment.” He asked her why she did not want a prescription for the pill, and one of the reasons she gave was that one of the possible mechanisms by which a pill acted was as an abortifacient. She said this did not seem to concern him, and when she pressed him on the issue, asking him whether or not it could cause an abortion, he answered, “It depends on what your definition of abortion is.” For the entirety of the appointment he continued to bring up the option of birth control. When he discussed ways to prevent the growth of facial hair, he again brought up the birth control pill, along with two other medications. He assured her that the pill would both prevent the growth of facial hair and give her the added benefit of not getting pregnant. He then asked her if she wanted to get pregnant, to which she replied, “No.” Again, he advised her to go on birth control. My daughter said that despite his unwelcome insistence that she consider birth control, he maintained a friendly demeanor throughout the appointment; however, friendly coercion is, nevertheless, still coercion. At the end of the appointment as he was walking out the door, he started laughing. She asked him what he was laughing about. He told her that she was the very first young woman he had ever had as a patient who had told him that she did not want to go on the pill. He said that while many older patients expressed reservations about it, she was the first young woman who had voiced concerns. One might wonder how I remember this story in such detail when it happened so many years ago. It is because I decided to write everything down after she relayed the incident to me. I was so angered by the physician’s attitude and arrogance in assuming that he had the right to bully my daughter into making a reproductive decision that she quite clearly did not want to make.

Ask any expectant mother who has carried a child with an adverse prenatal diagnosis if she ever experienced pressure to terminate her pregnancy and, undoubtedly, you will discover that a large percentage of these women endured those pressures from their own medical caregivers. As a mother of an adult child with Down syndrome and a son with an incurable

form of muscular dystrophy, and the grandmother to a pre-teen with an extremely rare genetic syndrome, I am all too aware of the reality of the types of pressure that pregnant moms face from the medical community when they are expecting an “atypical” child. Let us not be so naïve to believe that every woman is supported and validated in her choice to wholeheartedly accept her unborn child.

Ann Dowling
2795 Spring Lakes Drive, Davidsonville, MD 21035
410-956-3621

SB 798 testimony.pdf

Uploaded by: Anne Fox

Position: UNF

This is my grandson Caleb. He was born a month early and struggled in the Neonatal Intensive Care Unit for a week.

Senators, are you really okay with letting a baby like him be dismembered or killed in the womb? Are you willing to tell the go people of Maryland that you're in favor of such a great cruelty and injustice?

No one's rights are absolute, especially when they conflict with the fundamental right (in this case, to life) of another person.

If a baby's birth mother is unable to care for him or her, there is a long waiting list of parents wanting to adopt, including many adoptive parents for disabled babies.

Let's work on making our state a place of compassion and caring for mothers in difficulties and for their unborn babies— a peaceful solution, not a violent solution.

Please vote against SB 798. Thank you for reading my testimony.

Anne Fox

2711 Clayton Road
Joppa, MD 21085



SB0798.pdf

Uploaded by: Anthony Kolasny

Position: UNF

Dear Delegates,

I am strongly opposed to this bill.

This bill does the opposite of protecting women and, certainly, does not protect the unborn child.

In addition, this amendment would codify the legal murdering of a segment of the population, unborn people.

All humans have their Constitutional right to life and reject this bill.

Written Testimony of Benjamin P. Sisney on HB 798.

Uploaded by: Benjamin Sisney

Position: UNF



201 Maryland Avenue, NE
Washington, DC 20002

WRITTEN TESTIMONY OF BENJAMIN P. SISNEY¹
Senior Counsel for Litigation and Public Policy,
American Center for Law & Justice

Re: In Opposition to Maryland S.B. 798: Declaration of Rights – Right to Reproductive Freedom

February 28, 2023

For the reasons set forth herein, the American Center for Law & Justice (“ACLJ”), on behalf of itself and over 201,000 of its supporters, including over 2500 Maryland residents, who oppose abortion², urges that Maryland legislators vote NO on S.B. 798.

By way of introduction, the ACLJ is a national nonprofit organization dedicated to the defense of constitutional liberties secured by law, including the defense of the sanctity of human life. Counsel for the ACLJ have presented expert testimony before state (including Maryland) and federal legislative bodies, and have presented oral argument, represented parties, and submitted amicus briefs before the Supreme Court of the United States and numerous state and federal courts around the country in cases involving a variety of issues, including the right to life. *See, e.g., Pleasant Grove City v. Summum*, 555 U.S. 460 (2009); *Whole Woman’s Health v. Hellerstedt*, 136 S. Ct. 2292 (2016); *June Medical Servs. v. Russo*, 140 S. Ct. 2103 (2020); and *Dobbs v. Jackson Women’s Health Org.*, 142 S. Ct. 2228 (June 24, 2022).

The proposed bill is an attempt by abortion proponents unnecessarily to amend Maryland’s Constitution and to expand Maryland’s already extreme abortion laws.

¹ Mr. Sisney serves as Senior Counsel for Litigation and Public Policy at the ACLJ’s Washington D.C. office. He also serves as the ACLJ’s Director of FOIA Practice. Mr. Sisney practiced law in Oklahoma City for five years, following the conclusion of his two-year clerkship with United States District Judge Gregory K. Frizzell in Tulsa, two years with the American Center for Law & Justice in Virginia, and a Legal Fellowship with Senator James M. Inhofe in Washington, D.C. Mr. Sisney graduated from Regent University School of Law in 2007. As a law student, he interned with an Oklahoma District Attorney’s office and Oklahoma’s oil and gas administrative law court. Mr. Sisney’s practice has focused on the areas of government affairs and accountability, international and United Nations affairs, pro-life litigation and issues, family law, First Amendment law, and religious liberty.

² *Defend Life, Defeat Abortion in All 50 States*, ACLJ.ORG, <https://aclj.org/pro-life/defend-life-defeat-abortion-in-all-50-states> (last visited Feb. 27, 2022).

I. *Historical Background*

Abortion advocates have a long history of using euphemisms in an attempt to disguise the horrific nature of the act that they support and promote – namely, the killing of innocent, preborn, human beings. Since the Supreme Court’s decision in *Roe v. Wade*, 410 U.S. 113, 154 (1973), in which the Court purported to find a constitutional “right” to abortion under the scope of “privacy,” words such as “privacy” and “freedom” when combined with “reproductive” have become synonymous with “abortion.” (“We, therefore, conclude that the right of personal privacy includes the abortion decision”). Senate Bill 798 is yet another in a long line of bills to use euphemistic terms, in this case “liberty” and “equality,” in an attempt to sell Maryland citizens on a bill that completely strips a certain section of human beings – preborn babies – of all dignity and human rights. Moreover, the bill would eliminate the ability of Maryland citizens to enact their opposition to state funding of abortion, adopt laws that protect life and promote and elevate human rights and dignity, and legislate protections for those with conscientious objections to participating in abortion.

II. *The U.S. Constitution Clearly States a Right to Life*

Since the founding of the United States, Americans have valued and protected innocent human life. Clearly, the U.S. Constitution contains no language conferring a right to abortion. And, while supporters of this bill are trying to change this fact, neither does the Maryland Constitution. However, the U.S. Constitution, and the Declaration of Independence, most definitively value and protect life. Thus, the question that all members of this body should ask themselves is, “when does the right to life begin?” Or, more to the point, “when does innocent life not deserve to be protected?”

Although this question has been debated since the highly contested opinion in *Roe v. Wade*, even Justice Blackmun himself conceded that *Roe* fails if it is ever established that an unborn baby has the right to life.³ Blackmun goes on to state, as a matter of fact, that the right to life would absolutely trump the judicially fabricated right to abortion created in the majority opinion. Although the opinion tries to claim that there is no historical argument to support a preborn baby’s right to life, this conclusion is completely erroneous, with the most condemning rebuttal found in the United States Constitution and in the Declaration of Independence.

As Supreme Court Justice Thomas recently noted in a concurring opinion, “The Constitution itself is silent on abortion.”⁴ It is, however, clear on the right to life, stating: “nor shall any person . . . be deprived of life”⁵ And we are all familiar with the language in the Declaration of Independence that says “We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life,

³ *Roe v. Wade*, 410 U.S. 113 at 157 (1973).

⁴ *Box v. Planned Parenthood of Indiana and Kentucky, Inc.*, 587 U.S. ____, 20 (2019).

⁵ U.S. CONST. amend. V.

Liberty and the pursuit of Happiness.”⁶ However, the opinion of *Roe* and anyone who supports the killing of preborn children clearly have missed the meaning of those words. It unmistakably declares that all men are *created* equal and endowed by their Creator with certain unalienable rights. Again, we are endowed with unalienable rights upon *creation*. Our founders did not declare that we are *born* equal and endowed with rights, but that we were *created* equal and endowed with rights.

Consider that modern scientific developments confirm beyond debate that the life of a human being, as a biological organism, begins at the moment of fertilization. We’ve all seen the ultrasound photos of babies before birth. We’ve also heard stories of babies surviving at earlier and earlier stages of gestation when born prematurely – and even surviving outside the womb at the opposite end of pregnancy, namely when living in a petri dish after in vitro fertilization before being placed in a mother’s womb. Given the overwhelming evidence that humans before birth are just as much members of the human species as you and me, we face a question. **Do we want to say that there are human beings who have no rights at all, not even the most basic right to life?** Our nation already has had sorry experience—with slavery—declaring a whole class of human beings as unworthy of rights. Maryland should not repeat that grave mistake here.

It is an indisputable biological fact that abortion kills “a whole, separate, unique, living human being.” *Planned Parenthood Minn., N.D., S.D. v. Rounds*, 530 F.3d 724, 735-36 (8th Cir. 2008) (en banc). As such, abortion implicates many significant interests—including those of the preborn child who may be killed, the child’s parents, the government, and the public—and it also “presents a profound moral issue on which Americans hold sharply conflicting views.” *Dobbs v. Jackson Women’s Health Org.*, 142 S. Ct. 2228, 2240 (June 24, 2022). The basic premise of S.B. 798, however, is that the state constitution should give one group of human beings (pregnant women) a privacy-based “right” to intentionally kill other separate, unique, living human beings (preborn children), and no one has much, if any, say in the matter.

Yet, the question of when and whether the law should authorize, or at least excuse, the intentional killing of a living human being is *never* a primarily *private* question. To the contrary, both the public and the government clearly have *compelling* interests at stake whenever human life is being taken, regardless of whether the circumstance entails abortion, capital punishment, murder, the use of lethal force by individuals asserting defense of self or others, deaths caused in military operations, suicide, or euthanasia. The fact that a particular killing impacts the individuals involved in a more direct way than it impacts the general public does *not* render legislatures powerless to carefully weigh the competing interests at stake and set policies that reflect the values of the public. However, S.B. 798, if enacted, would strip the public and the legislature of any ability to regulate the intentional killing of preborn babies.

⁶ THE DECLARATION OF INDEPENDENCE para. 2 (U.S. 1776).

III. *The Full Scope and Repercussions of Senate Bill 798 Are Unclear and Could Severely Impact the Rights and Freedoms of Maryland Citizens*

Because the radical measures that would be implemented should S.B. 798 be passed are relatively new, and because the language of S.B. 798 is both broad in scope, and vague, it is not possible to fully quantify the effects on law that S.B. 798 would have if passed. Nonetheless, the proposed amendment would have seismic effects, disrupting the many laws in place that currently protect life and conscience. Most notably, the passage of S.B. 798 would prohibit future legislative efforts to place even reasonable restrictions on abortion, thwarting those who value innocent life and seek to protect it, and would prohibit future legislation that protects life from being enacted.

Senate Bill 798 goes far beyond simply attempting to codify the (erroneous) decisions of *Roe* and *Casey*. It incorporates “strict scrutiny” for abortion claims in a manner that will have a deleterious effect on a host of other laws, and neglects the balancing pursued by the Court.

In *Casey*, the Supreme Court rejected strict scrutiny for abortion explicitly as an insufficient test, emphasizing instead “that the State has legitimate interests in the health of the woman and in protecting the potential life within her.”⁷ That interest would be neglected by a strict scrutiny standard. Instead, under *Casey* only “where state regulation imposes an undue burden on a woman's ability” to seek abortion is a constitutional issue raised.⁸ Senate Bill 798 goes far beyond this standard, prohibiting any burdens on the “right” to abortion “unless justified by a compelling state interest achieved by the least restrictive means.” Such a standard would invalidate many of the laws adopted by the state of Maryland in order to protect the interests of all. An abortion amendment would invalidate state abortion restrictions that are supported by the majority of the public, including the following common sense, protective laws: partial-birth abortion bans; infanticide bans; bans on selective abortion based on gender or disability; parental notification; informed consent; and many more. Senate Bill 798 contains no saving provisions for already existing laws.

There is a long list of laws that would likely be struck down, without notice to the public, by this proposed legislation. The following are just a few of the Maryland laws that would be affected by the passage of S.B. 798. Abortions may be prohibited after viability in Maryland unless necessary to preserve the woman’s life or health or unless the preborn baby is affected by a genetic defect or serious deformity or abnormality.⁹ In fact, supporters of S.B. 798, the identical version of this bill now in committee in the House, testified that late-term abortions should be unrestricted – and that they were unwilling to even entertain an amendment to prevent late-term abortions.¹⁰ Maryland requires abortion providers to be licensed as a surgical abortion facility and follow a routine set of

⁷ *Planned Parenthood v. Casey*, 505 U.S. 833, 871 (1992).

⁸ *Id.* at 874.

⁹ Md. Code Ann. Health-Gen. §20-209 (Enacted 1991).

¹⁰ *HGO Committee Session, 2/21/2023 #1*, YOUTUBE.COM, (Feb. 21, 2023) (starting minute 11:45), <https://www.youtube.com/watch?v=9NIB9TPxQEY&list=PLfEpKNSgWQsLjMDntm1Wc6YPU28eo241v&index=25>.

health and safety standards.¹¹ Only licensed Physicians may provide abortions.¹² Maryland only allows women eligible for state medical assistance for general health care to obtain public funds for abortion services if: (1) continuation of the pregnancy is likely to result in the woman's death; (2) the woman is a victim of rape, incest, or a sexual offense reported to a law-enforcement, public health, or social agency; (3) the fetus is affected by a genetic defect or serious deformity or abnormality; (4) abortion is medically necessary because there is substantial risk that continuation of the pregnancy could have a serious and adverse effect on the woman's present or future physical health; or (5) continuation of the pregnancy is creating a serious effect on the woman's mental health and if carried to term there is substantial risk of serious or long lasting effect on the woman's future mental health.¹³

Perhaps most directly implicated is Md. Code Ann., Health-Gen. § 20-103. This law prohibits abortions on minors without notice to parents and guardians.¹⁴ Abortions may only performed without notice if a reasonable effort to give notice is unsuccessful, or the minor does not live with a parent, or it is not in the best interests of the minor.¹⁵

Further, Maryland law also protects the consciences of hospitals and individuals in Md. Code Ann., Health-Gen. § 20-214:

A person may not be required to perform or participate in, or refer to any source for, any medical procedure that results in artificial insemination, sterilization, or termination of pregnancy.¹⁶

A licensed hospital, hospital director, or hospital governing board may not be required: (i) To permit, within the hospital, the performance of any medical procedure that results in artificial insemination, sterilization, or termination of pregnancy; or (ii) To refer to any source for these medical procedures.¹⁷

These laws are clearly acceptable and legitimate under current Supreme Court precedent. But S.B. 798 would appear to be intended to drive a stake into all of these laws, and more, and do so in a way that would leave voters uninformed entirely on the scope of the issue on which they are voting, including the surrender of their right to adopt protections for life in the future.

The vague language of S.B. 798 also raises questions as to whether individuals seeking abortions will have a "right" to funding for abortion, and a "right" to artificial reproductive technology, such as in vitro fertilization and surrogacy. Moreover, how does the promotion of an "individual's right"

¹¹ Md. Regs. Code tit. 10, §§ 10.12.01, -02. Md. Regs. Code tit. 10, §§ 10.12.04, .05 (B)(2), .10, .17-20.

¹² Md. Code Ann., Health-Gen. § 20-207 (Enacted 1970; Last Amended 1982), Md. Code Ann., Health-Gen. §20-208 (Enacted 1991).

¹³ Md. Regs. Code tit. 10, §§ 09.02.04(G), 09.34.04(A)(5), 09.34.04(B)(2).

¹⁴ Md. Code Ann., Health-Gen. § 20-103(a).

¹⁵ *Id.* §§ 20-103(b) & (c).

¹⁶ Md. Code Ann., Health-Gen. § 20-214 (a)(1)

¹⁷ *Id.* § 20-214 (b)(1)

to reproduction affect the rights of another individual when their interest in reproduction conflicts with the other individual, i.e., the conflicting rights of parents?

Senate Bill 798 is a can of poisonous worms euphemistically packaged as a “liberty” bill, which, in actuality, seeks to restrict liberty, not advance it.

As a final note, as Maryland House Minority Leader Jason Buckel emphasized last year, a constitutional amendment is not actually necessary to create or protect any abortion right.¹⁸ As he said, “it’s more politics and posturing.”¹⁹ He was, and remains, correct. The issue presented in *Dobbs* was solely whether abortion is protected under the Federal Constitution. Contrary to popular myth, the overruling of *Roe* and *Casey* did not create a nationwide prohibition of abortion, nor did it undo any states laws on abortion. Rather, the Supreme Court removed the abortion issue from its purview and restored to the states their rightful constitutional authority to regulate whether, and under what conditions, abortion should be permitted within the state. Thus, each state is now free to legislate on the matter as its voters see fit. That being said, the Maryland Freedom of Choice Act (1991) continues to protect abortion and provides for its continued existence. It is also, unlike constitutional amendments, subject to alteration *as needed* according to the will of the people through their elected representatives. The Maryland Constitution is silent upon the abortion debate, and leaves the issue to the political process. A matter this divisive, this controversial, and this politically charged should not be enshrined into the Maryland Constitution in a radical pro-abortion direction.

Roe and *Casey* stripped legislatures of their authority, effectively ushering in an era of abortion provider self-regulation, with disastrous consequences. For instance, one abortion-related lawsuit produced extensive evidence that:

- “women are often herded through their procedures with little or no medical or emotional counseling,”
- “what counseling is received is heavily biased in favor of having an abortion,”
- women “are rushed through the process, and exposed -- without sufficient warning -- to health risks ranging from unsanitary clinic conditions to physical and psychological damage,”
- countless women seek post-abortion counseling for “the emotional, physical, and psychological symptoms” they experienced after the abortion, and
- in some instances, “both abortion counselors and physicians worked on commission and aggressively followed a script to encourage prompt election of the procedure.”

McCorvey v. Hill, 385 F.3d 846, 850-51 & n.8 (5th Cir. 2004) (Jones, J., concurring).

¹⁸ Brian White, *Abortion Rights Proposed for Maryland’s Constitution*, AP (Feb. 14, 2022), <https://apnews.com/article/us-supreme-court-health-maryland-constitutions-constitutional-amendments-146ba8238e12b22a1b501262f282082e>.

¹⁹ *Id.*

The evidence in the case included “about a thousand affidavits of women who have had abortions and claim to have suffered long-term emotional damage and impaired relationships from their decision,” and “[s]tudies by scientists . . . [that] suggest that women may be affected emotionally and physically for years afterward and may be more prone to engage in high-risk, self-destructive conduct as a result of having had abortions.” *Id.*; *MKB Mgmt. Corp. v. Stenehjem*, 795 F.3d 768, 775 (8th Cir. 2015) (same); *Gonzales v. Carhart*, 550 U.S. 124, 159 (2007) (“[S]ome women come to regret their choice to abort the infant life they once created and sustained. . . . Severe depression and loss of esteem can follow.”).

S.B. 798 is a voluntary attempt, on the part of some members of the legislature, to give up the legislative ability, nay, *duty*, to regulate abortion – even with common sense measures that are already in place – and to leave women and girls vulnerable to the unregulated practices of people who profit from abortion.

CONCLUSION

For the reasons stated above, among others, we oppose S.B. 798.

Brandie Dawson CAFLIA Testimony 2023.02.25 - Final

Uploaded by: Brandie Dawson

Position: UNF

BILL: Senate Bill 798/House Bill 705

TITLE: Declaration of Rights—Right to Reproductive Freedom

COMMITTEE: Senate Finance Committee

DATE: March 1, 2023

WHO: Brandie Dawson, MBA, BSN, Christians Advocating for Life in Annapolis 2023

POSITION: OPPOSE

RE: SB 798/HB 705 A Constitutional Amendment for abortion discriminates against physicians, hospitals and other healthcare providers who object to abortion, and pressures them to participate in abortion, in violation of their rights of conscience and free exercise of religion.

Committee Chair, the Honorable Senator Melony Griffith, and Senate Finance Committee Members:

I was a practicing Registered Nurse for twenty-six years, having obtained my BSN and Business of Nursing Graduate Certificate from Johns Hopkins University School of Nursing, followed by a Master of Business Administration from Drexel University LeBow College of Business. I respectfully submit my testimony to you, as an example of the impact that abortion had on me as a practicing nurse, and the detrimental effect the Abortion Constitutional Amendment could be expected to have on healthcare workers in Maryland.

In 1997, at the age of twenty-four, I moved to Maryland and began looking for a job. While sitting in a hospital human resource department filling out an application, HR requested that I interview for an open Labor & Delivery position and immediately escorted me to the nurse manager. I did not have a background in L&D, but the manager liked that I had medical-surgical experience as the L&D unit cared for high-risk pregnancies with co-morbidities. I asked the nurse manager if abortions were performed on the unit and told her that I was a Christian and would not participate in performing an abortion. I was advised that, “The doctors are not supposed to do them here, but sometimes they slip them in” and “that I could request someone to switch with me, just the problem would be if no one would”. Naïvely, I accepted the position, excited to help deliver babies and care for expectant mothers.

One day during my orientation, my preceptor informed me that there was a saline abortion taking place and that she wanted me to assist in the procedure. I immediately told her that I would not assist with an abortion and that this had been discussed with the nurse manager prior to hiring me. My preceptor replied, “Well, I at least want you to look at it”, and later showed me a second trimester baby in a wash basin, bright red with burns from the saline abortion. My first instinct was repulsion and to quit, but I did not resign that day.

On our unit, the nurses were able to select our patient assignments, as long as we were taking our turn scrubbing and circulating in our operating rooms, and recovering and triaging obstetric patients to keep up with competencies. I stayed away from any assignment that appeared to be a “slipped in” or obvious abortion, but I noticed that the physician charting for the dilation and curettage (D&C)/ dilation and evacuation (D&E) vacuum procedures was vague. I did not know that Maryland did not require providers to report abortion statistics, and in fact, I did not know until just prior to preparing this testimony. Now most of the D&C/D&E patients that I encountered were mostly tearful and appeared in some form of emotional anguish. It was meaningful to me to be able to comfort and reassure my patients that about

25% of pregnancies resulted in miscarriages, and that we would sometimes see patients who had lost their babies come back the following year or so experiencing a healthy pregnancy.

One day, I had a D&C patient that seemed a little odd to me. She denied any symptoms like bleeding or cramping and seemed quite pleasant and almost giddy with a slight smile. Since we had a slow OR schedule that day, I was her nurse for pre-op, the procedure and recovery. Everything went as usual, until in Recovery, she sat up in bed and declared to me, “Thank God I am not pregnant anymore!” to my horror and shame. I realized that I had likely just helped perform an elective abortion. Sometime later, I was talking with another young nurse on our unit about my feelings on the abortion situation in our department and she began to cry, sharing that at a previous hospital, she assisted with a late-term abortion and that she “didn’t know that she was allowed to say no”.

There was one other occasion, when I was assigned to assist with an abortion, and I needed someone to switch with me. The nurse I approached was often in charge, and we went back and forth a bit discussing how I believed abortion was wrong and murder, and how she didn’t and if she truly believed that, why she had a problem with switching patients. Because of her pro-choice stance, she did switch assignments with me but she was very unhappy about it, and so was I. Then and now, I have felt bad and guilty for having a hand in someone else ending a life.

Sometime later, I was approached by my nurse manager requesting that I begin acting in the charge nurse role. I really enjoyed many aspects of Labor & Delivery, and I considered this an honor, until one night as I was performing charge nurse duties, I realized that I would be responsible for assigning other nurses to abortions, which is purposely ending the life of a baby. After just under two years in L&D, I put in a transfer for the job I originally tried to apply for, but my nurse manager would not allow me to transfer out of the department. As a result, I resigned from that hospital and I left L&D forever. During my exit interview, I told management that one of the reasons I was leaving was the abortion issue, and I was told that others before me had left for the same reason. The long-term emotional impact for me has always been one of sadness, regret and shame at my youthful gullibility in having a hand in ending the life of a baby/babies, whose life was created by God for God¹.

There were two other L&D days that I want to share with you, and they also pertain to my testimony about how terminated pregnancies can traumatically impact healthcare workers. On both occasions, I received my patient assignments and can recall nothing out of the norm. The first involved a young patient who had Pitocin running for retained products of conception. In a matter of seconds, in the midst of her frantic screams, the greenish, dead 2nd trimester baby was quickly and forcefully expelled across the bed in the midst of green fluid; the experience of which was all very distressing to everyone in the room. The delivery happened so quickly that there was no physician present and I immediately called our resident to the bedside. The doctor was a resident that I did not know well, and when she arrived, she began screaming at me in front of the patient, “How dare (I) call her to see this when she was 12-14 weeks pregnant herself?” and stomped out of the room. I cried long and hard that day at work, and all that

¹Colossians 1:16-18 For in Him all things were created, things in heaven and on earth, visible and invisible, whether thrones or dominions or rulers or authorities. All things were created through Him and for Him. 17 He is before all things, and in Him all things hold together.

plays in my mind of that day are those traumatic moments. This is a very clear example of the potential distress that a miscarriage or abortion can have on a doctor, nurse, patient and loved ones.

On the second occasion, I was going to assess my patient who had already delivered a premature baby that was too young to survive even with NICU care. When I entered the room, the NICU staff was finishing with the baby who was about 17 weeks old. NICU left the room without saying anything. I believed from the shift change report, that the baby had died, until, to my surprise and (again) horror, I saw the baby move. Besides being premature, this little baby boy seemed perfect in every way. I told the young mother that the baby was still alive and asked if she wanted to hold him. She was withdrawn and silent except for a quiet “No”. Her mother was sitting by the bedside and I asked if she wanted to hold the baby, and she said yes and held him for quite a while, before asking that I remove him from the room.

Regarding the frequently made defense of abortion in medical cases of the life of the mother, in my nursing experience, when the life of the mother was in jeopardy, the baby was delivered; we did not harm or murder the baby. I personally did not witness any deliveries for the life of the mother that resulted in a premature birth that led to the death of the infant. The exception would be an ectopic or tubal pregnancy where injury to the embryo is unavoidable.

I share these experiences to underscore the likelihood of physical, emotional and mental trauma for all parties involved in the termination of a pregnancy. How much more traumatic when a healthcare worker violates their spiritual and religious conscience?

For the Christian, it is not a matter of karma or a cosmic scale of good deeds versus bad. According to the Bible, the taking of an innocent life is murder² and it is sin against a Holy Creator God.³ Christians understand from the Bible that everyone is accountable to God⁴ and that Hell is real and a future reality for those who disobey God and reject the saving sacrifice of Jesus Christ.⁵ The Bible tells us that God created us in His image,⁶ that He ordains our life and that it exists by His will for His purposes.⁷ In the book of Psalms we learn that God is present at our conception, when our inward parts are being formed and that all of our days are written in God’s book before any of them came to be.⁸ Throughout the Bible,

² Exodus 20:13 You shall not murder.

³ Ephesians 1:4 Even as he chose us in him before the foundation of the world, that we should be holy and blameless before him in love. And 1 Peter 1:15-16 But as he who called you is holy, you also be holy in all your conduct, since it is written, “You shall be holy, for I am holy.”

⁴ Romans 14:11-12 It is written: “As surely as I live, says the Lord, every knee will bow before Me; every tongue will confess to God.” 12 So then, each of us will give an account of himself to God.

⁵ Revelation 20:11-15 Then I saw a great white throne and him who was seated on it. From his presence earth and sky fled away, and no place was found for them. 12 And I saw the dead, great and small, standing before the throne, and books were opened. Then another book was opened, which is the book of life. And the dead were judged by what was written in the books, according to what they had done. 13 And the sea gave up the dead who were in it, Death and Hades gave up the dead who were in them, and they were judged, each one of them, according to what they had done. 14 Then Death and Hades were thrown into the lake of fire. This is the second death, the lake of fire. 15 And if anyone’s name was not found written in the book of life, he was thrown into the lake of fire.

⁶ Genesis 1:27-28 So God created man in His own image; in the image of God He created him; male and female He created them. 28 God blessed them and said to them, “Be fruitful and multiply, and fill the earth and subdue it;

⁷ Colossians 1:16-18 For in Him all things were created, things in heaven and on earth, visible and invisible, whether thrones or dominions or rulers or authorities. All things were created through Him and for Him. 17 He is before all things, and in Him all things hold together.

⁸ Psalm 136:13-16 For You formed my inmost being; You knit me together in my mother’s womb. 14 I praise You, for I am fearfully and wonderfully made. Marvelous are Your works, and I know this very well. 15 My frame was not hidden from You

we can see that children are a blessing, a reward, a heritage and a source of strength in the family;⁹ a crown¹⁰ and a source of joy¹¹ and honor.¹²

Now, I am not negating the fact that some pregnancies are a result of rape, incest or other forms of severe trauma. But in our society the innocent baby receives the death penalty and the perpetrator goes to jail or less. There is a verse in the Bible that says, “As for you, you meant evil against me, but God meant it for good...¹³” If we apply the Biblical principle not to take innocent life, and we believe that a child is a gift, then there is a place for the life of the baby, and the victimized mother can choose to care for the child, who could be the sweetest love of her life, or place the child for adoption knowing that the child could be celebrated in another family unit.

The memories that I shared with you are some of the strongest of my nursing experience, despite that they occurred more than 20 years ago. Today, my youngest daughter wants to be a Labor & Delivery nurse. It is her dream and a noble desire that she may not ever be able to fulfill as a Christian in the state of Maryland; and that is unfortunate because according to the Maryland Hospital Association, the nursing shortage is dire¹⁴ and has reached a crisis level.¹⁵ Forcing healthcare providers to violate their consciences or religious convictions, or deterring young people from entering the healthcare field because of conscience conflicts is not ethical, constitutional, helpful or wise, and will only further negatively impact healthcare in the state of Maryland.

when I was made in secret, when I was woven together in the depths of the earth. 16Your eyes saw my unformed body; all my days were written in Your book and ordained for me before one of them came to be.

⁹ Psalm 127:3-5 Behold, children are a heritage from the Lord, the fruit of the womb a reward. Like arrows in the hand of a warrior are the children of one's youth. Blessed is the man who fills his quiver with them! He shall not be put to shame when he speaks with his enemies in the gate.

¹⁰ Proverbs 17:6 Grandchildren are the crown of the aged, and the glory of children is their fathers.

¹¹ John 16:21 When a woman is giving birth, she has sorrow because her hour has come, but when she has delivered the baby, she no longer remembers the anguish, for joy that a human being has been born into the world.

¹² Exodus 20:12 Honor your father and your mother, that your days may be long in the land that the Lord your God is giving you.

¹³ Genesis 50:20

¹⁴ Maryland Hospital Association. (2023).

¹⁵ Mensik, H. Healthcare labor trends in 2023: increased burnout, executive stress. A rise in union activity also may persist as the sector continues recovering from the COVID-19 pandemic. Healthcare Dive. Published online Jan. 30, 2023. As found on <https://www.healthcaredive.com/news/healthcare-labor-trends-2023/641352/>

Maryland Catholic Conference_UNFAV_SB798.pdf

Uploaded by: Brian Barnwell

Position: UNF



MARYLAND
CATHOLIC
CONFERENCE

March 1, 2023

Senate Bill 798

Declaration of Rights - Right to Reproductive Freedom

Senate Finance Committee

Position: Unfavorable

The Maryland 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 798 would establish a fundamental right to reproductive freedom and would enshrine abortion, at any stage, into our State Constitution. We believe that every person is created in the image and likeness of God and all life should be protected and respected from conception to natural death.

There is no need for a Constitutional amendment; unfortunately, Maryland currently has one of the highest rates of abortion in the country and Maryland is already a destination in the abortion travel industry. Maryland already ranks near the very top of States that carry out abortions by percentage of the population, and Maryland taxpayers already pay millions in taxes that go to providing abortions for others. This bill will help only increase these trends.

As a society we are broken when a response to any pregnancy is fear rather than joy. We must do better as a society to walk with mothers in need and help break down economic, social, racial, employment and emotional barriers that lead mothers into thinking abortion is the only option. As Pope Francis reminds us "All life has inestimable value even the weakest and most vulnerable, the sick, the old, the unborn and the poor....they deserve the utmost reverence and respect."

For these reasons, the Maryland Catholic Conference asks for an **unfavorable** report on **SB 798**.

Thank you for your consideration.

SB798-Amendment 20230228.pdf

Uploaded by: Brian Griffiths

Position: UNF

BRIAN GRIFFITHS

February 28, 2023

The Honorable William C. Smith, Jr.
Chair, Judicial Proceedings Committee
2 East
Miller Senate Office Building
Annapolis, Maryland 21401

Dear Mr. Chairman and members of the Committee,

I write to you today in **opposition to** Senate Bill 798 Declaration of Rights - Right to Reproductive Freedom. This amendment would be a complete insult to the concept of the Declaration of Rights and the freedom of each and every Marylander.

There is a certain absurdity to this amendment and the intention of the sponsors to include it in the Declaration of Rights. For the Declaration of Rights begins:

We, the People of the State of Maryland, grateful to Almighty God for our civil and religious liberty, and taking into our serious consideration the best means of establishing a good Constitution in this State for the sure foundation and more permanent security thereof, declare:

Maryland, per the Declaration of Rights, as a state is “grateful to Almighty God for our civil and religious liberties”. And yet the sponsors want to completely go against the civil liberties of the unborn, the religious liberties of medical personnel, and the laws of God Himself by instituting a right to kill in the Declaration of Rights.

His Excellency, The Most Reverent William Lori, Archbishop of Baltimore, recently wrote:

“Science is touted by some as the sole source of truth – except when science yields some inconvenient indicators. Very early on, the child developing in the mother’s womb exhibits unmistakable signs of humanity: a distinctive DNA, brainwaves, the ability to feel pain, human features. Science would lead us to conclude that the child in the womb is not a thing but a person, indeed a vulnerable person in need of our protection.”

You cannot be for human rights while continuing to promote and support the freedom to kill the innocent.

SB798

POSITION: Opposed

As Archbishop Lori continued:

“Violence against the unborn and violence against the chronically and terminally ill are indeed manifestations of the culture of death – the cheapening of human life. Is it any wonder that we see carnage on our streets – more than 700 killed on the streets of Baltimore in the last two years? Were those 700 persons or things?”

This proposed amendment is an insult to each and every Marylander, an insult to science and an insult to the very laws of nature. The only one to be truly pro-woman, pro-family, and pro-science is to be pro-life. I strongly urge you to **vote no** on **Senate bill 798**.

Respectfully.

A handwritten signature in brown ink, appearing to read "R. C. A." followed by a long horizontal line extending to the right.

SB 798 Declaration of Rights - Right to Reproducti

Uploaded by: Brigitta MULLICAN

Position: UNF

Testimony from Brigitta Mullican Rockville, MD 20851 (LD-17)
February 27, 2023

Oppose SB 798, " Declaration of Rights - Right to Reproductive Freedom"

I urge you to not vote **NO** on HB705/SB798 to enshrine abortion through birth in our state constitution.

Maryland law already is extreme on abortion. The Maryland Freedom of Choice Act (1991) allows abortion on demand, for any reason, up until birth. Maryland is one of only four states that forces taxpayers to pay for other people's abortions. Maryland is one of only three states that shield abortionists from liability by refusing to report abortion data to the CDC. As a result, Maryland is failing to address women's reproductive health and the incidents of abortion-related maternal injury and death or risks of future miscarriage, pre-term birth or loss of fertility.

By making abortion a "fundamental right" Maryland taxpayers will be forced to pay for ALL ABORTIONS, when in fact many Marylanders believe there should be at least some reasonable restrictions on abortion. This amendment also would compel physicians, hospitals, and other healthcare providers to participate in abortion, in violation of their rights of conscience and free exercise of religion. Finally, by passing this bill, the Maryland legislature will be infringing on the Freedom of Speech guaranteed by the Constitution of the United States, by barring all future attempts to pass lifesaving legislation such as partial-birth abortion or dismemberment bans.

HB705/SB798, if enacted by ballot, would threaten to close pro-life pregnancy centers, and deny medical providers their rights of conscience.

Under Supreme Court precedent, Maryland lawmakers still have the right to pass laws to protect women's health throughout pregnancy, to restrict abortion after viability, and to ban ALL public funding for abortion. But this proposed Abortion Amendment would take the power to regulate abortion away from our elected representatives and force Maryland taxpayers to fully fund ALL ABORTIONS.

Maryland has become a destination for abortion (even late-term abortion), as more and more women are coming here from other states for abortion access. I do not want Maryland to become the abortion capital of the U.S. Such extreme legislation has no place in our State Constitution. I urge you to please issue an unfavorable report on HB705/SB798.

Brigitta Mullican, coburgbrigitta@gmail.com

SB0798_Candace_Lipko_unfavorable.pdf

Uploaded by: Candace Lipko

Position: UNF

Written Testimony (Candace)

Tuesday, March 29, 2022 9:45 PM

Dear Committee Chair and Committee Members,

I oppose SB0798. As a woman, I realize that this seems illogical to oppose a bill that says it is about reproductive rights. If SB0798 actually were about reproductive rights then I might not oppose, but the wording is very different once the bill has been read. This bill is about murder of innocent blood. So therefore, I vehemently oppose.

Let's take a look at what the word reproduction means... "the act or process of reproducing: specifically the process by which plants and animals give rise to offspring and which fundamentally consists of the segregation of a portion of the parental body by a sexual or an asexual process and its subsequent growth and differentiation into a new individual." The result of reproduction for humans is a human baby being created, complete with its own DNA and identity. This new being had no choice in whether it was created or not. It does not matter how this baby came to be created, it was not the child's choice and therefore should not be punished for any decision made by a person different than itself.

If this bill truly was about wanting to protect life and women, then it would be protecting the mothers and the new lives in the womb. This bill is worded in hypocrisy and is shameful.

My question to you is this: if these new lives who are too young to care for themselves can be murdered simply due to being a burden...when will it stop? When will the murder stop? What happens when a bill is brought forth for the same thing to happen to anyone in hospice care? What happens when another bill springs up about those with special needs? If you don't do your part and speak on behalf of the people, ALL people, then shedding of innocent blood will become prevalent with no prosecution. It's up to you to make the right choice and We The People are counting on you to hear our voices, including all those who can't yet speak.

I pray that this committee sees the dangers to life and liberty that this bill holds and votes UNFAVORABLY to SB0798, or let it expire in this committee without receiving a vote to proceed.

Sincerely,
Candace Lipko

Against SB0798.pdf

Uploaded by: Cathy Dickerson

Position: UNF

Pro-life

Abortion is the taking of another's life- a life which is guaranteed by our Constitution to have the right to live. Science supports that every life has a unique set of DNA and lives in his or her mother's womb at a specific time and in a unique environment, neither of which can ever be exactly repeated. Once, through abortion, this unique life is eliminated, he or she is gone forever, never to enjoy his or her constitutional right to live. There are many who would disagree with all I have written here, but likewise there are many who would agree. Consequently, I do not think our government has the legal right to force anyone to support abortion in any manner financially or otherwise.

Testimony on Maryland Senate Bill 798.pdf

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Testimony on Maryland Senate Bill 798

Mary Szoch, M.Ed.

Center for Human Dignity at Family Research Council

Honorable Members of the Assembly:

The right to life, one of the three unalienable rights listed in our nation's Declaration of Independence, should never be put to a popular vote. And yet, S.B. 798 would place a question on the ballot allowing Marylanders to determine whether or not an unborn child can be killed on his or her birthday. This initiative would change the Maryland state constitution, cementing the decision for future generations. Although history has taught us that the personhood of a human being should never be left to a vote, S.B. 798's deceptive language ensures that the deck is stacked against counting all human beings as people.

Maryland law is already lacking when it comes to protecting human life. Currently, the state allows the killing of unborn children up until the moment of birth.¹ This policy is more permissive than all but five countries in the world and is on par with the abortion policies of notorious human rights violators China and North Korea.² In addition, Maryland is an abortion tourism state, with people coming from surrounding states to end the life of their third-trimester unborn child. Although Maryland does have a notification law, that requirement can be waived by abortionists—enabling sex traffickers to cover up evidence of their activities. Such coverups are made even easier by the fact that Maryland does not even require the reporting of the number of abortions performed each year.

Sixty-nine percent of Americans believe that unborn children's lives should be legally protected after the first trimester.³ However, the deceptive language of S.B. 798—which uses the euphemistic term

“reproductive freedom” to refer to the ability to kill an unborn child up until the moment of his or her birth—ensures that any ballot measure on this issue will not reflect the actual will of the people. But adding clearer language would not change the fundamental injustice that the state of Maryland would commit by allowing a popular vote to determine whether innocent, living human beings should be protected or eligible to be killed.

Children in the womb are not the first human beings in our nation’s history whose rights as persons have been denied. Between 1619 and 1865, an estimated 10 million enslaved persons lived in the United States, where they were forced to serve about 410 billion hours of labor.⁴ According to one estimate, in 1850, Maryland’s southern counties were home to 50,000 whites, 9,500 free blacks, and over 48,000 enslaved persons.⁵ Each day, the personhood of each of these 48,000 individuals was denied. If the personhood of black human beings living in slavery had been put to a popular vote of white Marylanders in 1850, the outcome would have likely been horrifically unethical.

The institution of slavery once denied the personhood of thousands of human beings in Maryland. Today, S.B. 798 asks the Maryland General Assembly to deny the personhood of unborn children. Such a denial would be archaic and unscientific: a modern, secular understanding of biology affirms that human life begins at fertilization, when sperm and egg meet to form a new, genetically unique human life. A survey conducted for a nonpartisan amicus brief in the U.S. Supreme Court case *Dobbs v. Jackson Women’s Health Organization* (2022) showed that 96 percent of the 5,577 surveyed biologists (representing 1,058 academic institutions) affirm that human life begins at fertilization.⁶ Notably, the American College of Pediatricians also “concur[s] with the body of scientific evidence that corroborates that a unique human life starts when the sperm and egg bind to each other in a process of fusion of their respective membranes and a single hybrid cell called a zygote, or one-cell embryo, is created.”⁷

Denying that African Americans were full persons under the law contributed to the atrocity of slavery. Denying that unborn children are persons has contributed to the atrocity of abortion, and in Maryland, that evil is permitted to occur at nine months gestation. There must not be an opportunity to enshrine this in the state constitution.

Protecting unborn children is not a question of denying women “reproductive freedom”; it is a question of whether humans can be deprived of their rights based on such an arbitrary factor as age or stage of development. S.B. 798 wrongly incorporates the right to kill a child within the bounds of a legally recognized right to “reproductive freedom.”

If the state of Maryland puts a right to abortion on the ballot, the state will have either (1) rejected the scientific reality that unborn children are alive in the womb or (2) accepted that unborn children are alive in the womb but still permitted Maryland’s citizens to vote on whether or not these human beings can be killed. The state of Maryland has a compelling interest to protect innocent human life from destruction. Maryland must not elevate the right to bodily autonomy to such an extent that “bodily autonomy” includes the right to take the life of another innocent human.

S.B. 798 would put the people of Maryland into a position they should never find themselves in: voting on whether a category of human beings will be treated as human beings. This bill undermines the unalienable rights that provide a foundation for every other liberty that Americans enjoy. We must learn from history and acknowledge that every human being deserves the right to life, liberty, and the pursuit of happiness.

The right to life should never be put to a popular vote. For this reason, Family Research Council urges you to reject S.B. 798.

Mary Szoch, M.Ed., is Director of the Center for Human Dignity at Family Research Council.

¹ Maryland Code, Health-General § 20-209.

² Mary Szoch, Connor Semelsberger, and Joy Stockbauer, “U.S. Abortion Law in Comparison with the Globe,” Family Research Council, October 2022, <https://www.frc.org/issueanalysis/us-abortion-law-in-comparison-with-the-globe>.

³ Knights of Columbus, “New 2023 Knights of Columbus–Marist Poll: Post Roe, A Majority of Americans Continue to Support Legal Limits on Abortion,” news release, January 18, 2023, <https://www.kofc.org/en/resources/communications/polls/majority-americans-still-support-abortion-limits.pdf>.

⁴ J. David Hacker, “From ‘20. and odd’ to 10 million: The growth of the slave population in the United States,” *Slavery & Abolition* 41, no. 4 (2020): 840-55, <https://doi.org/10.1080/0144039X.2020.1755502>.

⁵ “A Guide to the History of Slavery in Maryland,” Maryland State Archives, February 2008, 13, https://msa.maryland.gov/msa/intromsa/pdf/slavery_pamphlet.pdf.

⁶ Brief Of Biologists As *Amici Curiae* In Support Of Neither Party, *Dobbs v. Jackson Women’s Health Organization*, 597 U.S. ____ (2022), https://www.supremecourt.gov/DocketPDF/19/19-1392/185346/20210729162737297_19-1392%20BRIEF%20OF%20BIOLOGISTS%20AS%20AMICI%20CURIAE%20IN%20SUPPORT%20OF%20NEITHER%20PARTY.pdf.

⁷ “When Human Life Begins,” American College of Pediatricians, March 2017, <https://acpeds.org/position-statements/when-human-life-begins>.

Christina_Abortion Bill SB0798 Feb 2023.pdf

Uploaded by: Christina Timmons

Position: UNF

I oppose SB0798 because the Maryland constitution should protect the citizens of Maryland, and the **overly broad language** of this Bill hurts the citizens of Maryland.

It states that “**every PERSON**” has an individual right to liberty. I am writing to you on behalf of the interests of these “PERSONS.” These young children have a right to live and not to be indiscriminately dismembered.

I’m here to remind the legislators of Maryland that the individual right to liberty of these persons (newborn and unborn) should not be “directly or indirectly denied, burdened, or abridged.” Helpless newborns and unborn children are not expendable. Maryland already has provisions for the life of the mother and fetal problems. There is no need for this dangerous Bill.

This Bill states that every person has the right to equality. If you can end the life of an unborn or newborn baby at any time and for any reason without repercussions, that is not equality.

This Bill states that every person has the fundamental right to reproductive freedom. How about the fundamental right **to live**? In Maryland, convicted murderers will have more rights and liberties than babies.

This Bill could hurt children who get brainwashed into removing his or her sexual organs or who get an abortion, without parental consent, all in the name of reproductive freedom. There is no protection for parental rights in this Bill.

In the name of reproductive freedom, children could be sterilized and chemically castrated without the maturity to make that decision. There is no protection for minors in this Bill.

This Bill could allow newborns to be left to die of starvation or exposure, in the name of reproductive freedom. There is no protection for newborns in this Bill.

SB0798 is really about legalizing **child abuse** in Maryland.

testimony opposing sb0798.pdf

Uploaded by: Christopher Ogne

Position: UNF

Dear Senators:

My name is Rev. Christopher Ogne. I am the pastor of the Lutheran Church of our Savior in Bryans Road, MD. I strenuously object to adding a, "right" to an abortion in our constitution, as this bill will allow.

Dear Senators: I believe you have heard the pro-life arguments time and time again - that life begins at conception, that an unborn child has the same human rights as born children, etc...and I believe you would answer that a woman has a right over her own body, and she has a right to choose, etc...

Therefore, I am not going to write about any of that. Most likely, other people have already written about that. I am going to simply say one point and one point alone: Elective abortion is state sanctioned murder. And murder is antithetical to any God-given rights. To vote in favor of this is to vote in favor of murder, and please senators give hearing to this, God is knowledgeable and keeps track of that which we do. If we do not repent and turn from evil, recompense will be had.

I give you a simple Scripture – Hebrews 4:13, "And no creature is hidden from his sight, but all are naked and exposed to the eyes of him to whom we must give account."

I have tremendous doubts whether anyone will read this. I doubt whether my little testimony will make a difference. But I give it anyway; I am compelled. Not only for the sake of the mothers and children that will suffer if this passes; but I am compelled out of love for you. I want you to be right with God. I want you to be accepted by the God of the Bible. I am compelled out of love for you, my neighbor, that you would not do this.

My prayer is that this does not pass.

In Christ,

Rev. Christopher Ogne

2023 SB798 - Kijesky-OPPOSED.pdf

Uploaded by: Crystal Kijesky

Position: UNF

Crystal Kijesky
11980 Provident Drive
LaPlata, MD 20646

SB798 – OPPOSED

I am against proposed bill SB798 and ask that you give it an unfavorable report.

Please do not vote for SB798 to enshrine abortion through birth in our state constitution.

By making abortion a “fundamental right” Maryland taxpayers will be forced to pay for ALL ABORTIONS, when in fact a majority of Marylanders believe there should be at least some reasonable restrictions on abortion.

This amendment also would compel physicians, hospitals and other healthcare providers to participate in abortion, in violation of their rights of conscience and free exercise of religion.

It is already difficult to find an OBGYN in this state for reproductive health and women’s health care, this law would compel more doctors and nurses to leave the state leaving many Marylanders lost in seeking medical care when needed.

Finally, by passing this bill, the Maryland legislature will be infringing on the Freedom of Speech guaranteed by the Constitution of the United States, by barring all future attempts to pass lifesaving legislation such as partial birth abortion or dismemberment bans. We should be able to agree that children in the womb deserve better medical care than being partially born then having their brain sucked out of their bodies or being dismembered because of “choice” of the mother. Children as young as 24 weeks gestation can be born and survive.

Maryland law already is extreme on abortion. The Maryland Freedom of Choice Act (1991) allows abortion-on-demand, for any reason and up until birth. Maryland is one of only four states that forces taxpayers to pay for other people’s abortions. Maryland is one of only three states that shield abortionists from liability by refusing to report abortion data to the CDC. As a result, Maryland is failing to address women’s reproductive health and the incidents of abortion-related maternal injury and death or risks of future miscarriage, pre-term birth or loss of fertility.

SB798, if enacted by ballot, would threaten to close pro-life pregnancy centers and deny medical providers their rights of conscience. Our local resource center, The Catherine Foundation, helps women and men to become better prepared parents when they find themselves in a situation where pregnancy was not in their plans. They help new moms and dads to take on the challenges and rise to the occasion to parent their child by providing material and emotional support free of charge.

Under Supreme Court precedent, Maryland lawmakers still have the right to pass laws to protect women's health throughout pregnancy, to restrict abortion after viability, and to ban ALL public funding for abortion. But this proposed Abortion Amendment would take the power to regulate abortion away from our elected representatives and force Maryland taxpayers to fully fund ALL ABORTIONS.

Such extreme legislation has no place in our State Constitution. I urge you to please issue an unfavorable report on SB798.

Sincerely,
Crystal Kijesky
LaPlata, MD

MD HB 798 Reproductive Freedom Testimony (1).pdf

Uploaded by: Danielle Pimentel

Position: UNF



**Written Testimony of Danielle Pimentel, J.D.
Policy Counsel, Americans United for Life
In Opposition of Senate Bill 798 “Declaration of Rights – Right to Reproductive
Freedom”
Submitted to the Senate Finance Committee
March 1, 2023**

Dear Madam Chair Griffith, Vice-Chair Klausmeier, and Members of the Committee:

My name is Danielle Pimentel, and I serve as Policy Counsel at Americans United for Life (“AUL”). Established in 1971, AUL is a national law and policy nonprofit organization with a specialization in abortion, end-of-life issues, and bioethics law. AUL publishes pro-life model legislation and policy guides,¹ tracks state bioethics legislation,² and regularly testifies on pro-life legislation in Congress and the states. Our vision at AUL is to strive for a world where everyone is welcomed in life and protected in law. As Policy Counsel, I specialize in life-related legislation, constitutional law, and abortion jurisprudence.

Thank you for the opportunity to testify against Senate Bill 798 (“SB 798” or “bill”). I recently submitted written testimony against HB 705, which is an identical bill to SB 798. For the same reasons I opposed HB 705, I urge the Committee to oppose SB 798.

I. The Bill Protects Abortion-on-Demand Up Until Birth

To say that SB 798 is legally extreme would be an understatement. The bill seeks to enshrine an unfettered right to abortion in the state constitution of Maryland, which would have severe consequences for the health of women and unborn children. SB 798 states that every person “has the fundamental right to reproductive freedom, including but not limited to the ability to make and effectuate decisions to prevent, continue, or end one’s own pregnancy.”

The bill fails to impose any gestational limit as to when a woman can “end one’s pregnancy,” *i.e.*, have an abortion. In doing so, the bill authorizes abortion-on-demand up until the baby’s birth date. Consequently, this bill goes well beyond the overruled decisions in *Roe v. Wade*,³ and *Planned Parenthood of Southeastern Pennsylvania v. Casey*,⁴ which only licensed abortion through viability. Furthermore, only six jurisdictions explicitly endorse

¹ *Pro-Life Model Legislation and Guides*, AMS. UNITED FOR LIFE, <https://aul.org/law-and-policy/> (last visited Feb. 13, 2023).

² *Defending Life: State Legislation Tracker*, AMS. UNITED FOR LIFE, <https://aul.org/law-and-policy/state-legislation-tracker/> (last visited Feb. 13, 2023).

³ 410 U.S. 113 (1973), *overruled by* *Dobbs v. Jackson Women’s Health Org.*, 142 S. Ct. 2228 (2022).

⁴ 505 U.S. 833, *overruled by* *Dobbs*, 142 S. Ct. 2228.

abortion-on-demand throughout pregnancy, endangering some of their most vulnerable citizens.⁵ Maryland should not make the same mistake. Rather, the legislature should reject SB 798 and affirm Maryland’s legitimate interest to protect life like many other states have done.⁶

II. The Bill Significantly Limits Maryland’s Ability to Enact Commonsense Health and Safety Protections for Women

SB 798 would impede Maryland’s ability to act on its interests in protecting the lives of mothers and unborn children. By preventing any regulation of the abortion process unless “justified by a compelling state interest achieved by the least restrictive means,” this bill would reject the United States Supreme Court’s supposition in *Dobbs v. Jackson Women’s Health Organization*, that “States may regulate abortion for legitimate reasons” if the law is rationally related to those reasons.⁷ Some examples of a state’s legitimate interests include “respect for and preservation of prenatal life at all stages of development; the protection of maternal health and safety; the elimination of particularly gruesome or barbaric medical procedures; the preservation of the integrity of the medical profession; [and] the mitigation of fetal pain”⁸ The Supreme Court has consistently recognized that states have “legitimate interests from the outset of the pregnancy in protecting the health of the woman.”⁹ Even in *Roe* and *Casey*, the Supreme Court held that “a State may properly assert important interests in safeguarding health, in maintaining medical standards, and in protecting potential life,”¹⁰ and that “it is a constitutional liberty of the woman to have some freedom to terminate her pregnancy The women’s liberty is *not so unlimited, however, that from the outset [of pregnancy] the State cannot show its concern.*”¹¹

Accordingly, Maryland has broad powers to pass protections that ensure the health and safety of women and unborn children. Yet, SB 798 would ignore Maryland’s rights and interests that have been repeatedly recognized in abortion jurisprudence.

Furthermore, the Supreme Court has upheld laws restricting abortion after a certain gestational age due to the state’s interests in protecting human life.¹² However, this bill would go against Maryland’s interests by establishing an extremely high bar for commonsense protections for women and children’s health, including informed consent safeguards and parental involvement laws. SB 798 could also result in the prohibition of

⁵ Eighteen states have laws abolishing abortions at any gestational age, including Alabama, Arkansas, Arizona, Idaho, Indiana, Kentucky, Louisiana, Missouri, Mississippi, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, Utah, Wisconsin, West Virginia, and Wyoming. Three states have laws that abolish abortion at six weeks’ gestation, including Iowa, Ohio, and Georgia.

⁶ CAL. CONST. art. I, § 1.1; MICH. CONST. art. I, § 28; 775 ILL. COMP. STAT. 55/1-1 to 55/1-97 (2019); MINN. STAT. § 145.409; N.Y. PUB. HEALTH LAW §§ 2599-AA to 2599-BB (McKinney 2019); VT. CONST. ch. I, art. 22.

⁷ *Dobbs*, 142 S. Ct. at 2283.

⁸ *Id.* at 2283-2284 (citations omitted).

⁹ *Planned Parenthood of Se. Pa. v. Casey*, 505 U.S. 833, 869 (1992); *see also* *Gonzales v. Carhart*, 550 U.S. 124, 145 (2007).

¹⁰ *Roe*, 410 U.S. at 154.

¹¹ *Casey*, 505 U.S. at 869 (emphasis added).

¹² *Dobbs*, 142 S. Ct. 2228.

regulating abortion providers or facilities because they could be considered restrictions on the practice of abortion.¹³ Legalized abortion has neither eliminated the presence of substandard medical care at abortion clinics, kept people without medical licenses from performing abortions that cause harm to women, ensured that women receive competent post-abortive care, or prevented women from dying from unsafe abortions. This bill lowers professional accountability for abortion providers, which will result in such facilities being free to operate without regulation and oversight, to the detriment of women and young girls.¹⁴ Ultimately, by passing this bill, Maryland will be turning a blind eye to unsafe abortion practices by abdicating its proper duty to protect women and children.

a. The Bill Subjects Women to Late-Term Abortions that Carry High Risks

Maryland currently allows abortions up until viability, which subjects women to grave health complications due to the risks associated with later-term abortions. However, the passage of SB 798 will result in even greater harm to women because it authorizes elective abortions up until a baby's birth date. It is undisputed that abortion poses risks to women, and the risk of harm increases substantially at later gestational ages. Even Planned Parenthood agrees that abortion becomes riskier later in pregnancy, and states on its national website that, "[t]he chances of problems gets higher the later you get the abortion, and if you have sedation or general anesthesia. . .," which would be necessary for an abortion at or after 20 weeks of gestation.¹⁵

Ten percent of women suffer immediate complications from abortion, including blood clots, hemorrhages, incomplete abortions, infections, and injuries to the cervix and other organs.¹⁶ Even more concerning is that 1/5 of these complications are life-threatening.¹⁷ Further, the incidence of major complications during an abortion procedure is significantly higher after 20 weeks' gestation.¹⁸ For example, after 8 weeks' gestation, the relative risk of mortality increases by 38 percent for each additional week.¹⁹

Because SB 798 allows abortion-on-demand throughout a woman's pregnancy, more women will experience life-threatening complications from later-term abortions, which will also increase the number of maternal deaths. The women of Maryland deserve better than

¹³ See, e.g., Ams. United for Life, *Unsafe* (2d ed. 2018) (finding 44 health and safety violations in Maryland abortion clinics).

¹⁴ See, e.g., *id.* (report documenting unsafe practices of abortion providers and harm to women's health and safety).

¹⁵ See *How Safe Is An In-Clinic Abortion?*, PLANNED PARENTHOOD <https://www.plannedparenthood.org/learn/abortion/in-clinic-abortion-procedures/how-safe-is-an-in-clinic-abortion> (last visited Feb. 28, 2023).

¹⁶ See *id.*; see also REPORT OF THE SOUTH DAKOTA TASK FORCE TO STUDY ABORTION 48 (2005).

¹⁷ REPORT OF THE SOUTH DAKOTA TASK FORCE TO STUDY ABORTION, *supra* note 16.

¹⁸ Linda A. Bartlett et al., *Risk Factors for Legal Induced Abortion-Related Mortality in the United States*, 103 OBSTETRICS & GYNECOLOGY 729, 731 (2004); Janet P. Pregler & Alan H. DeCherney, *WOMEN'S HEALTH: PRINCIPLES & CLINICAL PRAC.* 232 (2002). See also Slava V. Gauferg, *Abortion Complications*, MEDSCAPE (updated Jun. 24, 2016) (recognizing several large-scale studies have revealed that abortions after the first trimester pose more serious risks to women's physical health than first trimester abortions).

¹⁹ Bartlett, *supra* note 18; PROFESSIONAL ETHICS COMM. OF AM. ASSOC. OF PRO-LIFE OBSTETRICIANS & GYNECOLOGISTS, *INDUCED ABORTION & THE INCREASED RISK OF MATERNAL MORTALITY*, Comm. Op. 6 (Aug. 13, 2019).

to be subjected to later-term abortion procedures that threaten their health and safety. Today, this Committee can protect the maternal health of its citizens by rejecting SB 798.

b. The Bill Ignores Maryland's Legitimate Interest in Preventing Fetal Pain

By opposing SB 798, this Committee will also protect Maryland's legitimate interest in preserving prenatal life and mitigating fetal pain. Because SB 798 authorizes abortion up until a baby's birth date, unborn babies who can experience pain from abortion are left unprotected.

Current medical science has firmly established the existence of pain in preborn infants at or before 20 weeks.²⁰ In 2019, scientists even found evidence of fetal pain as early as 12 weeks' gestation.²¹ Another study from 2010 found that "the earlier infants are delivered, the stronger their response to pain"²² because the "neural mechanisms that inhibit pain sensations do not begin to develop until 34-36 weeks[] and are not complete until a significant time after birth."²³ As a result, unborn children display a "hyperresponsiveness" to pain.²⁴ According to one group of fetal surgery experts, "[t]he administration of anesthesia directly to the fetus is critical in open fetal surgery procedures."²⁵ Given the substantial medical evidence illustrating that preborn babies can experience pain by at least 20 weeks, it is well within Maryland's legitimate interest to oppose SB 798 and minimize fetal pain as much as possible.

c. The Bill Prevents Maryland from Enacting Informed Consent Safeguards for Women

Maryland does not have an informed consent process, which is concerning given that the choice to abort one's unborn child is a life-altering decision. In its basic definition, informed consent "is a process by which the treating health care provider discloses appropriate information to a competent patient so that the patient may make a voluntary choice to accept or refuse treatment."²⁶ A woman cannot agree to medical treatment unless she is "competent, adequately informed and not coerced" in giving informed consent.²⁷ Consequently, informed consent safeguards ensure that a woman is provided with vital and material information to guide her abortion decision, such as the medical risks and benefits

²⁰ Federal Pain Capable Act, S. 160, 116th Cong. § 2(1)-(11) (2019).

²¹ Stuart W.G. Derbyshire & John C. Bockmann, *Reconsidering Fetal Pain*, 46 JOURNAL OF MEDICAL ETHICS 3 (2020).

²² Lina K. Badr et al., *Determinants of Premature Infant Pain Responses to Heel Sticks*, 36 PEDIATRIC NURSING 129 (2010).

²³ Charlotte Lozier Institute, *Fact Sheet: Science of Fetal Pain*, https://lozierinstitute.org/fact-sheet-science-of-fetal-pain/#_ednref14 (last updated Feb. 19, 2020).

²⁴ Christine Greco and Soorena Khojasteh, *Pediatric, Infant, and Fetal Pain*, CASE STUDIES IN PAIN MANAGEMENT 379 (2014).

²⁵ Maria J. Mayorga-Buiza et al., *Management of Fetal Pain During Invasive Fetal Procedures. Lessons Learned from a Sentinel Event*, 31 EUROPEAN JOURNAL OF ANESTHESIOLOGY 188 (2014).

²⁶ Christine S. Cocanour, *Informed Consent—It's More Than a Signature on a Piece of Paper*, 214 AM. J. SURGERY 993, 993 (2017).

²⁷ *Id.*

of abortion, alternatives to abortion, any medical assistance benefits available to her for prenatal care, childbirth, etc.

Approximately 34 states have recognized the need for such protections and have enacted informed consent safeguards in their abortion laws.²⁸ Specifically, 29 states have reflection periods ranging from 18-hours to 72-hours, which ensure that a woman has the time she needs to take all the given information into account without the pressure of making an immediate decision since the “medical, emotional, and psychological consequences of an abortion are serious and can be lasting.”²⁹ These states often require certain informed consent disclosures about the nature and risks of abortion procedures as well.

Despite the importance of these safeguards, this bill prevents Maryland from passing any type of informed consent protections for women, which is particularly detrimental to women who are seeking abortions because of intimate partner violence (“IPV”) or reproductive control. IPV includes physical violence, sexual violence, stalking, and psychological aggression by a current or former intimate partner.³⁰ In the same vein, reproductive control occurs over “decisions around whether or not to start, continue or terminate a pregnancy, including deployment of contraception, and may be exercised at various times in relation to intercourse, conception, gestation and delivery.”³¹ Individuals that assert reproductive control over pregnant women include intimate partners, family members, and sex traffickers.³²

Women seeking abortion face serious risks of IPV and reproductive control. Abortion increases the risk of IPV, as there are “[h]igh rates of physical, sexual, and emotional IPV . . . among women seeking a[n] abortion.”³³ For women seeking abortion, the prevalence of IPV is nearly three times greater than women continuing a pregnancy.³⁴ Post-abortive IPV victims also have a “significant association” with “psychosocial problems including depression, suicidal ideation, stress, and disturbing thoughts.”³⁵ Further, reproductive control not only produces coerced abortions or continued pregnancies, it also affects whether the pregnancy was intended in the first place.³⁶ “As many as one-quarter of women

²⁸ The states are Alabama, Alaska, Arizona, Arkansas, Florida, Georgia, Idaho, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, and Wisconsin.

²⁹ *H.L. v. Matheson*, 450 U.S. 398, 411 (1981), *overruled on other grounds by Dobbs*, 142 S. Ct. 2228.

³⁰ Megan Hall et al., *Associations Between Intimate Partner Violence and Termination of Pregnancy: A Systematic Review and Meta-Analysis*, 11 PLOS MED. 1, 15 (Jan. 2014).

³¹ Sam Rowlands & Susan Walker, *Reproductive Control by Others: Means, Perpetrators and Effects*, 45 BMJ SEXUAL & REPROD. HEALTH 61, 62 (2019).

³² *Id.* at 65.

³³ Hall, *supra* note 30, at 15.

³⁴ COMM. ON HEALTH CARE FOR UNDERSERVED WOMEN, *Reproductive and Sexual Coercion*, Comm. Op. No. 554, at 2 (reaffirmed 2022) (internal citation omitted).

³⁵ Hall, *supra* note 30, at 15.

³⁶ Rowlands, *supra* note 31, at 61–62.

of reproductive age attending for sexual and reproductive health services give a history of ever having suffered [reproductive control].”³⁷

Informed consent safeguards let women know that they are not alone in their decision. Ensuring that women experiencing reproductive control or IPV fully understand the risks of abortion, the resources available to them, and the alternatives to abortion, empowers them to make informed, *voluntary* decisions. Unfortunately, IPV and reproductive control are prevalent issues for women. Thus, by limiting Maryland’s ability to ensure women’s informed consent, the bill raises grave domestic violence and coercion concerns.

III. The Bill Infringes on Parental Rights, Which the United States Constitution Protects Under the Fourteenth Amendment

Maryland law permits a minor to obtain an abortion with only notice to and without the consent of her parents. Parental involvement ensures that adolescent girls understand the medical risks of abortion and select competent healthcare professionals who will prioritize their health,³⁸ ensures that abortion providers have essential and “additional medical history and information [regarding their minor daughter] . . . prior to [the] performance of an abortion,”³⁹ and “ensures that the parents have the ability to monitor for post-abortion complications.”⁴⁰ Parental involvement is especially important given that adolescent girls have high risk pregnancies and often delay prenatal care.⁴¹ However, this bill would make it virtually impossible to pass stronger parental involvement laws in Maryland because the bill makes no mention of age when asserting that every person has a “fundamental right to reproductive freedom.” In effect, this “right” would extend to minor girls, possibly strike down the existing parental notice law, and increase the risk of harm to adolescent girls seeking abortions.

Further, this bill infringes upon parental rights. Under the Fourteenth Amendment’s Due Process Clause, “nor shall any State deprive any person of life, liberty, or property, without due process of law.”⁴² Parental rights have a rich history of constitutional protection under the Due Process Clause. “The history and culture of Western civilization reflect a strong tradition of parental concern for the nurture and upbringing of their children. This primary role of the parents in the upbringing of their children is now established beyond

³⁷ *Id.* at 62.

³⁸ Child Interstate Abortion Notification Act: Hearing on H.R. 2299 Before the Subcomm. on the Const. of the H. Comm. on the Judiciary, 112th Cong. 19, 26-27 (2012) (statement of Teresa Stanton Collett, Professor of Law, University of St. Thomas School of Law).

³⁹ *Id.* at 26–27.

⁴⁰ *Id.* at 19.

⁴¹ See, e.g., Nadia Akseer et al., *Characteristics and Birth Outcomes of Pregnant Adolescents Compared to Older Women: An Analysis of Individual Level Data from 140,000 Mothers from 20 RCTs*, *eCLINICALMED.*, Feb. 26, 2022, at 1, 3 (stating that during pregnancy, “adolescent girls are a particularly vulnerable group since the demands of regular growth and development are augmented by heightened nutritional requirements of supporting a fetus.”); Nathalie Fleming et al., *Adolescent Pregnancy Guidelines*, 37 *J. OBSTETRICS & GYNECOLOGY CAN.* 740, 743 (2015) (discussing the high-risk nature of adolescent pregnancy is compounded by the fact that pregnant adolescent patients often delay care).

⁴² U.S. CONST. amend. XIV, § 1.

debate as an enduring American tradition.”⁴³ “[Supreme Court] decisions establish that the Constitution protects the sanctity of the family precisely because the institution of the family is deeply rooted in this Nation’s history and tradition.”⁴⁴ Yet, as stated above, the bill enables an unemancipated minor to access abortion services without parental involvement, which subverts parents’ constitutional rights to the care and upbringing of their minor pregnant daughters.

Under the Supremacy Clause, the “Constitution, and the Laws of the United States . . . shall be the supreme Law of the Land.”⁴⁵ This means that a state statute cannot infringe upon the Constitution’s protection of parental rights. Accordingly, the bill is unconstitutional by infringing upon parental rights.

IV. Conclusion

For years, the abortion industry has marketed abortion as essential healthcare. This could not be farther from the truth. Abortion is the intentional destruction of a unique human being. Not only does abortion destroy a preborn child, but it is also a devastating practice for women that harms their health and endangers their lives. By enabling abortion-on-demand throughout pregnancy, the state is abandoning women and unborn children to the life-threatening harms of abortion, hamstringing Maryland from enacting any future health and safety safeguards for women and unborn children, and trampling on parental rights. For these reasons, I strongly urge the Committee to reject the bill to protect mothers and unborn children in Maryland.

Respectfully Submitted,



Danielle Pimentel
Policy Counsel
AMERICANS UNITED FOR LIFE

⁴³ *Wisconsin v. Yoder*, 406 U.S. 205, 233 (1972).

⁴⁴ *Moore v. E. Cleveland*, 431 U.S. 494, 504 (1977).

⁴⁵ U.S. CONST. art. VI, cl. 2.

Opposition to Declaration of Rights - DRJM.pdf

Uploaded by: Deanne Marino

Position: UNF

I am writing to oppose the inclusion of SB798 Declaration of Rights - Right to Reproductive Freedom in the state constitution, as this amendment would enshrine abortion as a "fundamental right" and would require Maryland taxpayers to fund all abortions, regardless of whether a majority of Marylanders support this or not. The amendment would also force healthcare providers to participate in abortions, which could violate their rights of conscience and religious freedom. Additionally, if this bill passes, it could infringe on the freedom of speech guaranteed by the U.S. Constitution by preventing future attempts to pass legislation that could save lives, such as partial-birth abortion or dismemberment bans.

The right to reproductive freedom undermines the sanctity of human life. Life begins at conception and every human life should be protected and valued from that moment forward. Therefore, I believe that the right to reproductive freedom, including access to abortion, is morally wrong and should be restricted or prohibited altogether.

The right to reproductive freedom can have negative societal consequences, such as a decline in birth rates or a breakdown in family structures. I believe that promoting reproductive freedom can lead to a culture of individualism, where personal desires and goals are prioritized over the greater good of society.

Maryland's current laws on abortion are already very permissive. The Maryland Freedom of Choice Act of 1991 allows for abortion-on-demand up until birth, which is extreme compared to other states. Additionally, Maryland is one of only four states that requires taxpayers to pay for other people's abortions, and one of only three states that shields abortion providers from liability by refusing to report abortion data to the CDC. As a result, Maryland is not addressing important issues related to women's reproductive health, such as the risks of abortion-related maternal injury or death, future miscarriage, pre-term birth, or loss of fertility.

If this amendment were to be enacted, it could threaten the existence of pro-life pregnancy centers and could take away medical providers' rights of conscience. However, Maryland lawmakers still could pass laws to protect women's health during pregnancy, to restrict abortion after viability, and to ban public funding for abortion. This proposed Abortion Amendment would remove the ability of elected representatives to regulate abortion and would force taxpayers to fully fund all abortions, which is extreme and should not be included in the state constitution. Therefore, I urge you to issue an unfavorable report on SB0798.

Deanne Johnson de Marino
11129 Schuylkill Rd
Rockville, MD 20852
Deanne@marino-johnson.org

2023 SB798 WR (CPW).pdf

Uploaded by: Deborah Brocato

Position: UNF

OPPOSITION STATEMENT SB798

Declaration of Rights – Right to Reproductive Freedom

Deborah Brocato

Campaign to Protect Women

3206 Gloucester Dr, Fallston MD

410-440-6348

Women and girls deserve better than **HB798**.

Campaign to Protect Women objects to HB798. We ask that the legislators of Maryland immediately cease the promotion and funding of the exploitation of the women and girls of Maryland and the promotion and funding of the killing of their unborn children. Abortion is not a compassionate answer to women and girls facing a crisis pregnancy. It is never compassionate to tell a mother that killing her baby is the answer to her problems. True compassion offers practical and emotional support for women and girls in need as is offered by the many crisis pregnancy centers in Maryland.

Enshrining abortion in the Maryland Constitution damages women physically, psychologically and emotionally. If codified as a “right,” abortion is legitimized as healthcare. Abortion is not healthcare. Abortion is not mental healthcare. Abortion is the violent destruction of a developing unborn baby. A miscarriage is not abortion – a miscarriage is the loss of a baby after the baby has died naturally in the woman’s body. An ectopic pregnancy is a nonviable pregnancy – the fertilized egg is developing outside of the woman’s uterus and cannot survive. The treatment of miscarriage and ectopic pregnancy is not abortion. The treatment to remove the remains of the lost pregnancy may or may not involve surgery and is for the health and wellbeing of the mother to prevent complications including infection and death. Abortion is never medically necessary to save the life of a woman or girl and kills the growing human being. Abortion unnaturally ends the pregnancy and the woman or girl becomes the mother of a dead child. She will carry that with her the rest of her life. Both surgical and chemical abortion put the women and girls at risk of serious injury up to and including death. Those risks include hemorrhage, ruptured uterus, lacerated vagina, lacerated cervix, loss of fertility, sepsis and death. Chemical abortions are 4 times more dangerous than surgical abortions. With the passage of the Abortion Care Access Act of 2022, the physician requirement was removed from abortion care. That act and the increasing use of chemical abortion has removed any pretense of healthcare from abortion. With missions like *Silent No More Awareness* ([SilentNoMoreAwareness.org](https://www.silentnomoreawareness.org)) and *Rachel’s Vineyard* ([rachelsvineyard.org](https://www.rachelsvineyard.org)), we can read testimonies of the damaging psychological affects of abortion including depression, suicidal ideation, suicide attempts and failed relationships.

Enshrining abortion in the Maryland Constitution will make it easier for women and girls to be exploited. It will be easier for employers to pressure women into reimbursement for abortion over the more expensive maternity leave and maternity care. This promotion and protection of abortion makes it easier for sexual abusers and sex traffickers to continue victimizing women and girls. Telaboration has made the lethal chemical abortion drugs widely accessible. Prescribing via telehealth makes it easy for an abuser to obtain the abortion drugs and force them on women and girls. It is no longer required to have a physician’s examination to obtain the abortion pills which removes the verification of gestational age and confirmation of pregnancy and testing for ectopic pregnancy.

Abortion is black genocide. From the beginning, the abortion industry has targeted poor and minority communities. Margaret Sanger, the founder of Planned Parenthood, referred to many in society as “weeds” that needed to be eliminated. Abortion centers are most often placed in poor and minority communities. In 1939, Margaret Sanger introduced her “Negro Project” to set up protocols to stop blacks from reproducing “carelessly and recklessly” (<https://www.nationalblackprolifeunion.com>). She recruited black ministers for her plan carefully disguising her true intentions, and today, the women and girls of the black community continue to be targeted.

OPPOSITION STATEMENT HB798, page 2 of 2

Declaration of Rights – Right to Reproductive Freedom

Deborah Brocato

Campaign to Protect Women

3206 Gloucester Dr, Fallston MD

410-440-6348

The language of the bill indicates other vague intentions. “Person” is used instead of the word “woman.” “Including but not limited to” is a broad and vague phrase used in this bill. Women and men are not interchangeable. Our biology tells us whether we are male or female. Every cell in our body contains the blueprint of a person in the DNA. Presence of the “Y” chromosome reveals you are a male. Lack of the “Y” chromosome reveals you are a female. Removing the distinctions is an affront to women as well as men. This vague language seems to indicate that other surgeries related to the reproductive organs would be included as a right. No one is prevented from obtaining a vasectomy, tubal ligation or hysterectomy, and those surgeries do not involve the killing of another human being. Other surgeries that involve treatment of the reproductive organs for diseases such as cancer are not prohibited.

Campaign to Protect Women recognizes that this amendment could also make it a “right” to receive gender reassignment drugs and surgeries. With the age of consent to seek mental health care lowered to age 12, this is dangerous for children and rife for exploitation. Campaign to Protect Women sees this as another attack on women and girls as there has been a dramatic increase in girls seeking to transition to boys. First, it is cruel to counsel someone that they can become the opposite sex to their biology. It is cruel to medicalize people for the rest of their life with drugs that increase their health risks, cause sterility and likely shorten their life. Maryland should protect women and girls from having their bodies mutilated by the removal of healthy organs and tissue from mastectomies and hysterectomies.

The majority of Americans oppose taxpayer funding of abortion. The 2023 Marist poll shows that 60% of Americans, pro-life and pro-choice, reject the use of taxpayer money for abortion. Codifying abortion as a right will lead to further subsidizing of abortion. Maryland is one of 4 states that requires its residents to pay for abortion. The money provided will only increase. 82% of Americans favor the use of public funds be directed to support pregnant women and girls toward a healthy pregnancy and delivery outcome and include programs for parenting and material support.

Women and girls and all Marylanders deserve better than laws that promote the killing of the most vulnerable of our residents. Maryland laws should respect and protect human life and the very special ability of women and girls to bear children. Campaign to Protect Women urges the Maryland General Assembly to reject this legislation, **HB798**.

Maryland HB 798 (2023).pdf

Uploaded by: Denise Burke

Position: UNF



**WRITTEN TESTIMONY OF DENISE BURKE,
SENIOR COUNSEL, ALLIANCE DEFENDING FREEDOM
ON MARYLAND SENATE BILL 798 (2023)
BEFORE THE SENATE FINANCE COMMITTEE
MARCH 1, 2023**

Chairwoman Griffen and Members of the Committee, I am Denise Burke, Senior Counsel with Alliance Defending Freedom. I am submitting testimony on Senate Bill (SB) 798 proposing an amendment to establish a “fundamental right to reproductive freedom” in the Maryland Constitution. If approved by the Legislature, the proposed constitutional amendment will appear on the November 2024 ballot.

The proposed amendment language is dangerously vague and endangers minors and parental rights. It also threatens the freedom of conscience of Maryland’s healthcare professionals and precludes the enactment and enforcement of commonsense, protective laws such as parental involvement for minors’ abortions and informed consent. It will force Maryland taxpayers to pay for more abortions, as well as contraception, sterilizations, and even the surgical removal of healthy reproductive organs. Taxpayers will even be forced to fund these services for non-residents, including having sex-traffickers bring their victims to Maryland to procure free abortions all while avoiding criminal liability for their actions. .

Proposed “Reproductive Freedom” Amendment is Dangerously Vague

Maryland voters deserve to know exactly what they are voting on—especially when asked to amend their foundational document: the state’s constitution. The proposed amendment language fails to accurately inform Marylanders of the meaning of “reproductive freedom” and the full implications of a vote in favor of the proposed amendment.

The proposed amendment language centers on the term “reproductive freedom” which is inadequately defined. SB 798 misleadingly provides that “reproductive freedom” includes “*but [is] not limited*” to the ability to make and effectuate

decisions to prevent, continue, or end one’s pregnancy.” This is not a full and fair definition.

Rather, this language is vague and will likely be interpreted by Maryland courts to include more than abortion, contraception, and sterilization (that are clearly implicated by the proposed amendment language). It could be found to encompass other medical procedures such as the removal of healthy reproductive organs and the provision of cross-sex hormones and other harmful chemicals that alter the normal functioning of the male or female body.

The proposed language also purports to declare “reproductive freedom” as a “fundamental right.” The language of this amendment does not inform voters of the meaning and import of “fundamental rights” which have traditionally included rights reflected in the U.S. Constitution and the Maryland Declaration of Rights, such as the right to free speech and the right to a jury trial.

Fundamental rights are rights that have been recognized as requiring a high degree of protection from government encroachment. Government infringement on or regulation of these rights is subject to the highest degree of judicial scrutiny. This level of scrutiny is commonly called “strict scrutiny” and requires that state officials, when proposing a regulation or restriction on that right, must demonstrate a “compelling state interest.” Further, the regulation or restriction must be narrowly tailored to effectuate that compelling interest.

Notably, even under the now overruled decisions in *Roe v. Wade* and *Planned Parenthood v. Casey*, abortion was not considered a “fundamental right” under the U.S. Constitution as abortion regulations and restrictions were not judged under the strict scrutiny standard, but under the lesser “undue burden” standard. It is not, therefore, accurate to claim that the proposed amendment language simply resurrects and codifies *Roe v. Wade*. It goes dangerously beyond *Roe*.

Proposed “Reproductive Freedom” Amendment Endangers Minors and Parental Rights

In addition to not knowing what is meant by a “fundamental right” to “reproductive freedom,” voters will also be unwittingly compromising parental rights if the constitutional amendment is approved.

The proposed amendment language guarantees a “fundamental right” to “reproductive freedom” to “every person.” This means that anyone, including a minor (male or female), has a “right” to abortion, contraception, sterilization, and other procedures, including the removal of healthy reproductive organs. These and other complex and dangerous procedures will occur without the knowledge or consent of parents.

Under such a radical regime, current Maryland law requiring an abortion provider to first give notice to a parent or legal guardian before performing an abortion on a minor (except in specified circumstances) could be deemed unenforceable. Minors—including those being sex-trafficked—can be brought into Maryland to receive “no-questions-asked” abortions. This will only embolden traffickers to continue to wreck the lives of innocent young women in Maryland and beyond.

Parents are best equipped to protect and care for their children’s health and well-being. They have both the right and responsibility to do so. The proposed amendment language would eviscerate that fundamental right.

Proposed “Reproductive Freedom” Amendment Threatens the Freedom of Conscience of Medical Providers

The proposed constitutional amendment provides that “the State” may not “directly or indirectly, deny, burden, or abridge” the “fundamental right” to abortion, contraception, sterilization, and other potentially objectionable practices and procedures. Laws protecting the freedom of conscience of healthcare professionals and permitting them to opt out of performing or participating in these procedures could be seen as a “denial”—or at least a “burden”—on an individual’s “right to reproductive freedom.” In this “battle of rights,” the historically fundamental freedom of conscience may be deemed subservient to the newly created “right” to abortion. This threat to freedom of conscience is untenable.

The paramount importance of freedom of conscience has been repeatedly affirmed. Our Nation’s history, tradition, and jurisprudence confirm that Americans—including healthcare professionals—cannot be forced to commit an act that is against their moral, religious, or conscientious beliefs.

America’s Founders were united in a desire to protect freedom of conscience. For example, Thomas Jefferson made clear that no provision in the Constitution “ought to be dearer to man than that which protects the rights of conscience against the

enterprises of civil authority.”¹ Likewise, James Madison, considered the Father of the Bill of Rights, was deeply concerned that the freedom of conscience of all Americans be protected. He described conscience as “the most sacred of all property.”²

The Supreme Court has consistently ruled in favor of protecting the freedom of conscience of every American. It has explicitly stated that “[f]reedom of conscience... cannot be restricted by law.”³ But SB 798 undermines these sacred freedoms and will lead to more nurses, doctors, and other medical professionals leaving the field altogether rather than having their consciences violated.

Proposed “Reproductive Freedom” Amendment Precludes the Enactment and Enforcement of Commonsense Protective Laws

Current Maryland law contains a few protective abortion-related laws: a limit on post-viability abortions and a parental notice requirement. Each of these requirements is jeopardized by the proposed amendment. Notably, with regard to the future of Maryland’s limit on post-viability abortions, it is not a coincidence that a clinic performing abortions throughout pregnancy opened in College Park last fall.⁴

The proposed amendment provides that the State may not “directly or indirectly, deny, burden, or abridge” the “fundamental right” to abortion. Application of this provision means that existing protective laws will likely be seen as “burdening” the newly created constitutional “right” to abortion and will be invalidated by Maryland courts. The Legislature will be further prohibited from responding to the growing medical evidence of abortion’s harms to women and from evidence of abortion provider’s often substandard facilities and practices with commonsense legislation. Marylanders—and the citizens of other states—will be left completely unprotected.

¹ Jefferson, Letter to New London Methodists (1809).

² Milton, THE QUOTABLE FOUNDING FATHERS: A TREASURY OF 2,500 WISE AND WITTY QUOTATIONS 36-37 (2005).

³ *Cantwell v. Conn.*, 310 U.S. 296, 303 (1940) (emphasis added).

⁴ M. Block, *An all-trimester abortion clinic prepares to open in Maryland, one of few nationally*, NPR, Sept. 1, 2022.

Proposed Amendment Will Force Maryland Taxpayers to Fund More Abortions, Contraception, Sterilizations, Fertility Treatments, Cross-Sex Hormones, and Puberty Blockers

The U.S. Supreme Court and federal law prohibited taxpayer dollars from funding abortions. Strong majorities of taxpayers agree that tax dollars should not be used to support abortion. Yet under the proposed amendment, Maryland taxpayer dollars could be required to fund abortions, birth control, fertility treatments, cross-sex hormones, and even puberty blockers. They would be forced to fund these procedures and products for residents and non-residents, minors and adults, males and females. Maryland will join California, New York, and Minnesota as a dangerous, unregulated, and unrestricted “Wild West” for abortions to the detriment of women, infants, crime victims, and Maryland taxpayers.

SB 798 goes far beyond codifying the now-defunct decision in *Roe v. Wade*. The language is dangerously vague and will compromise parental rights and endanger minors and crime victims. It also threatens the freedom of conscience of Maryland’s healthcare professionals and precludes the enactment and enforcement of commonsense, protective laws such as parental involvement for minors’ abortions. It would also force Maryland taxpayers to pay for more abortions, contraception, sterilizations, and even the surgical removal of healthy reproductive organs. Taxpayers will be forced to fund these services even for non-residents and for crime victims when the crimes are not reported to law enforcement or appropriately addressed.

MyMGASTatement.pdf

Uploaded by: Douglas Dunlop

Position: UNF

February 17, 2023

It is important that Maryland voters have a clear understanding of what this is about.

The wording on the ballot must state specifically that “reproductive liberty” includes the unrestricted right of a woman to have an abortion.

Do not vote for this measure unless the wording in the ballot is changed to be an honest summary of the amendment.

Doug Dunlop

HB705-SB798.pdf

Uploaded by: Dr. James Kelly

Position: UNF



Testimony submitted on behalf of the Association of American Physicians and Surgeons-
respectfully submitted by Dr. James Kelly to the Maryland General Assembly 2-28-2023

HB705/SB798 is not about protecting woman-it is really about **denying Marylanders of their fundamental constitutional rights, taxpayer payment coercion and increasing profits for the abortion industry.** **AAPS opposes HB705/SB798.**

I am a physician and psychiatrist. Over the last 37 years I treated many women who have had abortions. The majority deeply regret their abortions, many report that they felt coerced. Many suffer from post abortion stress syndrome and develop major depression, self-injurious behaviors such as cutting, scratching, banging, burning and damaging their bodies. Many bury their emotions under drugs and alcohol, commit crimes to fund their drug habits, go in and out of jails and prisons. Many overdose on drugs due to their abortion remorse.

By changing induced abortion into a so-called “constitutional right” Marylanders become **SLAVES** of coercion by being forced to **violate their conscience rights** guaranteed by the US Constitution to support killing babies and damaging women.

HB705/SB798 forces physicians, nurses, and other healthcare providers to become **MEDICAL SLAVES** by trying to **force them** to participate in abortions, in violation of their rights of conscience and free exercise of religion. Maryland already is only one of three states to shield abortionists from liability and refuses to report abortion data to the CDC- which endangers the lives and health of

women. Giving abortionists more rights and **attacking the rights** of good doctors and nurses - is what this bill is really about.

HB705/SB798 violates the Freedom of Speech guaranteed by the Constitution of the United States, and takes the power to regulate abortion away from our elected representatives by barring all future legislative protections and reforms.

Maryland law already is very extreme on abortion and allows abortion-on-demand, for any reason and up until birth. There is no need to now change our state constitution. This amendment is dangerous, **unconstitutional**, coercive and divisive and should never be in our great Maryland Constitution.

Please vote **NO** on HB705/SB798.

SB0798 Testimony pdf.pdf

Uploaded by: duffy kane

Position: UNF

I oppose SB0798 and this is most definitely an unfavorable testimony!!

Dear Senators,
Please oppose SB0798

First, The United States Constitution guarantees each human the right to life, liberty and the pursuit of happiness, the first of which is the right to LIFE. Maryland is a constituent member of our Constitutional Republic whose laws should be duly reflected in the Maryland State Constitution: consequently, enshrining abortion would be against the fundamentals of American law.

This bill will undoubtedly open up a Constitutional crisis that will wend its way to the Supreme Court of the United States of America, wherein 6 conservative judges will strike a blow to the malevolent and fictitious facade that killing innocent defenseless human beings at any stage of development will not stand long cloaked in the guise of health care or a “woman’s right to choose.”

This satanic practice is forcing Americans to fund murder with their sacred labor; yet another egregious a-front to American citizens, ie: Taxation without Representation, in that no self- respecting, decent person with a conscience would ever willfully pay to murder a baby.

Lastly, and most poignantly, Mother Theresa said it best: “The fruits of abortion is nuclear war.”

Read the headlines and stop this insanity while you have the chance, or be held to account in the day of judgement!!

Have a good day...if you’re able,

Mr and Mrs. Kane

SB798-2023 Repro Freedom Amendment Final.pdf

Uploaded by: Ella Ennis

Position: UNF



Ella Ennis, Legislative Chairman
Maryland Federation of Republican Women
PO Box 6040, Annapolis MD 21401
Email: eee437@comcast.net

The Honorable Melony Griffith, Chairman
and Members of the Finance Committee,
Maryland House of Delegates

RE: **SB0798** – Declaration of Rights – Right to Reproductive Liberty – **OPPOSE**

Dear Chairman Griffith and Committee Members,

The Maryland Federation of Republican Women strongly opposes SB0798 for a number of reasons.

The proposed constitutional amendment is written so broadly that it would allow abortion at any time. A Goucher poll of Marylanders' attitudes about abortion conducted in October 2021 found that more than half (54%) of respondents want some restrictions on abortion.

The proposed Constitutional Amendment would take the power to regulate abortion away from our elected representatives, remove all existing health and safety measures for pregnant women, and force Maryland taxpayers to fully fund abortions even when in direct opposition to their personal beliefs and moral objections.

No regard is given to the man, without whose contribution the pregnancy would be impossible. As a nation, we have always held that parental responsibility begins at conception. Parental rights (both the mother and father) begin at conception as well.

No regard is given to the resulting child even when it has reached viability. Government and society should not abandon pre-born children, especially when they have reached viability. The decision of a woman to end her pregnancy should not unequivocally override the rights of a viable fetus.

In the United States, it has been generally accepted in the medical community for decades that viability occurs at approximately 24 weeks of gestational age.¹ Children born at 23 weeks can and have survived and grown up to be normal, healthy human beings.

In addition, the Amendment states that "every person...has the fundamental right to reproductive freedom, including but not limited to...". What will the amendment allow beyond the right to "prevent, continue or end one's own pregnancy"?

¹ Chervenak, L.B. McCullough Textbook of Perinatal Medicine, 1998



Ella Ennis, Legislative Chairman
Maryland Federation of Republican Women
PO Box 6040, Annapolis MD 21401
Email: eee437@comcast.net

It appears to include allowing minors -- under 21 years of age -- to consent to surgery to remove their reproductive organs for gender reassignment, a procedure that would obliterate their ability to reproduce. A minor would be able to make that major life decision at an age that science and the Maryland General Assembly (in advocating for other bills) have stated their brains are still developing and that they are not mature enough to be fully responsible for their decisions and actions.

For all of the above reasons, please give **SB0798** an **UNFAVORABLE** report.

Sincerely,

Ella Ennis
Legislative Chairman
Maryland Federation of Republican Women

Testimony against Senate Bill 0798 2-28-23.pdf

Uploaded by: Eugene de Ribeaux

Position: UNF

I am opposed to Senate Bill 0798 titled "Right to Reproductive Freedom". This bill is deceptively named because no one in the country is prohibited from reproducing. The bill is designed to place into the Maryland Constitution the right to kill a child before birth. These scientific facts are well established and beyond question: the child is a human being, the child is distinct from the mother, the child grows and develops following instructions from its own genetic information, the child feels pain at least in the last trimester, etc. By this bill, the most vulnerable human beings in our society are denied the right to continue to live but rather are allowed to be killed in the most inhuman ways...commonly, torn apart limb from limb. These children are treated as property that can be discarded. Thus, the intrinsic value of each and every human being is diminished. This bill sends the message that if one is too weak or considered of low value to society, then that person can be killed. That was the intention of Margaret Sanger who started Planned Parenthood. The intent, which she expressed both verbally and in writing was to eliminate the undesirables in society: the weak, the cripple, those of an inferior race... By voting for this bill, you are building on what she started. Shame on anyone who votes for this bill and shame on all the co-sponsors.

Eugene de Ribeaux
6713 Dorsey Road
Gaithersburg, MD 20882

2023.SB0798.Arlinghaus.pdf

Uploaded by: Francis Arlinghaus

Position: UNF

SB0798

Oppose

Dr. Frank Arlinghaus

3010 Evergreen Way, Ellicott City MD 21042

I ask the members of the committee to oppose Senate Bill 798 due to the extreme nature of the bill. In particular, amending the Maryland Constitution is an unusual and extreme measure, and this bill would take an extreme position on abortion, restricting the legislature's opportunities to pass reasonable restrictions on abortion in late pregnancy or to restrict it as other healthcare.

Maryland already has extreme abortion laws compared to other states, but this bill would prevent the state from reasonable regulation. The consequences would include elective abortion throughout all nine months, paid for by the state, and removing the legislature's ability to enact reasonable regulation without repealing or amending the Constitution again.

It can be reasonably interpreted to prevent any action on the part of the legislature to limit abortion of a viable or late term fetus, to limit state funding of abortions, or to enact any number of reasonable restrictions designed to protect the health and safety of women receiving abortions.

A recent Marist poll shows 71% of Americans support some limits on abortion, and 81% of Americans believe that laws can protect both the mother and her unborn child. Several issues found broad support, suggesting that the extreme position of this bill goes well beyond what the public believes.

By removing the legislature's ability to act, the legislature abandons its responsibility to consider reasonable regulations. This amendment in particular takes such a restrictive view that the very few restrictions in place would be removed.

I ask that you return an unfavorable report on House Bill 798 for the reasons outlined above.

SB0798 GMurray Testimony.pdf

Uploaded by: Gwenn Murray

Position: UNF

SB0798 – Declaration of Rights – Right to Reproductive Freedom - AGAINST

Submitted by:

Gwenn Murray

706 Cypress Road

Severna Park, MD 21146

410.440.8005 gwenn.murray@hotmail.com

As a Marylander, I strongly oppose SB0798/HB0705. Why? –

- Maryland law already is extreme on abortion. The Maryland Freedom of Choice Act (1991) allows abortion-on-demand, for any reason and up until birth. Sadly Maryland is already an ‘abortion destination’ even for late-term abortions.
- Maryland is one of only four states that forces taxpayers to pay for other people’s abortions. I don’t force someone to pay for my medical or lifestyle choices and so why do I have to fund abortions?
- Maryland is one of only three states that shield abortionists from liability by refusing to report abortion data to the CDC. As a result, Maryland is failing to address women’s reproductive health and the incidents of abortion-related maternal injury and death or risks of future miscarriage, pre-term birth or loss of fertility.
- Under this proposed legislation physicians, hospitals and other healthcare providers will be compelled to participate in abortion, in violation of their rights of conscience and free exercise of religion.
- And if all of the above is not horrid enough, this proposed bill will infringe on the Freedom of Speech guaranteed by the Constitution of the United States, by barring all future attempts to pass lifesaving legislation such as partial birth abortion or dismemberment bans.
- Finally, pro-life pregnancy centers will be put in jeopardy. Even if you want to abort your baby, shouldn’t there be options available for those who need assistance and support to choose life for their baby?

As legislators, you should be representing and protecting the rights of all Marylanders to the very best of your ability and not further creating an abortion mecca here in Maryland. We all deserve better! Please oppose this horrid, deadly and oppressive legislation.

Gwenn Murray

SB798.pdf

Uploaded by: JAMES HARVEY

Position: UNF

Senators,

This bill is disgusting. So, in Maryland we have laws to prevent cat declawing but go ahead and promote ANOTHER abortion bill. Write laws for kids to wear bicycle helmets but kill them in the womb. What hypocrisy! How demonic. ALL life is precious!

Jim Harvey, Bel Air, MD

SB0798.pdf

Uploaded by: Janis Gurecki

Position: UNF

SB0798

I am writing to declare my complete opposition to Bill SB0798.

First, the premise of the bill directly contradicts the proposed outcome in which the “Central component of an individual’s rights to liberty and equality, the fundamental right to reproductive liberty” is precisely denied the individual infant child inside the womb. This bill fails to recognize the rights, liberties and equality of the innocent person in the womb, thereby invalidating the bill’s stated agenda altogether. Additionally, there should be no governmental funding to support “ending a pregnancy”- the life of an individual, in fact murder.

Finally, and most importantly, my opposition is entrenched on ethical and moral grounds. As the profound words of St. John Henry Newman avow:

“Realize it, my brethren; —everyone ... high and low, educated and ignorant, young and old, man and woman, has a mission, has a work. We are not sent into this world for nothing; we are not born at random; . . .

God sees every one of us. He creates every soul, He lodges it in the body, one by one, for a purpose. He needs, He deigns to need, every one of us.

He has an end for each of us; we are all equal in His sight, and we are placed in our different ranks and stations, not to get what we can out of them for ourselves, but to labor in them for Him. As Christ has His work, we too have ours; as He rejoiced to do His work, we must rejoice in ours also.”

Those who propose and affirm this bill attack the innocent who, before they can speak for themselves, are silenced. While proposing liberty, this bill in effect acts as a legal agent to strip God ordained equality and liberty from the most vulnerable. With a bill such as this no one is safeguarded to do his or her mission, work, or purpose.

Please, oppose this bill so that individual liberties and equalities of all individuals including those of unborn children and of our future generations are protected.

Most respectfully in Christ,

Janis Hopkins- Gurecki

Jason Van Bemel - Testimony Unfavorable to SB798 =

Uploaded by: Jason Van Bemmell

Position: UNF

Testimony Against the Abortion Rights Constitutional Amendment
Pastor Jason Van Bommel, Forest Hill Presbyterian Church
Member, Christians Advocating for Life in Annapolis

- “Thank you Madam Chair, Vice Chair, and members of the committee.”
- My Colleagues and I represent Christians Advocating for Life
- I am Pastor Jason Van Bommel from Forest Hill Presbyterian Church
- Our ministry leaders support families affected by crisis pregnancies and those who have had abortions. We partner with ministries to supply needs to moms that feel pressured by industry, relationships, and economics, with no alternatives.
- Embrace Grace? – seek to be a safe place to fully support mom’s from a crisis pregnancy that are interested to carrying to term.

- Regarding a constitutional amendment: **Should parents have a constitutional right to use lethal force on a child in the womb with limited restrictions and why?**
- No,
- Biblical world view imbedded in the constitution as a foundational social contract. Strongest footing is when consistent with the current contract, it mirrors inalienable rights from the Creator the highest authority.
- Researched Biblical justice and societal trust. Foundational is 10 commandments. We’d have a stronger constitution when more consistent with ideas there.
- Provide in my written testimony, references. Here are examples
 - In addition to honor father and mother,
 - in favor of protecting life not lethal force,
 - in favor of marital fidelity not promiscuity,
 - Recognizing God as pre-eminent authority, not a god in our image to suit our passions and authority.
- Parental authority is upheld. But it is constrained by the other 9 commandments.
- **This is reproductive liberty as defined by the Bible.**
- To stray into prohibitions is a path to perceptions of injustice, division, and broken social bonds.
- As a government and as individuals, scripture asserts we will be held accountable to our Creator for our stewardship in these areas.
- We have all broken these laws but Christ’s payment for our brokenness received through faith is the core of the Christian faith.
- Jesus said “If you hold to my teaching, you are really my disciples. Then you will know the truth, and the truth will set you free.” John 8:31-32.
- We believe it would be heading in the direction of flourishing to have common sense reasonable restrictions along with practical supports.
- Should then lethal force that harms at least one vulnerable life and potentially two lives not have strict oversight by the state?
- Seatbelts, smoking regulations, and other public health measures feel restrictive to public freedoms.
- **We believe it would be more balanced to flourishing to encourage life with practical supports and place reasonable restrictions on abortion.**

Restrictions to lethal force – Should parents have a constitutional right to use lethal force on a child in the womb?

The 10 commandments are foundational in the Judeo-Christian tradition to govern the continuity of societal trust. They clarify rules for right relationship with God and with others and seek to limit practices of the day that are harmful.

Consider what they were intended to promote and protect.

- [Exodus 20:12](#) Honoring Father and Mother and not disrespecting appropriate parental authority (when consistent with the other laws).
- [Exodus 20:13](#) In favor of protecting life, not lethal force ending life.
- [Exodus 20:14](#) In favor of marital faithfulness and chastity not promiscuity. [Matthew 5:27-28](#)
- [Exodus 20:17](#) In favor of contentment and trusting God's care for the essentials, including the reproductive years, rather than operating on perceptions from comparison, envy, selfish ambition, or fear.
- [Exodus 20:15](#) In favor of generously giving of oneself toward the common good, not stealing or forcibly re-appropriating a neighbor's livelihood and finances to oneself. [Ephesians 4:28](#)
- [Exodus 20:16](#) In favor of telling the truth and not stating misleading or false testimony.
- [Exodus 20:3-4](#) Recognizing God as the pre-eminent authority. Not making a god in our image to fit our tastes as though we define his scope of authority in life and he is accommodating to our passions whatever they may be.

In the 10 commandments, honor for parental authority was upheld but constrained by the other 9 laws. Together, they are the biblical foundation of reproductive liberty as set forth by the Creator of life.

The framers of the constitution understood that the more closely we came to these principles the more enduring the social contract and the more lasting the benefit to pass on to future generations. To stray into the prohibitions as a foundation for a social contract is a path to perceptions of injustice, division, and broken social bonds. A house divided against itself cannot stand. Furthermore, Scripture asserts that after death we will all be held accountable to our Creator for our stewardship in these areas. [2 Corinthians 5:10](#)

In the New Testament it is revealed that the intention of the law is to point us to the person of Jesus. We have all broken these laws in the course of our lives. Christ's flawless life was offered as payment for the penalty of our brokenness. [Romans 3:5](#). This is the message of salvation that has been the crux of the Christian faith for millennia. Jesus stated, "If you hold to my teaching, you are really my disciples. Then you will know the truth, and the truth will set you free." [John 8:31-32](#).

Should then lethal force that harms at least one vulnerable life and potentially two lives not have strict oversight by the state? With public health mandates like seatbelts, smoking regulations, and other government measures that feel restrictive to public freedoms, policy makers recognized there is a balance to strike. Laws must restrict certain freedoms in order to protect the lives and well-being of human beings.

But are pre-born humans persons deserving protection from the law?

As a pastor, I am trained in understanding and teaching the Bible. The prophet Jeremiah was told by the Lord, *“Before I formed you in the womb, I knew you.”* In Psalm 139, King David praised God by saying, *“You knit me together in my mother’s womb.”* Luke 1 tells us of the first meeting between Elizabeth and Mary, the mother of Jesus, when Elizabeth was about 7 months pregnant with John the Baptist and Mary was newly pregnant with Jesus. Elizabeth greeted Mary, *“Blessed are you among women, and blessed is the fruit of your womb! And why is this granted to me that the mother of my Lord should come to me? For behold, when the sound of your greeting came to my ears, the baby in my womb leaped for joy.”*

As a pastor, it is clear to me that the Bible upholds the full personhood of preborn human beings.

Now, it would be appropriate for those who support abortion rights to object that we do not base our laws on the Bible. I agree. As a pluralistic society that believes in the separation of church and state, we don’t. But the Bible is not the only voice that affirms the full human personhood of pre-born human beings. So do our culture and our civil laws in the State of Maryland, at least when it comes to **wanted** pre-born babies.

An expectant mother looks forward to sonograms so she can see her baby. She is keenly aware in the third trimester that another human being with a mind and will all her own is living in her womb. Throughout her pregnancy, she actively seeks to care for and protect her baby with a proper diet, prenatal vitamins, and careful living.

Maryland state law provides protection for wanted preborn children from violent assault and from medical malpractice. Someone who commits violence leading to the death of a preborn child can be charged with homicide. Doctors are required to provide excellent care for the preborn baby as well as her mom.

It is only the **unwanted** preborn children who are afforded no such legal protections, and now some seek to enshrine this sad injustice in our state’s Constitution, seeking to declare that one person has the absolute Constitutional right to determine the personhood of another human being.

In 1857, it was a Marylander, Chief Justice Roger B Taney, who issued the most morally outrageous decision in the history of the Supreme Court (*Dred Scott v Sanford*) when he gave one class of people – slaveholders – the right to strip personhood rights from another. In the

years since then, we have slowly but steadily and rightly expanded legal personhood and equal protections to more Americans and more Marylanders.

Don't take this egregious step backward in the expansion of human rights. Don't permanently enshrine in our Constitution the most serious injustice against the most vulnerable Marylanders, unwanted pre-born children. They are precious little vulnerable people. It is your obligation to protect them from harm.

CAFLIA- Jennifer Brown-Senate[3721].pdf

Uploaded by: Jennifer Brown

Position: UNF

Christians Advocating for Life in Annapolis 2023

Working to foster God's vision for human flourishing

BILL: Senate Bill 798
TITLE: Declaration of Rights—Right to Reproductive Freedom
COMMITTEE: Finance
DATE: March 1st, 2023 1:00 pm
WHO: Jennifer Brown, Christians Advocating for Life in Annapolis 2023
POSITION: **OPPOSE**

Committee Chair, the Honorable Senator Griffith, and Senate Finance Committee Members,

My name is Jennifer Brown, and I am a mother, political science instructor, holding a Master of Arts in Government from Johns Hopkins, with a concentration in law and justice, and previously a legislative aide here in the House. I join my testimony with Dr. Kristen Holt and written testimony of Christians Advocating for Life, a group of multicultural, nonpartisan Christian ministry leaders, representing over 200 churches and thousands of constituents in this region. I am also a survivor of domestic violence which is why I speak to you today on SB798.

During the course of my marriage, I experienced all kinds of abuse and am no stranger to the injustice and horrors associated with it. No person should experience violence at the hands of another. No one should have their voice eliminated. Yet, that is exactly what SB798 will enshrine in our state Constitution forever. Making abortion a “fundamental right” gives it the same legal status as other fundamental rights like free speech. In application, however, it takes all of the other rights away, as it eliminates the voice and ultimately the life of the “fetus” which is Latin for “baby.”

Creating an amendment that prohibits any and all limitations on abortion puts us all at risk. We have never passed an amendment that would make it a fundamental right to take an innocent life. This amendment will not just silence the voices of millions of babies but will set a dangerous precedent that taking a life can be someone’s personal “right.” The baby is an entirely separate and unique life. Babies have bodies, heartbeats, and can feel. Regardless of the terminology used to dehumanize the unborn, it is the same thing my husband did to me. He believed he had a “right” to abuse me and because he believed he had a right to treat me the way he did, I no longer had any rights at all. At the end of the day, you will not just silence the voices of millions of babies, but you will create a scenario where abortions forced by abusers or sex-traffickers will be allowed without question.

While reviewing last year’s testimony from Maryland Coalition Against Sexual Abuse (MCASA) and Maryland Network Against Domestic Violence (MNADV), I was stunned that each presumes to speak for all women who have experienced domestic violence. The testimony implied that all victims of domestic violence support a pro-abortion position and see limitations to abortion as a hindrance to escaping abuse.

The testimony also used nationwide figures drawn from over two decades of data, making the number of rape-related pregnancies appear significantly larger than real figures. According to the Maryland Medicaid abortion service figures, cited in Table 1¹, rape related abortions accounted for only **2 abortions**

^{1 1} Medical Care Programs Administration. Maryland Department of Health. FY2023 Operating Budget Analysis. P 46. <https://mgaleg.maryland.gov/pubs/budgetfiscal/2023fy-budget-docs-operating-M00Q01-MDH-Medical-Care-Programs-Administration.pdf>

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in 2021. The Medicaid figures are the only official record of rape-related abortion service claims in the state. Clearly these figures are not the impetus nor the justification for a constitutional amendment.

In addition, I would cite the primary difficulty of escaping an abusive relationship is failure of the law and its application within the legal system itself. Though it espouses help, the system does very little to provide lasting help that will allow a victim to escape an abuser permanently. Only the members of this body have the power to change these legal deficiencies. Instead, victims are offered abortion as a preeminent option, an option which will often leave them even more emotionally and perhaps physically scarred.

You have every right to your opinion. As an American you also have the right to have your life protected. Won't you uphold the same right for all citizens of your state? To set the record straight, many abused women believe as I do. Maryland has the 3rd most progressive abortion laws in the country, there is no need for an Amendment to make abortion a constitutional "right" please vote **NO on SB 798**.

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Table 1. Maryland Medicaid abortion services by reason during 2021. Note this is a subset of the total number of abortions in Maryland which is unknown as it is not reported to the CDC.

<https://mgaleg.maryland.gov/pubs/budgetfiscal/2023fy-budget-docs-operating-M00Q01-MDH-Medical-Care-Programs-Administration.pdf> pg 46.

Exhibit 17 indicates the reasons abortions were performed in fiscal 2021 according to the restrictions in the federal budget and State budget bill.

Exhibit 17 Abortion Services by Reason Fiscal 2021

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

<u>Reason</u>	<u>Number</u>
1. Life of the woman endangered.	0
Total Received	0

II. Abortion Services Eligible for State-only Funding (Based on restrictions contained in the fiscal 2021 State budget.)

<u>Reason</u>	<u>Number</u>
1. Likely to result in the death of the woman.	0
2. Substantial risk that continuation of the pregnancy could have a serious and adverse effect on the woman's present or future physical health.	530
3. Medical evidence that continuation of the pregnancy is creating a serious effect on the woman's mental health and, if carried to term, there is a substantial risk of a serious or long-lasting effect on the woman's future mental health.	9,611
4. Within a reasonable degree of medical certainty that the fetus is affected by genetic defect or serious deformity or abnormality.	20
5. Victim of rape, sexual offense, or incest.	2
Total Fiscal 2021 Claims Received through November 2021	10,163

Source: Maryland Department of Health

AGAINST SB 798 - MY PERSONAL TESTIMONY.pdf

Uploaded by: Jennifer Mitchell

Position: UNF

MY VOTE IS:
UNFAVORABLE/AGAINST ALL "ABORTION" BILLS
2023 House Bills: 705, 808, 477, and 812 and 2023 Senate Bills: 798, 859,
341, 786

Hello and thank you for allowing me to provide my "personal" testimony as to why I am AGAINST ALL "ABORTION" BILLS in the State of Maryland. We are not a SAFE HAVEN FOR ABORTION. If passed, will Governor Wes Moore be promoting, "MARYLAND AS A SAFE HAVEN FOR ABORTION?" The answer, he already has.

I am a SURVIVOR of an attempted suicide, in Maryland. Unfortunately, my story is NOT one of a kind. Unless you have had an abortion, you will never understand what a woman, a human being, goes through post-abortion. It takes a "living" human being, with a soul and an awareness, to understand the ramifications of what it's like to snuff out another human being with a "beating heart" living inside of her.

I am a woman, who suffers in silence every day of my life since I allowed an abortionist (a man), to vacuum out my uterus, for a man. It was actually my 2nd abortion, by a man and for a man. The first one I have totally blocked out of my mind. I can still hear the sucking sound of that vacuum. It was too late once I heard that. No turning back now, I said to myself. I had just ended a life, inside me at 20 years of age. I was able to block out the horror of that day for decades until one day, 20 years later, I heard the sucking noise of that vacuum in my nightmares night after night after night. Didn't sleep soundly for years and eventually had a nervous breakdown while trying to figure out how to come to grips with what I did 20 years earlier. I was diagnosed with PTSD in 2013 and shortly thereafter lost my job. I can't look at babies or newborns or talk to any of my relatives or friends about their children's experiences without feeling the pain and the shame from aborting my own child.

The U.S. Constitution does not protect the unborn. "Fetuses do not have a separate legal personality from their mothers until they are born, women are free to make choices against medical advice, so long as they have mental

capacity” to make an INFORMED decision. I didn’t have the mental capacity at 20 or at 17 years of age to make such a decision. However, had I heard a fetal “heartbeat”, I hope that I would have chosen life for my unborn child instead making it face the end of a vacuum hose and sucked away through a tube to become another piece of medical waste.

“The Right to Reproductive Liberty” IS NOT A LIBERTY at all. It’s a death sentence for a “beating” heart. We snuff out life everyday for things like nuisances. Is a “unborn” human being a nuisance?

You can't legislate or mandate morals & values because they aren't money makers. Although, “Abortion Tourism” is. Next, I expect to see a billboard or brochures, “Come have your abortion in Maryland and enjoy a wonderful bountiful Crab Feast afterwards.” Luring people to MD for abortions has to be the most immoral act on the face of God's green earth.

Since it’s all about the “money/revenue” when it comes to any governmental decision, do you really think the people that fill the coffers of our State are going to stick around to see their tax dollars used to snuff out the lives of unborn fetuses. I think not!

I don’t expect Governor Wes Moore will VETO any of this legislation considering his most recent Facebook post in support:

MARYLAND LEADS WITH LEGISLATION TO PROTECT REPRODUCTIVE RIGHTS

Right to Reproductive Freedom

House Bill 705 / Senate Bill 798

Constitutionally enshrines the rights of Marylanders to reproductive freedom

Reproductive Health Protection Act

House Bill 808 / Senate Bill 859

Protects patients, providers, and people supporting out-of-state patients from litigation from restrictive states

Reproductive Health Services at Institutions of Higher Education

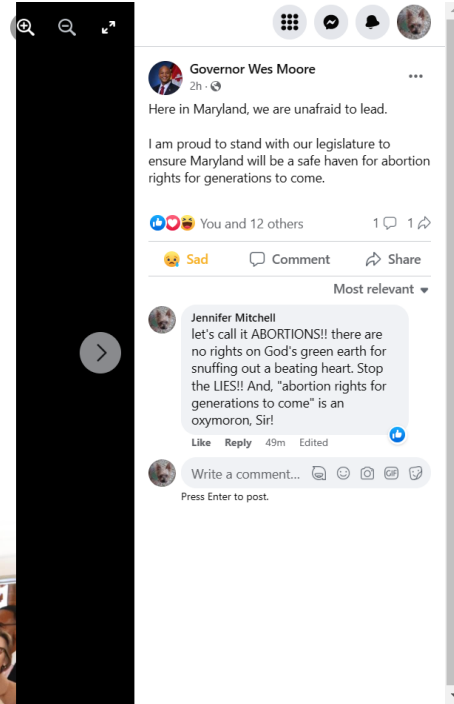
House Bill 477 / Senate Bill 341

Requires Maryland's institutions of higher education to provide students with access to a range of reproductive health services

Privacy Protections for Reproductive Health Records

House Bill 812 / Senate Bill 786

Provides additional privacy protections for medical records to reduce risk of criminal prosecution or litigation for out-of-state patients seeking care in Maryland



Apparently Governor Wes Moore doesn't understand what having an "ABORTION" means. How does abortion effect "generations to come," I ask you?? Governor Wes Moore, SAVING THE LIVES OF OUR "UNBORN" WILL EFFECT GENERATIONS TO COME, by NOT ABORTING THEM.

Thank you for affording me my rights to **FIGHT FOR "ALL LIVES," IN MARYLAND,**

Jennifer Mitchell
217 McKinley St.

Westernport, MD 21562

tuesday Feb 28.pdf

Uploaded by: Jennifer Veldhuyzen, MD, SAMFE, FAWM

Position: UNF

**Real feminists vote NO on SB0798:
over-broad language allows
pharmaceutical companies and
healthcare conglomerates to operate
without safety regulations and LIE to
my patients.**

Give women the same protections we
give men.

I am an ex-military women's health physician, military-qualified sexual assault medical forensic examiner, and queer feminist. I was formerly stationed in Fort Hood, and provided testimony to FORCECOM opposing the overarching command climates that oppressed women and frightened sexual assault survivors in our nation's military.

I have witnessed first-hand what happens when we give lip-service to protecting women while using the power of over-broad language to protect women's abusers behind closed doors, and **I want to warn you that the language of your new amendment does not adequately protect women from a society engineered to "keep us in our place."** Based on my expertise viewing corruption and medical manipulation, I can confidently say your amendment will instead be used to support the financial interests of pharmaceutical corporations seeking deregulation.

There's a reason this bill is under the finance committee.

When we perform vasectomies on men, current practice requires several visits and recommends conversations with the partner to reduce what is termed "risk of regret": we don't want to perform an operation that the patient may later experience mental anguish over without absolutely ensuring true consent.

This is not and will not be the case with women's health under your language—and **in a society where I could earn \$300 per “pill abortion,” at over \$3000 a day, physicians are incentivized to rush the process and earn wealth from the shame and inequality that drives women to abortion.**

Almost all of the post-abortive women to whom I have provided healthcare regretted their abortion, with the exception of two—and none of those patients had been counseled over multiple visits for risk of regret.

This is not just a mental health issue: I took care of a patient who was told her first trimester pill abortion would be “just like a period.”

She ended up dropping two points of hemoglobin and ended up in my ICU after the severe abdominal pain and mental anguish forced her to take all of her pain medication at once, become extremely drunk, and fall down and hit her head.

She spent that night looking for her baby among the products of conception.

She could never find her.

My patient will remember that for the rest of her life, and her terror and pain were extremely preventable with basic questions. Upon simple evaluation, I discovered she had initially wanted her pregnancy, but her boyfriend had told her he didn't, and she would not really have support. When she mentioned her pregnancy to her military command team, she was told in polite, clever language, “oh, it's too bad you're pregnant—we were going to promote you.”

A sexist society that does not provide for the needs of pregnant women left my patient to deal with responsibility for her sexuality alone and forced her to choose between her future, her body, and her *wanted* baby.

And a lazy medical provider failed to even evaluate if she really wanted this procedure—and prescribed her a life-changing pill with no risk-of-regret counseling **on the anniversary of her brother's suicide by hanging.**

Simple regulation would have saved this woman's life.

Libertarian, laissez-faire abortion policies under the white-knight guise of “protection” has left me with DAILY horror and helplessness after cases like this.

But the procedural inequality is even more sinister than counseling failures: **I have attached over a dozen peer-reviewed, high-quality studies highlighting the alarming lack of safety for the abortion procedure across all trimesters.**

In developed nations with safe birth access, abortion as it currently exists decreases long-term lifespan, increases risk of hemorrhagic events and catastrophic reproductive failure in the future, and permanently changes mental health.

We would not do hack medicine on men. On men, we do modern medicine.

Why are we performing out-dated procedures on women rather than improving birth control access, increasing financial support for pregnancies, holding men responsible for their reproductive actions, and providing easier support for adoption processes to decrease reproductive trauma?



Thank you for holding healthcare providers accountable for institutionalized violence against women and the female body.

A handwritten signature in black ink, appearing to be "Jen Veldhuyzen", written over a horizontal line.

Jen (Finelli) Veldhuyzen, MD, SAMFE, FAWM



Make fully informed choices. This is a resource list of good studies on abortion and related risks.

HEALTH RISKS

- Pregnancy Outcome Patterns of Medicaid-Eligible Women, 1999-2014: A National Prospective Longitudinal Study.

<https://journals.sagepub.com/doi/full/10.1177/2333392820941348> A first-of-its-kind, population-based analysis, this study suggests women experiencing repeated pregnancies and subsequent abortions following an index abortion suffer increased exposure to hemorrhage and infection, the major causes of maternal mortality.

-Breast cancer risk factors in African-American women: the Howard University Tumor Registry experience. <https://pubmed.ncbi.nlm.nih.gov/8126744/> This highly significant 1993 Howard University study showed that African American women over age 50 were 4.7 times more likely to get breast cancer if they had had any abortions compared to women who had not had any abortions.

*-(Important **basic med school knowledge**: Abortion increases cervical insufficiency risk as compared to MULTIPLE gestations, and also increases risk of **placenta accreta, which can lead to placenta previa, hemorrhage, and death** in subsequent pregnancies—this is why Planned Parenthood will recommend against abortion on someone who has had multiple abortions, as deadly risk increases for each abortion. The “Do No Harm” ethical principle taught in medical school holds a procedure should only be done if the risk of NOT doing it is greater than the risk of doing it: we don’t do heart surgery on healthy patients. In healthy pregnancies, your provider should consider the long-term mortality risks of extra procedures.)*

-Reproductive history patterns and long-term mortality rates: a Danish, population-based record linkage study. <https://pubmed.ncbi.nlm.nih.gov/22954474/> This study looked at life-span for over a million women across 25 years to identify who died sooner. “Increased risks of death were 45%, 114% and 191% for 1, 2 and 3 abortions, respectively, compared with no abortions after controlling for other reproductive outcomes and last pregnancy age. Increased risks of death were equal to 44%, 86% and 150% for 1, 2 and 3 natural losses, respectively, compared with none after including statistical controls. Finally, decreased mortality risks were observed for women who had experienced two and three or more births compared with no births.” In a country with access to modern gynecological services, women who completed a natural pregnancy (birth/adoption) lived longer than women who suffered abortions.

-Risk of ectopic pregnancy and prior induced abortion.

<http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.88.3.401> Ectopic pregnancy is

the leading reproductive cause of death for underprivileged women worldwide. This French case control study of over 1800 women found women with previous abortions had a higher risk of ectopic pregnancy than women who had delivered naturally.

-Risk factors for ectopic pregnancy: a comprehensive analysis based on a large case-control, population-based study in France.

<https://pubmed.ncbi.nlm.nih.gov/12543617/> Another huge study of 2400 women found induced abortion to be a risk factor for ectopic pregnancy. In this study, women with medication-induced abortions had two times greater odds of an ectopic pregnancy in the future compared to non-abortive women; surgical abortions did not increase ectopic risk in this study.

-Induced abortions and risk of ectopic pregnancy.

<https://pubmed.ncbi.nlm.nih.gov/8582994/> A study of 200 women in Italy found women with previous induced abortions were suffered ectopic pregnancy over twice as often as women with no abortions. Significantly, post-abortive women suffered ectopics almost three times as often as women who delivered naturally, and this number increased with the number of abortions: women who suffered two or more abortions had a relative ectopic risk over *thirteen times* that of women who delivered naturally.

-Pregnancy-associated mortality after birth, spontaneous abortion, or induced abortion in Finland. <https://pubmed.ncbi.nlm.nih.gov/14981384/> This 14 year Finnish study of over 800,000 women found women were more than twice as likely to die within a year of an induced abortion than after natural pregnancy. “The age-adjusted mortality rate for women during pregnancy and within 1 year of pregnancy termination was 36.7 deaths per 100,000 pregnancies, which was significantly lower than the mortality rate among nonpregnant women, 57.0 per 100,000 person-years (relative risk [RR] 0.64, 95% CI 0.58-0.71). The mortality was lower after a birth (28.2/100,000) than after a spontaneous (51.9/100,000) or induced abortion (83.1/100,000). We observed a significant increase in the risk of death from cerebrovascular diseases after delivery among women aged 15 to 24 years (RR 4.08, 95% CI 1.58-10.55).”

-Complication rates and utility of intravenous access for surgical abortion procedures from 12 to 18 weeks of gestation.

<http://www.ncbi.nlm.nih.gov/pubmed/20705159> While most adverse effects of first and second trimester abortion appear in the long term, not immediately after the procedure, this study found 1 in 1000 women suffered uterine perforation and/or required hospital transfer even after simple second trimester surgical abortions. 1/100 women with early abortions and 4/100 women with abortions at 16-18 weeks required IV access for complications such as cervical laceration. **This is concerning because in many states outpatient abortion providers are not required to maintain surgical clinic standards**, putting these women at risk for not even receiving IV care if these complications occur. Many states also do not require abortion providers to have admitting privileges, which means women who require hospital transfers may suffer life-threatening delays. Check the safety regulations for your state.

-Psychiatric admissions of low-income women following abortion and childbirth. <http://www.ncbi.nlm.nih.gov/pubmed/12743066> Women who suffered an abortion were more likely to require psychiatric hospitalization within four years than women who gave birth.

-Induced abortion and traumatic stress: A preliminary comparison of American and Russian women. <http://www.ncbi.nlm.nih.gov/pubmed/15448616> “While 65% of American women and 13.1% of Russian women experienced multiple symptoms of increased arousal, re-experiencing and avoidance associated with posttraumatic stress disorder (PTSD), 14.3% of American and 0.9% of Russian women met the full diagnostic criteria for PTSD. Russian women had significantly higher scores on the TSI Belief Scale than American women, indicating more disruption of cognitive schemas. In this sample, American women were considerably more likely to have experienced childhood and adult traumatic experiences than Russian women.” **In the United States, abortions may be targeted towards women with previous trauma** who would actually benefit from improved social support and financial resources instead of re-traumatization from abortion.

-Relative treatment rates for sleep disorders and sleep disturbances following abortion and childbirth: a prospective record-based study. <http://www.ncbi.nlm.nih.gov/pubmed/16453987> Women who suffered an abortion were more likely to experience sleep disorders than women after childbirth.

-Abortion and the risk of subsequent preterm birth: a systematic review with metaanalysis. <https://pubmed.ncbi.nlm.nih.gov/19301572/> Preterm delivery risk was 30% after one abortion, 60-70% after 2 abortions, and post-abortive women had increased risk of life-endangering placenta previa and low birth weight.

-Induced termination of pregnancy and low birth weight and preterm birth: a systematic review and meta-analysis. <https://pubmed.ncbi.nlm.nih.gov/19769749/> A history of an abortion was associated with increased incidence of preterm births and low birth weight in future pregnancies. (Low birth weight and preterm birth are associated with increased infant mortality.)

-Deaths associated with pregnancy outcome: a record linkage study of low income women. <http://www.ncbi.nlm.nih.gov/pubmed/12190217> This study of over 170,000 women found that “compared with women who delivered, those who aborted had a significantly higher age-adjusted risk of death from all causes (1.62), from suicide (2.54), and from accidents (1.82), as well as a higher relative risk of death from natural causes (1.44), including the acquired immunodeficiency syndrome (AIDS) (2.18), circulatory diseases (2.87), and cerebrovascular disease (5.46).” Instead of being a solution, abortion may be a symptom of a society not providing for women in need—and it may aggravate self-destructive tendencies in people who desperately need mental health support and financial aid, not embryonic death.

-Short and long term mortality rates associated with first pregnancy outcome: population register based study for Denmark 1980-2004.

<http://www.ncbi.nlm.nih.gov/pubmed/22936199> Another Danish study that found increased mortality within ten years of abortion as compared to women who had delivered.

-Evaluation of induced abortion as a risk factor for ectopic pregnancy. A case-control study. <https://pubmed.ncbi.nlm.nih.gov/9049289/> This somewhat manipulative Norwegian study reported that they found no association between induced abortion and a woman's *next* pregnancy being an ectopic. Looking at a woman's entire pregnancy history, however, the researchers admit that women with any past history of induced abortion had a 1.3 times greater odds of suffering an ectopic at some point compared to women who did not.

Finally,

-Women's preferences for information and complication seriousness ratings related to elective medical procedures.

<http://www.ncbi.nlm.nih.gov/pubmed/16877620> The majority of women want more information on complications after elective procedures. We are often not provided this information in-depth—just given a form to sign—even for permanently life-altering procedures like abortion.

ABORTION RISK MYTHS

Unfortunately, the hyper-political environment of women's healthcare combined with poor quality studies prior to the 1990s have created misconceptions about abortion risks. **Sometimes researchers will make declarations beyond the scope of their findings:** one frequently-cited "study"—actually just an analysis of four cases—by Friedman et al in the American Journal of Psychiatry in 1974 stated in its abstract that there is low risk of emotional complication after abortion, even though all four cases in that study experienced severe psychiatric illness. (Researchers concluded coercion, medical indication, previous psychiatric illness, and the feeling that the woman's decision was not her own contributed to the negative outcome in those cases.) **Other studies have been plagued by poor follow-up:** the most severely traumatized post-abortive women do not return to researchers' clinics to be counted because healthcare interactions *in general* remind them of their abortion. Another study by Frank, et al, in the 1985 Journal of the Royal College of General Practitioners found increased incidence of low birth weight in subsequent post-abortive pregnancies, but **openly dismissed their own findings as likely due to other factors.** Researchers are often financially incentivized to dismiss findings that demonstrate abortive risks, as pregnancy termination can be quite lucrative (over \$300 an abortion for a pill-induced abortion), and much of the strongest abortion research is European, as US physicians may experience professional retaliation for "opposing abortion," or they may fear "anti-

abortion” findings will be twisted to oppose access to vital healthcare such as ectopic pregnancy treatment.

One major myth is the claim that *illegal* abortion in the modern era is more dangerous than legal abortion.

According to the [National Center for Health Statistics](#), 39 women died from illegal abortions in 1972, the year before *Roe v. Wade*. Maternal deaths from abortion haven't been in the thousands since the 1930s, before the advent of antibiotics. For perspective, the CDC reports that [12 women died](#) in *legal* abortions in 2009; that number is almost certainly low, because many states (notably California) do not report abortion-related deaths to the CDC.

- *For example, Tonya Reaves bled to death during a legal elective abortion in Chicago in 2012, but her death was likely reported by medical examiners in the general category of “accident” and hemorrhage, and would not be searchable by researchers trying to evaluate abortion-related deaths.*
<https://www.cbsnews.com/chicago/news/mother-of-woman-who-died-after-abortion-sues-planned-parenthood-hospital/>

Some studies will even compare post-abortion infection rates in countries that do not have adequate ObGyn healthcare to countries that do—obviously a dishonest comparison that has nothing to do with legalization.

(In fact, 1985 and 1972 infection rates in the United States after *Roe* were as high as 25 percent—legalization did not decrease abortion infections.)

In the late 1960s, Dr. Bernard Nathanson co-founded the National Association for Repeal of Abortion Law, which now goes by the name NARAL Pro-Choice America. In [Aborting America](#), Nathanson wrote:

It was always “5,000 to 10,000 deaths a year.” I confess that I knew the figures were totally false, and I suppose the others did too if they stopped to think of it. But in the “morality” of our revolution, it was a useful figure, widely accepted, so why go out of our way to correct it with honest statistics?

- <http://thebelltowers.com/2013/05/01/pro-life-without-god/>

(Note that illegal abortions do not actually seem to replace legal abortions when abortion is restricted: a large study on abortion access in Texas found that ALL abortions decrease across the board after illegalization.

<http://jamanetwork.com/journals/jama/article-abstract/2598282>)

Another myth is that there is no link between abortion and future breast cancer.

This myth was propagated in the "Summary Report: Early Reproductive Events and Breast Cancer," U.S. National Cancer Institute, March 4, 2003. (Available at: <https://www.cancer.gov/types/breast/abortion-miscarriage-risk#summary-report>) However, the lead researchers, Dr. Brinton et al, have since been cited in a 2009 study reporting that abortion actually increased breast cancer risk as much as 40 percent in certain populations.

Studies worldwide have found various breast cancer risk factors increase after abortion:

- Dolle J, Daling J, White E, Brinton L, Doody D, et al. Risk factors for triple-negative breast cancer in women under the age of 45 years. *Cancer Epidemiol Biomarkers Prev* 2009;18(4):1157-1166.
- Daling JR, Malone DE, Voigt LF, White E, Weiss NS. Risk of breast cancer among young women: relationship to induced abortion. *J Natl Cancer Inst* 1994;86:1584-1592. White E, Malone KE, Weiss NS, Daling JR.
- Daling JR, Brinton LA, Voigt LF, et al. Risk of breast cancer among white women following induced abortion. *Am J Epidemiol* 1996;144:373-380.
- Ozmen V, Ozcinar B, Karanlik H, Cabioglu N, Tukenmez M, et al. Breast cancer risk factors in Turkish women – a University Hospital based nested case control study. *World J of Surg Oncol* 2009;7:37.
- Xing P, Li J, Jin F. A case-control study of reproductive factors associated with subtypes of breast cancer in Northeast China. Humana Press, e-publication online September 2009.
- Brind J, Chinchilli VM, Severs WB, Summy-Long J. Induced abortion as an independent risk factor for breast cancer: a comprehensive review and meta-analysis. *J Epidemiol Community Health*. 1996 Oct;50(5):481-96. doi: 10.1136/jech.50.5.481. PMID: 8944853; PMCID: PMC1060338.

Another frequently-cited 1997 study (Melbye M, et al. *N Engl J Med* (1997) 336(2):81-5.) has been criticized for failing to report in its conclusions data it collected showing a statistically significant increased risk for women suffering abortions after 18 weeks of pregnancy; the abortion-breast-cancer link was not taught as official continuing medical education to ObGyns until the Thorpe survey in 2003. It is still incorrect to say that abortion *causes* breast cancer, but “a young woman with an unintended pregnancy clearly sacrifices the protective effect of a term delivery should she decide to abort and delay childbearing.” (Thorpe J. et al. *Obstetrical & Gynecological Survey* (2003) 58(1):67-79)

Further reading:

- <http://www.nationalreview.com/corner/327854/new-study-shows-childbirth-safer-abortion-michael-j-new>
- <http://www.lifesitenews.com/blog/the-lies-in-rolling-stones-seven-most-common-lies-about-abortion>

COERCION AND SEXUAL ASSAULT: BELIEVING WOMEN

- News report of UK men forcing women into abortion:
https://www.spuc.org.uk/News/ID/384503/Explosive-Mumsnet-post-reveals-how-UK-men-are-trying-to-force-women-to-have-abortions?inf_contact_key=03a46a7593d822aad83b71333a9b69847e470d92b8b75168d98a0b8cac0e9c09

- Forced abortions and sex trafficking in the US:

“In the United States alone, 400,000 are enslaved, but the people and organizations with the ability to save these individuals choose not to. Instead, they choose to turn a blind eye so they can collect money for forced abortions.

According to UNICEF, about 1.2 million children are being trafficked each year for sexual exploitation. They are sex slaves, forced to commit sexual acts while living in constant fear for their lives. They are raped, beaten, sliced with razors, and threatened with death. And now **a study** has shown that when these girls become pregnant, they are forced into abortions, repeatedly.

The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities study found that of the 66 sex trafficking victims they learned about, 55% had undergone at least one abortion. More than 30% had multiple abortions.

“The prevalence of forced abortions is an especially disturbing trend in sex trafficking,” wrote study authors Laura J. Lederer and Christopher A. Wetzel. “One victim noted that ‘in most of [my six abortions,] I was under serious pressure from my pimps to abort the babies.’ Another survivor, whose abuse at the hands of her traffickers was particularly brutal, reported 17 abortions and indicated that at least some of them were forced on her.”

- News report on nearly 100 women retraumatized/assaulted at abortion clinic (the importance of believing victims/survivors cannot be understated):
https://www.eastvalleytribune.com/news/finkel-faces-34-years/article_e76baed0-8e3f-5ecd-9b1f-0353dfcd0fd8.html
- News reports from Kermit Gosnell's coercion of more than one patient, forcing them to have an abortion even when they changed their mind (number 46 here, and look at the court records for the other, a teenage rape patient who changed her mind but was told “stop being a baby” and forced to continue the abortion):
<https://www.washingtonexaminer.com/58-horrific-details-from-the-kermit-gosnell-trial-that-you-do-not-want-to-read> In memory of Semika Shaw and Karnamaya Mongar, killed by Kermit Gosnell on the medical table.
- News reports of sexual assault by Dr. Ron Virmani, who also admitted on video using his position as an abortion provider to promote decreasing the Black population (“no

one wants those ugly Black babies”)

<https://www.theblaze.com/news/2014/05/10/abortion-doctor-arrested-after-allegedly-raping-woman-inside-home>

- Alveda King, Martin Luther King’s descendant, speaks out on disproportionate targeting of Black women for abortion <http://www.maafa21.com/category/alveda-king/> with coercive intent to carry out Margaret Sanger’s 1930s sterilization vision on the Black community: <http://blackquillandink.com/wp-content/uploads/2012/01/margaret-sanger-quotes.pdf>; in line with that vision, since 1973, 13 million Black children have disappeared, literally 1 out of every 4, to abortion.
- The US is one of the only developed nations in the world where we promote sex-selective abortions (usually destroy the fetus for being female): <http://www.washingtontimes.com/news/2012/may/31/dems-succeed-sinking-bill-against-sex-selection-ab/?page=all>
- News report on reversing the abortion pill: <http://liveactionnews.org/doctor-saves-over-100-babies-from-abortion-through-pill-reversal-procedure/>

PRO-WOMAN FEMINIST RESOURCES:

- afterabortion.com
- sba-list.org
- feministsforlife.org/herstory/

IF YOU OR A LOVED ONE IS IN NEED OF SOCIAL, MENTAL HEALTH, HEALTHCARE, OR FINANCIAL SUPPORT IN THE FACE OF AN UNPLANNED PREGNANCY, YOU ARE WELCOME TO REACH OUT TO DR. JEN FINELLI (VELDHUYZEN) FOR FREE REPRODUCTIVE HEALTHCARE AND RESOURCE REFERRALS. PLEASE TEXT THE NUMBER LISTED ON HER WEBSITE AT HEALTHCARE.BYJENFINELLI.COM.

YOU AND YOUR BODY ARE WORTH PROTECTING.

AEMH 230228 Written Testimony HB705 - SB798 2023 C

Uploaded by: Joel Galan

Position: UNF

Maryland Senate Finance Committee Testimony
March 1, 2023

SB 798 - “Declaration of Rights – Right to Reproductive Liberty”

Cross-filed HB 705

Oppose

Witnesses

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Christians Advocating for Life in Annapolis 2023

Working to foster God's vision for human flourishing

Participating Organizations

Asociación Evangélica de Ministros Hispanos DMV (AEMH of DMV)

Hispanic Evangelical Ministers Association of DMV

President

Pastor Joel Galan

Represents over 200 pastors in the DMV area.

Life Source International Churches

Executive Pastor

Michael Herzog

Life Source International Churches are a network of churches throughout the United States and internationally. The main campus is located in Rosedale, Maryland.

Maryland Bible Society

Executive Director

Pastor Dave Moyer

The Maryland Bible Society has strengthened a host of interdenominational churches and their communities across the state for 210 years.

Somebody Cares Baltimore

President

Pastor Matt Stevens

Somebody Cares Baltimore exists to let people know that because Jesus cares, we the Church care. Through grassroots serving and development communities are being transformed and the Church is uniting.

The Christian Business Network, LLC

President

Michael W. Chetelat

We are a network of Christ-followers seeking to prosper in our professions, establish trustworthy connections, serve people with excellence, and maximize our God-given potential. We have online regional chapters for every county in MD with the highest representation in the DMV and Baltimore areas.

Christians Advocating for Life in Annapolis 2023

Working to foster God's vision for human flourishing

Dear Honorable Chair Griffith:

Christians Advocating for Life In Annapolis is a grassroots alliance of nonpartisan, multicultural, and interdenominational Christian Ministry Leaders networked across Maryland. We are united by a common evangelical faith. We work to foster God's vision for human flourishing in diverse ministry settings. As ministry leaders, we are grateful for this opportunity to submit testimony based on professional experience, research, and meaningful relationships within our spheres of influence.

We are supportive of Maryland government aims to promote "Life, Liberty, and the Pursuit of Happiness" and believe the guiding principles of Judeo-Christian ethics are an enduring basis for these outcomes. We have dedicated ourselves to research Biblical insights from antiquity to overcome our common human challenges, to promote human flourishing, and restore right relationships. We prioritize empathy for the least of these and diverse perspectives.

We understand SB 798 "Declaration of Rights – Right to Reproductive Liberty", proposes a constitutional amendment to make termination of pregnancy a constitutional right and to limit government restrictions. This committee is tasked to decide if this is consistent with the founding principles of our state constitution and whether this initiative would promote flourishing for our citizens for generations to come.

The individuals testifying today have diverse perspectives but are aligned in agreement on these responses. In service to your decision we are providing this information for your consideration with citations for you to further examine the evidence for yourselves.

We believe to make a fully informed decision there are a number of perspectives you will be weighing. We would like to introduce insights from our study of God's perspective in the Bible and the perspective of the people we serve.

Based on our research, we are **opposed to the addition of SB 798**.

We are convinced that

1. Beyond commonsense health complications, abortion is preventable harm to a child authorized by parents and a just government should regulate this strictly.
2. Abortion disproportionately impacts vulnerable, disadvantaged populations such as the disabled and minorities which is concerning.

Thank you for your thoughtful approach to the legacy of these policies.

Sincerely,

Joel Galan Columbia, MD	Juin Killingsworth Silver Spring, MD	Kristen Holt, Pharm.D., MPH Bel Air, MD	Jason Van Bommel Bel Air, MD	Cheryl Winterton Severn, MD
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Christians Advocating for Life in Annapolis 2023

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Joel Galan

President

Hispanic Evangelical Ministers Association of DMV

Definition – Should we consider a child in the womb as a unique person with civil rights independent of the desirability to the parent? When should the rights of “all men were created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty, and the pursuit of Happiness” begin to be protected?

According to Scripture, children in the womb were not a class of humanity without protections. The legal code from [Exodus 21:22-25](#) reveals the Divine perspective that an unborn child had the same protections under law as an adult when injured by preventable harm.

Scripture like [Jeremiah 1:5](#) ascribes the creative act and “rights” to the divine Creator. “Before I formed you in the womb, I knew you, and before you were born I consecrated you”. This child’s consecration occurred before birth.

Similarly, Divine purpose is behind the unborn child’s intended destiny. In [Psalm 139:13-16](#) it reads, “For you formed my inward parts; you knitted me together in my mother’s womb...in your book were written, every one of them, the days that were formed for me, when as yet there was none of them.” Similar statements are made in [Isaiah 44:24](#), [Galatians 1:15](#).

Nowhere does Scripture indicate that the desirability of another person to an authority is a justified basis for lethal force. Rather it speaks to the protections of vulnerable classes including children, pre-born, orphan, disabled, and more which should be treated with equity. [Matthew 18:10-14](#), [Exodus 21:22-25](#), [Deuteronomy 10:18](#), [Leviticus 19:14](#),

It then establishes parents are the steward of the lives they are given. Parents are to be honored but are also accountable to God for the stewardship of their children. [Ephesians 6:4](#). [Ezekiel 18:20](#), [Deuteronomy 6:6-7](#)

Jesus felt such solidarity with the vulnerable that he stated: “as you did it to one of the least of these...you did it to me”. Also he declared, “Let the little children come to me and do not hinder them, for to such belongs the kingdom of heaven”. [Matthew 25:40](#), [Matthew 19:14](#)

From our observation, when a baby in the womb is wanted it is recognized as a new innocent human life and a miracle maturing toward taking his or her place in the world. The baby is named and celebrated. Advancing lifesaving medical interventions have evolved to effectively support children in utero earlier and earlier over time. When unwanted by the parents, the name changes to fetus and in Maryland all protections to the baby cease.

SB 798 would codify an enduring framework of a subclass of humanity by age and parental disposition. Effectively parental disposition would be the ultimate authority that grants an effective right for children to live. This is in contrast to a Judeo-Christian framework.

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Jason Van Bommel

Pastor

Forest Hill Presbyterian Church

Restrictions to lethal force – Should parents have a constitutional right to use lethal force on a child in the womb with limited restrictions and why?

In the Judeo-Christian law the 10 commandments were foundational to govern the continuity of societal trust. It clarified rules for right relationship with God and with others. It limited practices of the day that were harmful.

Consider what they were intended to promote and protect.

- [Exodus 20:12](#) Honoring Father and Mother and not disrespecting appropriate parental authority (when consistent with the other laws).
- [Exodus 20:13](#) In favor of protecting life, not lethal force ending life.
- [Exodus 20:14](#) In favor of marital faithfulness and chastity not promiscuity. [Matthew 5:27-28](#)
- [Exodus 20:17](#) In favor of contentment and trusting God's care for the essentials, including the reproductive years, rather than operating on perceptions from comparison, envy, selfish ambition, or fear.
- [Exodus 20:15](#) In favor of generously giving of oneself toward the common good, not stealing or forcibly re-appropriating a neighbor's livelihood and finances to oneself. [Ephesians 4:28](#)
- [Exodus 20:16](#) In favor of telling the truth and not stating misleading or false testimony.
- [Exodus 20:3-4](#) Recognizing God as the pre-eminent authority. Not making a god in our image to fit our tastes as though we define his scope of authority in life and he is accommodating to our passions whatever they may be.

In the 10 commandments, honor for parental authority was upheld but constrained by the other 9 laws. Together they are the biblical foundation of reproductive liberty as set forth by the Creator of life.

The framers of the constitution understood that the more closely we came to these principles the more enduring the social contract and the more lasting the benefit to pass on to future generations. To stray into the prohibitions as a foundation for a social contract is a path to perceptions of injustice, division, and broken social bonds. A house divided against itself cannot stand. Furthermore, Scripture asserts that after death we will all be held accountable to our Creator for our stewardship in these areas. [2 Corinthians 5:10](#)

In the New Testament it is revealed that the intention of the law is to point us to the person of Jesus. We have all broken these laws in the course of our lives. Christ's flawless life was offered as payment for the penalty of our brokenness. [Romans 3:5](#). This is the message of salvation that has been the crux of the Christian faith for millennia. Jesus stated, "If you hold to my teaching, you are really my disciples. Then you will know the truth, and the truth will set you free." [John 8:31-32](#).

Should then lethal force that harms at least one vulnerable life and potentially two lives not have strict oversight by the state? With public health mandates like seatbelts, smoking regulations, and other government measures that feel restrictive to public freedoms, policy makers recognized there is a balance to strike. We believe it would be heading in the direction of flourishing to have some reasonable restrictions along with practical supports.

Christians Advocating for Life in Annapolis 2023

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Juin Killingsworth

Faith Community Leader & Volunteer

Racial Disparities – Should we be concerned that abortion is disproportionately represented in African American women? (See Table 1 and 2). Should we be concerned about the health outcomes to minority women after abortion? Should we investigate measures that could improve supports to vulnerable moms and maternal fetal outcomes?

Through our relationships with minority women, we have heard from them a concern about the messages, societal pressures, and economic incentives that prioritize abortion over birth. The national data demonstrates racial disparities with notably higher rates of abortions among minorities.

In 2019, Caucasian women (non-Hispanic) accounted for 33% of abortions as 73% of the population (see Table 1 and 2). In contrast African American women (non-Hispanic) accounted for 38% of abortions as 16% of the population. CDC data includes all states except for Maryland which does not report.

“Non-Hispanic White women had the lowest abortion rate (6.6 abortions per 1,000 women) and ratio (117 abortions per 1,000 live births), and non-Hispanic Black women had the highest abortion rate (23.8 abortions per 1,000 women) and ratio (386 abortions per 1,000 live births).”¹

Not only is this disproportionately impacting the next generation, AAPLOG testimony² outlines the considerable international scientific literature base to suggest on a population basis there are multifaceted ramifications to the health of moms that choose to abort.

Scrutiny on the underlying contributors to disparities have periodically been reported to Congress nationally and we encourage further similar policy research in Maryland to understand the impact locally as well.³

¹ CDC Abortion Surveillance US 2019 <https://www.cdc.gov/mmwr/volumes/70/ss/ss7009a1.htm> November 26, 2021.

² American Association for Pro-life Obstetricians and Gynecologists. (AAPLOG) Maryland Health and Government Operations Committee Testimony. https://mgaleg.maryland.gov/cmt_e_testimony/2022/hgo/13P4CEHV4Gld5e3vvEk3cYkTCm1YAP6KI.pdf February 22, 2022.

³ Policy Report: The Effects of Abortion on the Black Community. Center for Urban Renewal and Education. June 2015. <https://docs.house.gov/meetings/JU/JU10/20171101/106562/HHRG-115-JU10-Wstate-ParkerS-20171101-SD001.pdf>

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Kristen Holt, Pharm.D., MPH
Health System Pharmacist
Faith Community Leader & Volunteer

Expansion of Medically Unnecessary and Preventable Harm – Should abortion be more prevalent than any other leading cause of death except heart disease (Based on National CDC data not including one state, Maryland, which does not report). (See Table 3,4, and 5).

We believe a compelling reason not to put this to a constitutional amendment is because the average citizen has not been fully informed of the data or their full range of options. We believe given the prevalence and women's feedback to us, reasonable measures for improving informed consent are warranted but may be prohibited by SB 798 as a "restriction".

Empirical Evidence

First, the public has not been fully informed by data in Maryland. In 2000, the Institute of Medicine released the landmark report "To Err is Human" documented medical errors lead to an estimated 98,000 deaths annually.⁴ The transparency of this data galvanized the patient safety movement in hospitals to reduce preventable harm. According to CDC data provided in 2019, the top two leading causes of death were diseases of the heart (659,000) and cancer (600,000).⁵ In 2019, there were approximately 630,000 abortions in the US, according to the CDC for 47 states excluding Maryland which does not report.⁶ (See Table 3 and 4). Similar trends were observed in 2020.^{7,8}

Should abortion be more prevalent than any other leading cause of demise except heart disease? It depends on our definition of human flourishing for the metrics of success to align accordingly. Should Maryland continue as the exception to abortion reporting when 47 other states do submit data for stewarding responsible medical outcomes?

We believe government leadership informed by public health data is essential to wisely steward health outcomes. International studies where data collection is more robust suggests multifaceted population impact to women that abort. The AAPLOG report describing this data needs to be further evaluated and we encourage giving this testimony with the supporting white paper links a read.⁹

⁴ Kohn LT, Corrigan JM, Donaldson MS. Institute of Medicine US Committee on Quality of Health Care in America. To Err Is Human: Building a Safer Health System. Washington DC: National Academies Press; 2000.

<https://pubmed.ncbi.nlm.nih.gov/25077248/>

⁵ Heron M, Deaths: Leading Causes for 2019. National Vital Statistics Reports: 70 (9).

<https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-09-508.pdf>

⁶ CDC Abortion Surveillance US 2019 <https://www.cdc.gov/mmwr/volumes/70/ss/ss7009a1.htm> November 26, 2021.

⁷ CDC Abortion Surveillance US 2020 https://www.cdc.gov/mmwr/volumes/71/ss/ss7110a1.htm?s_cid=ss7110a1_w November 25, 2022.

⁸ Ahmad F, Cisewski J, Minino A, et al. Provisional Mortality Data – United States 2020. Centers for Disease Control and Prevention. <https://www.cdc.gov/mmwr/volumes/70/wr/mm7014e1.htm> April 9, 2021. 70 (14); 519-522.

⁹ American Association for Prolife Obstetricians and Gynecologists. (AAPLOG) Maryland Health and Government Operations Committee Testimony. https://mgaleg.maryland.gov/cmte_testimony/2022/hgo/13P4CEHV4Gld5e3vvEk3cYkTCm1YAP6Kl.pdf February 22, 2022.

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Based on Maryland Medicaid data, reasons cited for abortion necessity such as medical complications, genetic abnormalities, and rape or incest scenarios are miniscule compared to the total. Rather, of the 10,163 cases 95% were elective attributed to the impact of pregnancy to mental health.¹⁰ (See Table 5). These instances are a subset of the actual number of abortions in Maryland which the total is unknown because Maryland does not report to the CDC.

Informed Consent

More personally, because of the prevalence, we have had many private conversations with moms from all backgrounds in Maryland who seriously considered this option. In addition to the narratives of support for SB 798 you hear today, the following experiences illustrate types of scenarios we regularly encounter.

One friend, had unthinkable health complications with her pregnancy. She had the full support of her faith community in her decision and needed it because the parents are still grieving the loss of the child.

In a second scenario, a college friend confided she was considering abortion as an option for her unplanned pregnancy. She knew she was carrying a child, but another driver made this reality less important. It was the disruption, the perceived setback, and the feeling of being alone. It was the emotional fear of the economic pressures and educational sacrifices. It seemed insurmountable.

In that moment, voices of support, affirmation of God's life-giving purpose for this child, and practical solutions like government financial assistance for health care changed her outlook and she decided, on her own, to carry the baby to term. Recently her child graduated high school. The mom has a successful career, is happily married, and has no regrets. Her story is not unique to us. We minister to countless heroic single moms, dads, and couples who choose a challenging path to carry their child to term. Their inspirational courage rallies our communities to support them.

Can we prioritize with the same fervor support that gives moms in crisis a moment to evaluate all options and resources available during this critical time? Would SB 798 limit these measures as "restrictions"?

Conversely, another mom reflected on her choice of abortion several times earlier in life. Privately she has had lasting regret for decades but has found peace in a relationship with Jesus Christ. This is a message we have heard repeatedly too. They wish they could go back to have counsel that could have helped them see the way through and the opportunities that could have been.

What is the driver behind obscure metrics and powerful lobbying voices for abortion in Maryland? Maryland is in the top 5 states for education, wealth, political power, entrepreneurial women, and cost of living. We are also [ranked 3rd](#) in the nation for abortion access. There is a drive to succeed in Maryland as a working-class woman. There is also a reinforced message that sacrifices to children are necessary to obtain it.

Yet another friend and her husband waited 3 years to adopt their little girl along with nearly 50 prospective families. Thrilled to be parents and now longing for their second child, it has been 4 years in the waiting. They still hope along with 25 other prospective families for a child even though only 4 placements were made during a previous year.

The truth is, a long-term sacrifice by the biological mom is not needed.

¹⁰ Medical Care Programs Administration. Maryland Department of Health. FY2023 Operating Budget Analysis. P 46. <https://mgaleg.maryland.gov/pubs/budgetfiscal/2023fy-budget-docs-operating-M00Q01-MDH-Medical-Care-Programs-Administration.pdf>

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When the public is uninformed or misinformed by powerful community voices as to the impact of their options, government leadership and protections are necessary.

Give parents and their children a moment to succeed without misleading them in the definition of liberty. Do not perpetuate this message with SB 798.

No, a sacrifice is not needed. In the words of Micah 6:7-8 "Shall I offer my firstborn for my transgression, the fruit of my body for the sin of my soul? He has shown you, O mortal, what is good. And what does the LORD require of you? to act justly and to love mercy and to walk humbly with your God." Let's work to empower these virtues.

Christians Advocating for Life in Annapolis 2023

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National and State Data

Table 1. Racial Disparities and Abortion.

[Abortion Surveillance — United States, 2019 | MMWR \(cdc.gov\)](#)

Among the 30 areas that reported race by ethnicity data for 2019, non-Hispanic White women and non-Hispanic Black women accounted for the largest percentages of all abortions (33.4% and 38.4%, respectively), and Hispanic women and non-Hispanic women in the other race category accounted for smaller percentages (21.0% and 7.2%, respectively) (Table 6). Non-Hispanic White women had the lowest abortion rate (6.6 abortions per 1,000 women) and ratio (117 abortions per 1,000 live births), and non-Hispanic Black women had the highest abortion rate (23.8 abortions per 1,000 women) and ratio (386 abortions per 1,000 live births).

Table 2. [National Population by Characteristics: 2010-2019 \(census.gov\)](#)

Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States: April 1, 2010 to July 1, 2019		
Sex, Race, and Hispanic Origin	Population Estimate (as of July 1)	Percentage
	2019	
FEMALE	166,582,199	
One Race:		
White	126,329,875	76%
Black or African American	22,961,746	14%
American Indian and Alaska Native	2,079,286	1%
Asian	10,197,257	6%
Native Hawaiian and Other Pacific Islander	397,979	0%
Two or More Races	4,616,056	3%
Race Alone or in Combination: ¹		
White	130,421,046	78%
Black or African American	25,077,581	15%
American Indian and Alaska Native	3,489,730	2%
Asian	11,874,906	7%
Native Hawaiian and Other Pacific Islander	802,936	0%
NOT HISPANIC	136,580,999	
One Race:		
White	99,996,749	73%
Black or African American	21,473,076	16%
American Indian and Alaska Native	1,236,537	1%
Asian	9,897,070	7%
Native Hawaiian and Other Pacific Islander	296,133	0%
Two or More Races	3,681,434	3%
Race Alone or in Combination: ¹		
White	103,256,223	76%
Black or African American	23,147,716	17%
American Indian and Alaska Native	2,257,593	2%

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Asian	11,317,035	8%
Native Hawaiian and Other Pacific Islander	614,551	0%
HISPANIC	30,001,200	
One Race:		
White	26,333,126	88%
Black or African American	1,488,670	5%
American Indian and Alaska Native	842,749	3%
Asian	300,187	1%
Native Hawaiian and Other Pacific Islander	101,846	0%
Two or More Races	934,622	3%
Race Alone or in Combination: ¹		
White	27,164,823	91%
Black or African American	1,929,865	6%
American Indian and Alaska Native	1,232,137	4%
Asian	557,871	2%
Native Hawaiian and Other Pacific Islander	188,385	1%

¹ "In combination" means in combination with one or more other races. The sum of the five race groups adds to more than the total population because individuals may report more than one race.

Note: The estimates are based on the 2010 Census and reflect changes to the April 1, 2010 population due to the Count Question Resolution program and geographic program revisions. Hispanic origin is considered an ethnicity, not a race. Hispanics may be of any race. Responses of "Some Other Race" from the 2010 Census are modified. This results in differences between the population for specific race categories shown for the 2010 Census population in this table versus those in the original 2010 Census data. For more information, see <https://www2.census.gov/programs-surveys/popest/technical-documentation/methodology/modified-race-summary-file-method/mrsf2010.pdf>. For population estimates methodology statements, see <http://www.census.gov/programs-surveys/popest/technical-documentation/methodology.html>.

Suggested Citation:

Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States: April 1, 2010 to July 1, 2019 (NC-EST2019-SR11H)

Source: U.S. Census Bureau, Population Division

Release Date: June 2020

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Table 3. In 2019, The top two leading causes of death were diseases of the heart (659,000) and cancer (600,000). [National Vital Statistics Reports Volume 70, Number 9 July 26, 2021 Deaths: Leading Causes for 2019 \(cdc.gov\)](#)

Table C. Deaths and percentage of total deaths for the 10 leading causes of death: United States, 2018 and 2019

[An asterisk (*) preceding a cause-of-death code indicates that the code is not included in the *International Classification of Diseases, 10th Revision (ICD-10)*]

Cause of death (based on ICD-10)	Rank ¹	2019		2018	
		Deaths	Percent of total deaths	Deaths	Percent of total deaths
All causes. . . . .	...	2,854,838	100.0	2,839,205	100.0
Diseases of heart (I00-I09,I11,I13,I20-I51)	1	659,041	23.1	655,381	23.1
Malignant neoplasms. (C00-C97)	2	599,601	21.0	599,274	21.1
Accidents (unintentional injuries). (V01-X59,Y85-Y86)	3	173,040	6.1	167,127	5.9
Chronic lower respiratory diseases (J40-J47)	4	156,979	5.5	159,486	5.6
Cerebrovascular diseases (I60-I69)	5	150,005	5.3	147,810	5.2
Alzheimer disease (G30)	6	121,499	4.3	122,019	4.3
Diabetes mellitus (E10-E14)	7	87,647	3.1	84,946	3.0
Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)	8	51,565	1.8	51,386	1.8
Influenza and pneumonia. (J09-J18)	9	49,783	1.7	59,120	2.1
Intentional self-harm (suicide). (*U03,X60-X84,Y87.0)	10	47,511	1.7	48,344	1.7

... Category not applicable.

¹Based on number of deaths.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

Table 4. In 2019, there were approximately 630,000 abortions in the US, according to the CDC. [Abortion Surveillance — United States, 2019 | MMWR \(cdc.gov\)](#)

Total Abortions Reported to CDC by Occurrence

Among the 49 reporting areas that provided data for 2019, a total of 629,898 abortions were reported. Of these abortions, 625,346 (99.3%) were from 48 reporting areas that provided data every year during 2010–2019. In 2019, these continuously reporting areas had an abortion rate of 11.4 abortions per 1,000 women aged 15–44 years and an abortion ratio of 195 abortions per 1,000 live births (Table 1). From 2018 to 2019, the total number of reported abortions increased 2% (from 614,820 total abortions), the abortion rate increased 0.9% (from 11.3 abortions per 1,000 women aged 15–44 years), and the abortion ratio increased 3% (from 189 abortions per 1,000 live births). From 2010 to 2019, the total number of reported abortions decreased 18% (from 762,755), the abortion rate decreased 21% (from 14.4 abortions per 1,000 women aged 15–44 years), and the abortion ratio decreased 13% (from 225 abortions per 1,000 live births) (Figure).

In 2019, a considerable range existed in abortion rates by reporting area of occurrence (from 0.3 to 27.2 abortions per 1,000 women aged 15–44 years in Wyoming and New York City) and abortion ratios (from 5 to 501 abortions per 1,000 live births in Wyoming and the District of Columbia) (Table 2). The percentage of abortions obtained by out-of-state residents also varied among reporting areas (from 0.5% in Arizona to 68.7% in the District of Columbia). Overall, 0.9% of abortions were reported to CDC with unknown residence.

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Table 5. Maryland Medicaid abortion services by reason during 2021. Note this is a subset of the total number of abortions in Maryland which is unknown as it is not reported to the CDC.

<https://mgaleg.maryland.gov/pubs/budgetfiscal/2023fy-budget-docs-operating-M00Q01-MDH-Medical-Care-Programs-Administration.pdf> pg 46.

Exhibit 17 indicates the reasons abortions were performed in fiscal 2021 according to the restrictions in the federal budget and State budget bill.

Exhibit 17 Abortion Services by Reason Fiscal 2021

I. Abortion Services Eligible for Federal Financial Participation

(Based on restrictions contained in the federal budget.)

<u>Reason</u>	<u>Number</u>
1. Life of the woman endangered.	0
Total Received	0

II. Abortion Services Eligible for State-only Funding

(Based on restrictions contained in the fiscal 2021 State budget.)

<u>Reason</u>	<u>Number</u>
1. Likely to result in the death of the woman.	0
2. Substantial risk that continuation of the pregnancy could have a serious and adverse effect on the woman's present or future physical health.	530
3. Medical evidence that continuation of the pregnancy is creating a serious effect on the woman's mental health and, if carried to term, there is a substantial risk of a serious or long-lasting effect on the woman's future mental health.	9,611
4. Within a reasonable degree of medical certainty that the fetus is affected by genetic defect or serious deformity or abnormality.	20
5. Victim of rape, sexual offense, or incest.	2
Total Fiscal 2021 Claims Received through November 2021	10,163

Source: Maryland Department of Health

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Cheryl Winterton

BILL: Senate Bill 798 / House Bill 705
TITLE: Declaration of Rights—Right to Reproductive Freedom
COMMITTEE: Senate Finance Committee
DATE: March 1, 2023 1:00 pm
WHO: **Cheryl Winterton**, Christians Advocating for Life in Annapolis 2023
POSITION: **OPPOSE**

Dear Honorable Chair Griffith:

I am writing in opposition of Senate Bill 798, which seeks to add the right to an abortion to the Maryland state constitution.

In 1985 when I was 19 years old, I chose to abort my unborn child. I thought that after terminating my pregnancy my life would go back to normal. It didn't. Psychologically, choosing to abort my unborn child impacted my life forever.

During my appointment with Planned Parenthood, they asked me if I was 100% sure that I wanted to abort my child. I said I was not. The intake nurse told me that I needed to decide because their waiting room was full and if I didn't decide right now it would impact their schedule for the day. I felt pressure from PP and I felt pressure from my boyfriend (the baby's father). I went through with it.

Months later I reflected that I wasn't myself. I didn't "get over it" like I thought I would. I used to be a happy person. Now I was depressed, and faking my happiness so others wouldn't see a change in me. I began suffering from decreased self-esteem, guilt, shame, loneliness, and sleep issues/nightmares that went on for years. After breaking up with that boyfriend, I found myself distrusting men. I also no longer trusted my closest girlfriends who told me to do it. I began displaying abnormal eating behaviors and would binge eat because it made me feel good. When I was 24 I sought counseling with a licensed psychologist. She confirmed that my bouts of depression, binge eating, sleep issues were a dominant psychological consequence of my decision to choose abortion.

As time passed, I worried about not being able to conceive or deliver a child in the future. This fear eventually became reality. I had infertility challenges. When I did finally conceive, I conceived twins, but lost one at 18 weeks. A few years after the birth of my only son, I went through infertility treatments in my attempt to conceive a second child. I miscarried again due to a blighted ovum. When I needed a procedure later to correct these challenges, the OB/GYN confirmed abortion was likely a contributing factor leading to a host of severe reproductive complications including a partial hysterectomy.

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To this day, 37 years later, I dream of the child that I will never meet. Every December I think about him/her turning another year older. I imagine by now they would have been married and I would be a grandmother. I imagine he/she would be making a positive impact in our society.

Eventually I sought Christian counseling to process these experiences and now volunteer to support unwed pregnant teens. I have found peace through my relationship with Jesus. However, my choice had a profound impact on me that has lasted decades. If I could go back I wish there had been a resource for me to have heard the pros and cons of choosing to end my child's life. I only received the resource through Planned Parenthood which was "come pay us money and we will erase your mistake". They didn't tell me how the consequence of my choice would last for the rest of my life. I desired truth. I desired love.

I plead with Maryland Legislators, to consider my experience and that these physiological and psychological health effects do occur. I now believe my child and my health was worth protecting. I regret my decision. I believe better support for pregnant moms and informed consent are important issues not addressed by SB 798 and this amendment would make it hard to add these measures seen as "restrictions". This is unacceptable.

Thank you for considering how to better serve women in their reproductive years in Maryland.

Sincerely,

Cheryl T Winterton
Severn, MD

Written testimony opposing SB798 in the Maryland G

Uploaded by: John Holden

Position: UNF

Written testimony opposing SB798 in the Maryland General Assembly 2023

Maryland does not need a constitutional amendment enshrining the right to an abortion; such rights were already enshrined in state law decades ago. More importantly, most Marylanders – including me, a registered Democrat and longtime resident of Montgomery County -- would prefer a middle course on the abortion issue.

The proposed amendment would hurt the women of Maryland, because it distracts from **what women truly need – social programs that address the root causes of abortion and give women the resources they need to have real choices**. Women who have resources have a choice; women without resources have abortion. **Abortion is a poor substitute for the true advancement of women.**

Rather than this amendment, **we need cultural change, so that abortion becomes extremely rare and even unthinkable**. Abortion is a violent act that harms our society and our democracy. I oppose this unnecessary bill.

SB 798, Unfavorable, John Quinn, DFLA Education Fu

Uploaded by: John Quinn

Position: UNF



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Abortion Amendment, Senate Bill 798 - Unfavorable “Declaration of Rights - Right to Reproductive Liberty”

Introduction

My name is John Quinn, and I serve as the Deputy Director of the DFLA Education Fund. Our organization exists to promote a consistent life ethic. I am also a proud Maryland resident and an even prouder pro-life Democrat.

Rights: Nature and Limits

SB 798 gives us a chance to ponder the nature and limits of our rights as citizens. This proposed constitutional amendment, especially as it enumerates rights, provides a wonderful opportunity to do so.

None of the treasured rights and freedoms we enjoy as Marylanders give us license to do violence to any other human being. This essential principle of nonviolence is unquestionably fundamental to our system of government and way of life,¹ as it ensures that one person’s rights do not snuff out someone else’s rights, and it provides this protection in countless circumstances.

Unfortunately, the proposed amendment runs afoul of the principle of nonviolence with one little phrase, namely “end one’s own pregnancy.” These three words make this amendment absolutely unacceptable.

What is hiding behind this euphemism about a right to end a pregnancy? It doubtless covers:

- 1) live birth,
- 2) the tragic instances of spontaneous miscarriage,
- 3) the unobjectionable instances when a viable child needs to be delivered early for the health of either the mother or the child, and

¹ For a classical articulation of this principle, see John Locke in his *Second Treatise of Government*: “Wherever law ends, tyranny begins, if the law be transgressed to another’s harm (Chapter 18, On Tyranny). For a more modern account, see John Rawls in his highly influential *A Theory of Justice*: “it is to avoid the appeal to force and cunning that the principles of right and justice are accepted” (¶ 39). For a contemporary celebration of the role that African Americans have had in elevating nonviolence in the context of the United States, see Darrell A.H. Miller’s 2022 article, “[Estoppel by Nonviolence](#).”



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- 4) those—again tragic—instances wherein medical science currently has the capacity to save the life of the mother, but has not yet discovered how to simultaneously preserve the life of her preborn child

None of these pregnancy outcomes provide reason to object to a right to “end one’s own pregnancy.”

Yet such a supposed right is deeply objectionable because it sneaks in elective abortion,² the deliberate and violent destruction of a preborn child. The way this proposed amendment defines reproductive liberty, as including a right to abortion violence, directly contradicts the principle of nonviolence and thus risks undermining the very foundations of our democracy. Codifying reproductive liberty in this particular way not only celebrates and perpetuates lethal violence, it undermines our whole system of rights.

Dishonesty of Proposed Ballot Language

Perhaps that is why the language of the constitutional amendment explicitly includes a right to end a pregnancy, while the proposed language that would appear on the ballot before voters conveniently omits that phrase. I trust that should this language appear on the ballot, my fellow citizens will reject it, but if they accept it, please notice that they did not vote in favor of abortion nor even the euphemistic right to end a pregnancy. If the Maryland General Assembly would like to put forward an amendment for reproductive justice, it should find constructive, transparent, and nonviolent language with which to do so.

Prebuttal

The committee will doubtless hear testimony from post-abortive women whose personal histories rightfully evoke compassion for the difficulties they faced. The DFLA Education Fund hears those stories, values them, and thanks the courageous women who share them. Yet we understand the narratives in a different way. This dialogue is an important part of the democratic process.

Without for a second denying the various financial, social, emotional, mental, and physical challenges of pregnancy, childbirth, and parenthood, we can question if abortion is a dignified and

² For the distinction between “elective” and “therapeutic” abortions, see LaQuita Martinez and David Zieve, [“Abortion - Medical: Medlineplus Medical Encyclopedia.”](#) MedlinePlus (U.S. National Library of Medicine, National Institutes of Health, U.S. Department of Health and Human Services, December 3, 2020).



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effective response to those challenges. As discussed above, on the grounds that abortion is violent, it is not a proper response to real challenges in a democratic society. The DFLA Education Fund is committed to advancing nonviolent solutions to the myriad difficulties faced by the women and mothers of Maryland.

Conclusion

Neither the DFLA Education Fund nor myself as a citizen of Maryland can support this amendment in its current form. As long as this amendment enshrines abortion violence, I urge this Committee and the Maryland Senate to reject it. The amendment fails to promote reproductive justice, liberty, and equality. The people of Maryland deserve better.

John Quinn

Deputy Director, DFLA Education Fund

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Document 16 (1).pdf

Uploaded by: John Roswell

Position: UNF

I have several pictures here for you to see.



One is a picture of the side of Mulberry Street across from the Baltimore Planned Parenthood building. You will notice the collapsed sections of roof, fallen out as well as boarded up windows, a tree growing out of a 3rd story wall and gang graffiti. Another picture is across Howard Street from the Planned Parenthood building. All but

one small building are boarded up, covered in graffiti and some have trees growing on roofs.



You may wonder why I am showing these pictures. The reason is because death starts at Planned Parenthood and then spreads all through the city. When abortionists kill a large portion of potential new life year after year,

generation after generation, it has an obvious detrimental effect on the local population. Buildings become vacant, businesses fail and the buildings as well as the city begin to crumble. Kill the babies and the city dies! Even if one ignores morality, common sense should tell everyone that a species that kills its offspring will not survive. Society needs strong families to flourish, so this legislature should be searching for ways to strengthen families rather than supporting the destruction of preborn children. The purpose of HB0705 and SB0798 is to spread and support the abomination of premeditated contractual murder all over the state. If

these bills become law, eventually Maryland will succumb to the same fate that that has befallen Baltimore when there will not be enough taxpayers to sufficiently fund a properly run state administration. Please open your eyes to the damage already done and think of the future of this state and do not vote to move HB0705 or SB0798 forward.

These bills may also open the door to the legalization of pedophilia. As what is to stop a man from saying that his reproductive rights permit him to impregnate a child if these bills become law.

As an added note, when more black people are dying than being born, I

wonder how Ms. Adrienne Jones and others can justify their support of an ongoing genocide that Margrete Sanger envisioned.

John Roswell

Baltimore Sidewalk Advocate for Life

Document 17 (1).pdf

Uploaded by: John Roswell

Position: UNF



Planned parenthood 330 N. Howard Street

This picture is self-explanatory.

Letter to State Representative - SB798.pdf

Uploaded by: Jonathan Roiz

Position: UNF

Good Afternoon,

My name is Jonathan Roiz, Founder and President of The Hope Movement, a 501 (c)(3) United States recognized non-profit Christian organization. A multitude of citizens of this great State of Maryland are united in one movement, Abolish Abortion Maryland (AAM), which is part of The Hope Movement and local churches. We are testifying before you as a representative of the people (us) and God. Yes, the sovereign all-powerful, omnipresent, all-knowing God has placed you in your position for His Word states, "For there is no authority except from God, and those that exist have been instituted by God" (Romans 13:1-2). Therefore as a representative of the people under the authority of God, you are obligated to stand up against that which contradicts God's Word and will. Regardless of what society and culture states are true and correct, God's Word is the final authority that you are to follow as a guide and obey.

A series of man-made laws are trying to be passed in the State of Maryland under your time in office, laws that rebel against the Word of God. These laws call which God declares evil good and what God declares good evil. Regardless of your spiritual or religious beliefs, you know there is a God, and we all will stand before Him to answer for every thought, word, and deed. God is holy and just, and He has given all humanity laws to obey. Those who break His law and do not repent will face God, and just as we expect you to show justice, God will deliver justice and judge righteously based on what you have done according to His law. The law of God says, "You shall not murder" (Exodus 20:13).

SB798 states that this is an ACT, a "Declaration of Rights – Right to Reproductive Freedom." Think about that title alone, examining definitions from a dictionary. Right, "a moral or legal entitlement," to Reproductive "the act or process of reproducing, specifically: the process by which...give rise to offspring and which fundamentally consists of the segregation of a portion of the parental body by a sexual process and its subsequent growth and differentiation into a new individual," Freedom "the power or right to act, speak, or think as one wants without hindrance or restraint."

Under SB798, you are attempting to impose an unconstitutional amendment to redefine moral entitlement to allow people to murder a baby in the womb without consequences. It is well documented biblically and scientifically that life starts a conception. A study that surveyed more than 5000 biologists from a variety of political affiliations and religious/personal beliefs found that 95% of respondents affirmed the biological view that a human's life begins at fertilization¹. You also know people don't get abortions at conception but after the child is developed and being developed. Under SB798, you state "that every person, as a central component of an individual's rights to liberty and equality, has the fundamental right to reproductive freedom." First I draw your attention to several court cases that further defined "person" and confirmed their equal protection under the U.S. Constitution and God.

- In *Levy v. Louisiana*, the Court found that "illegitimate children are not 'nonpersons.' They are humans, alive, and have their being."²

¹ Jacobs, Steven and Jacobs, Steven, Biologists' Consensus on 'When Life Begins' (July 25, 2018). Available at SSRN: <https://ssrn.com/abstract=3211703> or <http://dx.doi.org/10.2139/ssrn.3211703>

² *Levy v. Louisiana*, 391 U.S. 68, 70 (1968)

- In Plyler v. Doe, the Supreme Court held that illegal immigrants are also persons: "[whatever [one's] status is under the immigration laws, an alien is surely a 'person' in any ordinary sense of that term."³
- In Cruzan v. Director, Missouri Department of Health, the Supreme Court held that the gravely ill and chronically incompetent are not nonpersons.⁴
- In Youngberg v. Romeo, the Supreme Court held that mental retardation resulting in commitment to a state institution does not deprive one of liberty accorded persons under the Fourteenth Amendment.⁵
- People of African descent were regarded not as persons entitled to Constitutional protection. That's why slave owners felt no shame in saying, "My property, my choice" until the introduction of the Fourteenth Amendment.⁶
- If someone murders a mother and unborn baby, the law will charge the perpetrator with double homicide.

From these cases, we can conclude that a person, as defined by the Fourteenth Amendment, includes all living beings regardless of legitimacy, legality, mental capacity, or confinement.

In each case, the denominator that confirmed their protection under the Fourteenth Amendment protection as they were 1) biologically alive and 2) genetically human. This definition of a Fourteenth Amendment person then relates to the fundamental right to life established by the substantive due process clause so that anyone meeting these requirements should not be deprived of life without due process of law and that the fundamental right at issue is the right to life. The wording of this amendment and the intent are deceptive and is a blasphemous act against God and a murderous act of His image bearers.

During weeks 6-11, the most dramatic transformation of the entire pregnancy occurs. By that stage, all the baby's organs have been formed, and the tiny person is still less than 3 inches long. Yes, at the time when the average abortion procedure is conducted, this baby, not a clump of cells but a person with organs, is robbed from the womb and murdered. If you allow this law to pass, you will answer to God for the murder of these children.

How about a heartbeat bill? Well, at only 21 days after conception, the baby's heart begins beating, and at 40 days, brainwaves can be measured. The baby can move and respond to stimulation at 6 weeks and can suck its thumb at 8 weeks. Imagine. Within weeks, when most are considering an abortion, the baby can feel and respond to the actions the mother is making on behalf of his or her body. Abortionists are notorious for lying about detecting a heartbeat. We have spent years outside of abortion mills, and we can testify to you countless stories of women who were offered assistance shouting, "Want to watch me kill my baby." One story was about a young woman without ID who came to the abortion mill. She had a sonogram and saw her baby was a girl and her aunt told us the baby was sucking her thumb, but the Whole Women's Clinic

³ Plyler v. Doe, 457 U.S. 202, 202 (1982)

⁴ Cruzan v. Missouri Dept. of Health, 497 U.S. 261, 286-87 (1990)

⁵ Youngberg v. Romeo, 457 U.S. 307 (1982)

⁶ Id.

in Baltimore ripped that thumb off that precious baby's hand. If you allow these laws to pass, the little finger is pointing at you, and the wrath of God will be upon you.

At 12 weeks, the baby has eyelids, ears, toes, a fully-formed mouth, fingernails, and fingerprints. Those fingerprints make them unique, created and designed by God for a purpose. Those prints are forever imprinted in the memory of the mother's womb. The 12-week old baby is 3.4 inches long, has all essential organs, a working circulatory system, the sex is distinguishable, red blood cells are being produced in the liver, and the baby can make a fist with his or her fingers. You may be thinking this is religious propaganda. This is not only Biblical, but even secular science backs up this evidence. National Geographic's "In the Womb" explains that the "moment of conception [is] when an individual's unique set of DNA is created, a human signature that never existed before and will never be repeated."

If this bill is approved, it will lead to the murder of thousands of babies, destroying generations. The 14th amendment of the U.S. Constitution reads, "No state shall...deny to any person within its jurisdiction the equal protection of the laws." The Declaration of Independence declares "that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness. An article found on the official National Library of Medicine U.S. government website states "As a constitutional principle, the Fourteenth Amendment is not confined to its historical origin and purpose, but is available now to protect all human beings, including all unborn human beings. The Supreme Court can define "person" to include all human beings, born and unborn...Science, history and tradition establish that unborn humans are, from the time of conception, both persons and human beings, thus strongly supporting an interpretation that the unborn meet the definition of "person" under the Fourteenth Amendment."⁷ The slave owners in time past declared a person as non-human, as their property. Regardless of the law of the land slavery was a brutal crime against humanity and you have done the same with children in the womb.

I urge you to repent and change your mind on this amendment because innocent blood will be on your hands, and you will stand accountable before Almighty God and give an account of why you supported this bill. We are calling on you as a representative of God and the people to vote against any pro-abortion (Murder) law and make a stand to abolish abortion. If you do not, we will work hard to vote you out of the office, and you will stand before God on the day of judgment. The Word of God says, "When the righteous increase, the people rejoice, but when the wicked rule, the people groan" (Proverbs 29:2). Chose this day who you will serve. When leaders in the Bible tried to silence God's people, the church, the leader said these words which are true today "for if this plan or this undertaking is of man, it will fail; 39 but if it is of God, you will not be able to overthrow them. You might even be found opposing God!" (Acts 5:38-39).

You might think you are doing good by helping women to murder their children. But what about the little women in the womb? You are required by God and the law of the land to provide equal rights for all life. Because you are made in the image of God just like those precious babies, we love you enough to warn you, for we not only desire the best for these babies' lives but also for your eternal soul. Now think about your life privately and politically. How many lies have you told in your life? Have you ever stolen anything? Have you used God's name in vain? Jesus said,

⁷ Lugosi CI. Conforming to the rule of law: when person and human being finally mean the same thing in Fourteenth Amendment jurisprudence. Issues Law Med. 2006 Fall-2007 Spring;22(2-3):119-303. PMID: 17243379.

“Whoever looks at a woman to lust for her has already committed adultery with her in his heart.” Have you looked at someone with lust? Based on God’s law, will you be guilty on Judgement Day? If you have done these things, God sees you as a lying, thieving, fornicating, blasphemous adulterer at heart, and the Bible warns that God will punish you in a terrible place called Hell. Yet God, who is “rich in mercy,” sent His Son to suffer and die on the cross for guilty sinners. We broke God’s law, and Jesus paid the fine. Jesus bore the wrath of God, the punishment we deserved as our substitute. That means God can legally dismiss our case. He can commute our death sentence: “God shows his love for us in that while we were still sinners, Christ died for us.” (Romans 5:8) and “whoever believes in Him will not perish but will have everlasting life.” (John 3:16) Jesus rose from the dead and defeated death so that we could be freed from sin and death. Today is the day to repent of your sins and trust in Jesus, and God will give you eternal life as a free gift. Show your gratitude by voting against this amendment and fight to abolish abortion. Show God how much you love Him by obeying His commands. Find a Bible-believing church, be baptized, and study the Bible so that you may grow in spiritual maturity and allow God to use your life and career for good and His glory.

We encourage you to take 4 minutes of your time to watch this short film called The Procedure https://youtu.be/nd_9y1-L60c and meditate upon it when you cast your vote.

Testimony opposing SB798.pdf

Uploaded by: Joseph Gillin

Position: UNF

This is my written testimony opposing SB798, the State Constitutional Abortion Amendment. I support the protection of human life at every stage and condition. Science tells us that human life exists during the nine months before birth.

Access to abortion is already part of current Maryland law, so implementing a constitutional amendment would be unnecessary. The "Maryland Freedom of Choice Act" (1991) allows abortion-on-demand, for any reason and up until birth. Maryland is one of only four states that forces taxpayers to pay for other people's abortions. Maryland is one of only three states that shield abortionists from liability by refusing to report abortion data to the CDC. As a result, Maryland is failing to address women's reproductive health and the incidents of abortion-related maternal injury and death or risks of future miscarriage, pre-term birth or loss of fertility.

Maryland currently has one of the highest rates of abortion in the country, while a majority of Marylanders believe there should be at least some reasonable restrictions on abortion. Public funding of abortion-on-demand is not supported by a majority of the public. The open-ended wording of HB705/SB798, if enacted by ballot, could even threaten the ability of pro-life pregnancy centers to serve pregnant women in need and deny medical providers their rights of conscience.

Pushing a constitutional amendment for unlimited abortion will further divide our state. This measure may be labeled by some as "progressive", but it would be antithetical to authentic human progress. Real progress is measured not by pitting mother against child, but by expanding the sphere of protection for both.

Our state needs to support both women and their children, starting at conception. This includes life-affirming healthcare and practical resources to address basic needs such as food, housing, work, and childcare that help them and us embrace the gift of life.

Again, please reject SB798, the State Constitutional Abortion Amendment.

Joseph P. Gillin

21 Castle Cliff Court, Silver Spring, MD 20904

LD14

230228 Written Testimony HB705 - SB798 2023 CAFLIA

Uploaded by: Juin Killingsworth

Position: UNF

Maryland Senate Finance Committee Testimony
March 1, 2023

SB 798 - “Declaration of Rights – Right to Reproductive Liberty”

Cross-filed HB 705

Oppose

Witnesses

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Christians Advocating for Life in Annapolis 2023

Working to foster God's vision for human flourishing

Participating Organizations

Asociación Evangélica de Ministros Hispanos DMV (AEMH of DMV)

Hispanic Evangelical Ministers Association of DMV

President

Pastor Joel Galan

Represents over 200 pastors in the DMV area.

Life Source International Churches

Executive Pastor

Michael Herzog

Life Source International Churches are a network of churches throughout the United States and internationally. The main campus is located in Rosedale, Maryland.

Maryland Bible Society

Executive Director

Pastor Dave Moyer

The Maryland Bible Society has strengthened a host of interdenominational churches and their communities across the state for 210 years.

Somebody Cares Baltimore

President

Pastor Matt Stevens

Somebody Cares Baltimore exists to let people know that because Jesus cares, we the Church care. Through grassroots serving and development communities are being transformed and the Church is uniting.

The Christian Business Network, LLC

President

Michael W. Chetelat

We are a network of Christ-followers seeking to prosper in our professions, establish trustworthy connections, serve people with excellence, and maximize our God-given potential. We have online regional chapters for every county in MD with the highest representation in the DMV and Baltimore areas.

Christians Advocating for Life in Annapolis 2023

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Dear Honorable Chair Griffith:

Christians Advocating for Life In Annapolis is a grassroots alliance of nonpartisan, multicultural, and interdenominational Christian Ministry Leaders networked across Maryland. We are united by a common evangelical faith. We work to foster God's vision for human flourishing in diverse ministry settings. As ministry leaders, we are grateful for this opportunity to submit testimony based on professional experience, research, and meaningful relationships within our spheres of influence.

We are supportive of Maryland government aims to promote "Life, Liberty, and the Pursuit of Happiness" and believe the guiding principles of Judeo-Christian ethics are an enduring basis for these outcomes. We have dedicated ourselves to research Biblical insights from antiquity to overcome our common human challenges, to promote human flourishing, and restore right relationships. We prioritize empathy for the least of these and diverse perspectives.

We understand SB 798 "Declaration of Rights – Right to Reproductive Liberty", proposes a constitutional amendment to make termination of pregnancy a constitutional right and to limit government restrictions. This committee is tasked to decide if this is consistent with the founding principles of our state constitution and whether this initiative would promote flourishing for our citizens for generations to come.

The individuals testifying today have diverse perspectives but are aligned in agreement on these responses. In service to your decision we are providing this information for your consideration with citations for you to further examine the evidence for yourselves.

We believe to make a fully informed decision there are a number of perspectives you will be weighing. We would like to introduce insights from our study of God's perspective in the Bible and the perspective of the people we serve.

Based on our research, we are **opposed to the addition of SB 798**.

We are convinced that

1. Beyond commonsense health complications, abortion is preventable harm to a child authorized by parents and a just government should regulate this strictly.
2. Abortion disproportionately impacts vulnerable, disadvantaged populations such as the disabled and minorities which is concerning.

Thank you for your thoughtful approach to the legacy of these policies.

Sincerely,

Joel Galan Columbia, MD	Juin Killingsworth Silver Spring, MD	Kristen Holt, Pharm.D., MPH Bel Air, MD	Jason Van Bommel Bel Air, MD	Cheryl Winterton Severn, MD
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Joel Galan

President

Hispanic Evangelical Ministers Association of DMV

Definition – Should we consider a child in the womb as a unique person with civil rights independent of the desirability to the parent? When should the rights of “all men were created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty, and the pursuit of Happiness” begin to be protected?

According to Scripture, children in the womb were not a class of humanity without protections. The legal code from [Exodus 21:22-25](#) reveals the Divine perspective that an unborn child had the same protections under law as an adult when injured by preventable harm.

Scripture like [Jeremiah 1:5](#) ascribes the creative act and “rights” to the divine Creator. “Before I formed you in the womb, I knew you, and before you were born I consecrated you”. This child’s consecration occurred before birth.

Similarly, Divine purpose is behind the unborn child’s intended destiny. In [Psalm 139:13-16](#) it reads, “For you formed my inward parts; you knitted me together in my mother’s womb...in your book were written, every one of them, the days that were formed for me, when as yet there was none of them.” Similar statements are made in [Isaiah 44:24](#), [Galatians 1:15](#).

Nowhere does Scripture indicate that the desirability of another person to an authority is a justified basis for lethal force. Rather it speaks to the protections of vulnerable classes including children, pre-born, orphan, disabled, and more which should be treated with equity. [Matthew 18:10-14](#), [Exodus 21:22-25](#), [Deuteronomy 10:18](#), [Leviticus 19:14](#),

It then establishes parents are the steward of the lives they are given. Parents are to be honored but are also accountable to God for the stewardship of their children. [Ephesians 6:4](#). [Ezekiel 18:20](#), [Deuteronomy 6:6-7](#)

Jesus felt such solidarity with the vulnerable that he stated: “as you did it to one of the least of these...you did it to me”. Also he declared, “Let the little children come to me and do not hinder them, for to such belongs the kingdom of heaven”. [Matthew 25:40](#), [Matthew 19:14](#)

From our observation, when a baby in the womb is wanted it is recognized as a new innocent human life and a miracle maturing toward taking his or her place in the world. The baby is named and celebrated. Advancing lifesaving medical interventions have evolved to effectively support children in utero earlier and earlier over time. When unwanted by the parents, the name changes to fetus and in Maryland all protections to the baby cease.

SB 798 would codify an enduring framework of a subclass of humanity by age and parental disposition. Effectively parental disposition would be the ultimate authority that grants an effective right for children to live. This is in contrast to a Judeo-Christian framework.

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Jason Van Bommel

Pastor

Forest Hill Presbyterian Church

Restrictions to lethal force – Should parents have a constitutional right to use lethal force on a child in the womb with limited restrictions and why?

In the Judeo-Christian law the 10 commandments were foundational to govern the continuity of societal trust. It clarified rules for right relationship with God and with others. It limited practices of the day that were harmful.

Consider what they were intended to promote and protect.

- [Exodus 20:12](#) Honoring Father and Mother and not disrespecting appropriate parental authority (when consistent with the other laws).
- [Exodus 20:13](#) In favor of protecting life, not lethal force ending life.
- [Exodus 20:14](#) In favor of marital faithfulness and chastity not promiscuity. [Matthew 5:27-28](#)
- [Exodus 20:17](#) In favor of contentment and trusting God's care for the essentials, including the reproductive years, rather than operating on perceptions from comparison, envy, selfish ambition, or fear.
- [Exodus 20:15](#) In favor of generously giving of oneself toward the common good, not stealing or forcibly re-appropriating a neighbor's livelihood and finances to oneself. [Ephesians 4:28](#)
- [Exodus 20:16](#) In favor of telling the truth and not stating misleading or false testimony.
- [Exodus 20:3-4](#) Recognizing God as the pre-eminent authority. Not making a god in our image to fit our tastes as though we define his scope of authority in life and he is accommodating to our passions whatever they may be.

In the 10 commandments, honor for parental authority was upheld but constrained by the other 9 laws. Together they are the biblical foundation of reproductive liberty as set forth by the Creator of life.

The framers of the constitution understood that the more closely we came to these principles the more enduring the social contract and the more lasting the benefit to pass on to future generations. To stray into the prohibitions as a foundation for a social contract is a path to perceptions of injustice, division, and broken social bonds. A house divided against itself cannot stand. Furthermore, Scripture asserts that after death we will all be held accountable to our Creator for our stewardship in these areas. [2 Corinthians 5:10](#)

In the New Testament it is revealed that the intention of the law is to point us to the person of Jesus. We have all broken these laws in the course of our lives. Christ's flawless life was offered as payment for the penalty of our brokenness. [Romans 3:5](#). This is the message of salvation that has been the crux of the Christian faith for millennia. Jesus stated, "If you hold to my teaching, you are really my disciples. Then you will know the truth, and the truth will set you free." [John 8:31-32](#).

Should then lethal force that harms at least one vulnerable life and potentially two lives not have strict oversight by the state? With public health mandates like seatbelts, smoking regulations, and other government measures that feel restrictive to public freedoms, policy makers recognized there is a balance to strike. We believe it would be heading in the direction of flourishing to have some reasonable restrictions along with practical supports.

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Juin Killingsworth

Faith Community Leader & Volunteer

Racial Disparities – Should we be concerned that abortion is disproportionately represented in African American women? (See Table 1 and 2). Should we be concerned about the health outcomes to minority women after abortion? Should we investigate measures that could improve supports to vulnerable moms and maternal fetal outcomes?

Through our relationships with minority women, we have heard from them a concern about the messages, societal pressures, and economic incentives that prioritize abortion over birth. The national data demonstrates racial disparities with notably higher rates of abortions among minorities.

In 2019, Caucasian women (non-Hispanic) accounted for 33% of abortions as 73% of the population (see Table 1 and 2). In contrast African American women (non-Hispanic) accounted for 38% of abortions as 16% of the population. CDC data includes all states except for Maryland which does not report.

“Non-Hispanic White women had the lowest abortion rate (6.6 abortions per 1,000 women) and ratio (117 abortions per 1,000 live births), and non-Hispanic Black women had the highest abortion rate (23.8 abortions per 1,000 women) and ratio (386 abortions per 1,000 live births).”¹

Not only is this disproportionately impacting the next generation, AAPLOG testimony² outlines the considerable international scientific literature base to suggest on a population basis there are multifaceted ramifications to the health of moms that choose to abort.

Scrutiny on the underlying contributors to disparities have periodically been reported to Congress nationally and we encourage further similar policy research in Maryland to understand the impact locally as well.³

¹ CDC Abortion Surveillance US 2019 <https://www.cdc.gov/mmwr/volumes/70/ss/ss7009a1.htm> November 26, 2021.

² American Association for Pro-life Obstetricians and Gynecologists. (AAPLOG) Maryland Health and Government Operations Committee Testimony. https://mgaleg.maryland.gov/cmt_e_testimony/2022/hgo/13P4CEHV4Gld5e3vvEk3cYkTCm1YAP6KI.pdf February 22, 2022.

³ Policy Report: The Effects of Abortion on the Black Community. Center for Urban Renewal and Education. June 2015. <https://docs.house.gov/meetings/JU/JU10/20171101/106562/HHRG-115-JU10-Wstate-ParkerS-20171101-SD001.pdf>

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Kristen Holt, Pharm.D., MPH
Health System Pharmacist
Faith Community Leader & Volunteer

Expansion of Medically Unnecessary and Preventable Harm – Should abortion be more prevalent than any other leading cause of death except heart disease (Based on National CDC data not including Maryland which does not report). (See Table 3,4, and 5).

We believe a compelling reason not to put this to a constitutional amendment is because the average citizen has not been fully informed of the data or their full range of options. We believe given the prevalence and women's feedback to us, reasonable measures for improving informed consent are warranted but may be prohibited by SB 798 as a "restriction".

Empirical Evidence

First, the public has not been fully informed by data in Maryland. In 2000, the Institute of Medicine released the landmark report "To Err is Human" documented medical errors lead to an estimated 98,000 deaths annually.⁴ The transparency of this data galvanized the patient safety movement in hospitals to reduce preventable harm. According to CDC data provided in 2019, the top two leading causes of death were diseases of the heart (659,000) and cancer (600,000).⁵ In 2019, there were approximately 630,000 abortions in the US, according to the CDC for 47 states excluding Maryland which does not report.⁶ (See Table 3 and 4). Similar trends were observed in 2020.^{7,8}

Should abortion be more prevalent than any other leading cause of demise except heart disease? It depends on our definition of human flourishing for the metrics of success to align accordingly. Should Maryland continue as the exception to abortion reporting when 47 other states do submit data for stewarding responsible medical outcomes?

We believe government leadership informed by public health data is essential to wisely steward health outcomes. International studies where data collection is more robust suggests multifaceted population impact to women that abort. The AAPLOG report describing this data needs to be further evaluated and we encourage giving this testimony with the supporting white paper links a read.⁹

⁴ Kohn LT, Corrigan JM, Donaldson MS. Institute of Medicine US Committee on Quality of Health Care in America. To Err Is Human: Building a Safer Health System. Washington DC: National Academies Press; 2000.

<https://pubmed.ncbi.nlm.nih.gov/25077248/>

⁵ Heron M, Deaths: Leading Causes for 2019. National Vital Statistics Reports: 70 (9).

<https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-09-508.pdf>

⁶ CDC Abortion Surveillance US 2019 <https://www.cdc.gov/mmwr/volumes/70/ss/ss7009a1.htm> November 26, 2021.

⁷ CDC Abortion Surveillance US 2020 https://www.cdc.gov/mmwr/volumes/71/ss/ss7110a1.htm?s_cid=ss7110a1_w November 25, 2022.

⁸ Ahmad F, Cisewski J, Minino A, et al. Provisional Mortality Data – United States 2020. Centers for Disease Control and Prevention. <https://www.cdc.gov/mmwr/volumes/70/wr/mm7014e1.htm> April 9, 2021. 70 (14); 519-522.

⁹ American Association for Prolife Obstetricians and Gynecologists. (AAPLOG) Maryland Health and Government Operations Committee Testimony. https://mgaleg.maryland.gov/cmte_testimony/2022/hgo/13P4CEHV4Gld5e3vvEk3cYkTCm1YAP6KI.pdf February 22, 2022.

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Based on Maryland Medicaid data, reasons cited for abortion necessity such as medical complications, genetic abnormalities, and rape or incest scenarios are miniscule compared to the total. Rather, of the 10,163 cases 95% were elective attributed to the impact of pregnancy to mental health.¹⁰ (See Table 5). These instances are a subset of the actual number of abortions in Maryland which the total is unknown because Maryland does not report to the CDC.

Informed Consent

More personally, because of the prevalence, we have had many private conversations with moms from all backgrounds in Maryland who seriously considered this option. In addition to the narratives of support for SB 798 you hear today, the following experiences illustrate types of scenarios we regularly encounter.

One friend, had unthinkable health complications with her pregnancy. She had the full support of her faith community in her decision and needed it because the parents are still grieving the loss of the child.

In a second scenario, a college friend confided she was considering abortion as an option for her unplanned pregnancy. She knew she was carrying a child, but another driver made this reality less important. It was the disruption, the perceived setback, and the feeling of being alone. It was the emotional fear of the economic pressures and educational sacrifices. It seemed insurmountable.

In that moment, voices of support, affirmation of God's life-giving purpose for this child, and practical solutions like government financial assistance for health care changed her outlook and she decided, on her own, to carry the baby to term. Recently her child graduated high school. The mom has a successful career, is happily married, and has no regrets. Her story is not unique to us. We minister to countless heroic single moms, dads, and couples who choose a challenging path to carry their child to term. Their inspirational courage rallies our communities to support them.

Can we prioritize with the same fervor support that gives moms in crisis a moment to evaluate all options and resources available during this critical time? Would SB 798 limit these measures as "restrictions"?

Conversely, another mom reflected on her choice of abortion several times earlier in life. Privately she has had lasting regret for decades but has found peace in a relationship with Jesus Christ. This is a message we have heard repeatedly too. They wish they could go back to have counsel that could have helped them see the way through and the opportunities that could have been.

What is the driver behind obscure metrics and powerful lobbying voices for abortion in Maryland? Maryland is in the top 5 states for education, wealth, political power, entrepreneurial women, and cost of living. We are also [ranked 3rd](#) in the nation for abortion access. There is a drive to succeed in Maryland as a working-class woman. There is also a reinforced message that sacrifices to children are necessary to obtain it.

Yet another friend and her husband waited 3 years to adopt their little girl along with nearly 50 prospective families. Thrilled to be parents and now longing for their second child, it has been 4 years in the waiting. They still hope along with 25 other prospective families for a child even though only 4 placements were made during a previous year.

The truth is, a long-term sacrifice by the biological mom is not needed.

¹⁰ Medical Care Programs Administration. Maryland Department of Health. FY2023 Operating Budget Analysis. P 46. <https://mgaleg.maryland.gov/pubs/budgetfiscal/2023fy-budget-docs-operating-M00Q01-MDH-Medical-Care-Programs-Administration.pdf>

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When the public is uninformed or misinformed by powerful community voices as to the impact of their options, government leadership and protections are necessary.

Give parents and their children a moment to succeed without misleading them in the definition of liberty. Do not perpetuate this message with SB 798.

No, a sacrifice is not needed. In the words of Micah 6:7-8 "Shall I offer my firstborn for my transgression, the fruit of my body for the sin of my soul? He has shown you, O mortal, what is good. And what does the LORD require of you? to act justly and to love mercy and to walk humbly with your God." Let's work to empower these virtues.

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National and State Data

Table 1. Racial Disparities and Abortion.

[Abortion Surveillance — United States, 2019 | MMWR \(cdc.gov\)](#)

Among the 30 areas that reported race by ethnicity data for 2019, non-Hispanic White women and non-Hispanic Black women accounted for the largest percentages of all abortions (33.4% and 38.4%, respectively), and Hispanic women and non-Hispanic women in the other race category accounted for smaller percentages (21.0% and 7.2%, respectively) (Table 6). Non-Hispanic White women had the lowest abortion rate (6.6 abortions per 1,000 women) and ratio (117 abortions per 1,000 live births), and non-Hispanic Black women had the highest abortion rate (23.8 abortions per 1,000 women) and ratio (386 abortions per 1,000 live births).

Table 2. [National Population by Characteristics: 2010-2019 \(census.gov\)](#)

Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States: April 1, 2010 to July 1, 2019		
Sex, Race, and Hispanic Origin	Population Estimate (as of July 1)	Percentage
	2019	
FEMALE	166,582,199	
One Race:		
White	126,329,875	76%
Black or African American	22,961,746	14%
American Indian and Alaska Native	2,079,286	1%
Asian	10,197,257	6%
Native Hawaiian and Other Pacific Islander	397,979	0%
Two or More Races	4,616,056	3%
Race Alone or in Combination: ¹		
White	130,421,046	78%
Black or African American	25,077,581	15%
American Indian and Alaska Native	3,489,730	2%
Asian	11,874,906	7%
Native Hawaiian and Other Pacific Islander	802,936	0%
NOT HISPANIC	136,580,999	
One Race:		
White	99,996,749	73%
Black or African American	21,473,076	16%
American Indian and Alaska Native	1,236,537	1%
Asian	9,897,070	7%
Native Hawaiian and Other Pacific Islander	296,133	0%
Two or More Races	3,681,434	3%
Race Alone or in Combination: ¹		
White	103,256,223	76%
Black or African American	23,147,716	17%
American Indian and Alaska Native	2,257,593	2%

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Asian	11,317,035	8%
Native Hawaiian and Other Pacific Islander	614,551	0%
HISPANIC	30,001,200	
One Race:		
White	26,333,126	88%
Black or African American	1,488,670	5%
American Indian and Alaska Native	842,749	3%
Asian	300,187	1%
Native Hawaiian and Other Pacific Islander	101,846	0%
Two or More Races	934,622	3%
Race Alone or in Combination: ¹		
White	27,164,823	91%
Black or African American	1,929,865	6%
American Indian and Alaska Native	1,232,137	4%
Asian	557,871	2%
Native Hawaiian and Other Pacific Islander	188,385	1%

¹ "In combination" means in combination with one or more other races. The sum of the five race groups adds to more than the total population because individuals may report more than one race.

Note: The estimates are based on the 2010 Census and reflect changes to the April 1, 2010 population due to the Count Question Resolution program and geographic program revisions. Hispanic origin is considered an ethnicity, not a race. Hispanics may be of any race. Responses of "Some Other Race" from the 2010 Census are modified. This results in differences between the population for specific race categories shown for the 2010 Census population in this table versus those in the original 2010 Census data. For more information, see <https://www2.census.gov/programs-surveys/popest/technical-documentation/methodology/modified-race-summary-file-method/mrsf2010.pdf>. For population estimates methodology statements, see <http://www.census.gov/programs-surveys/popest/technical-documentation/methodology.html>.

Suggested Citation:

Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States: April 1, 2010 to July 1, 2019 (NC-EST2019-SR11H)

Source: U.S. Census Bureau, Population Division

Release Date: June 2020

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Table 3. In 2019, The top two leading causes of death were diseases of the heart (659,000) and cancer (600,000). [National Vital Statistics Reports Volume 70, Number 9 July 26, 2021 Deaths: Leading Causes for 2019 \(cdc.gov\)](#)

Table C. Deaths and percentage of total deaths for the 10 leading causes of death: United States, 2018 and 2019

[An asterisk (*) preceding a cause-of-death code indicates that the code is not included in the *International Classification of Diseases, 10th Revision (ICD-10)*]

Cause of death (based on ICD-10)	Rank ¹	2019		2018	
		Deaths	Percent of total deaths	Deaths	Percent of total deaths
All causes. . . . .	...	2,854,838	100.0	2,839,205	100.0
Diseases of heart (I00–I09,I11,I13,I20–I51)	1	659,041	23.1	655,381	23.1
Malignant neoplasms. (C00–C97)	2	599,601	21.0	599,274	21.1
Accidents (unintentional injuries). (V01–X59,Y85–Y86)	3	173,040	6.1	167,127	5.9
Chronic lower respiratory diseases (J40–J47)	4	156,979	5.5	159,486	5.6
Cerebrovascular diseases (I60–I69)	5	150,005	5.3	147,810	5.2
Alzheimer disease (G30)	6	121,499	4.3	122,019	4.3
Diabetes mellitus (E10–E14)	7	87,647	3.1	84,946	3.0
Nephritis, nephrotic syndrome and nephrosis (N00–N07,N17–N19,N25–N27)	8	51,565	1.8	51,386	1.8
Influenza and pneumonia. (J09–J18)	9	49,783	1.7	59,120	2.1
Intentional self-harm (suicide). (*U03,X60–X84,Y87.0)	10	47,511	1.7	48,344	1.7

... Category not applicable.

¹Based on number of deaths.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

Table 4. In 2019, there were approximately 630,000 abortions in the US, according to the CDC. [Abortion Surveillance — United States, 2019 | MMWR \(cdc.gov\)](#)

Total Abortions Reported to CDC by Occurrence

Among the 49 reporting areas that provided data for 2019, a total of 629,898 abortions were reported. Of these abortions, 625,346 (99.3%) were from 48 reporting areas that provided data every year during 2010–2019. In 2019, these continuously reporting areas had an abortion rate of 11.4 abortions per 1,000 women aged 15–44 years and an abortion ratio of 195 abortions per 1,000 live births (Table 1). From 2018 to 2019, the total number of reported abortions increased 2% (from 614,820 total abortions), the abortion rate increased 0.9% (from 11.3 abortions per 1,000 women aged 15–44 years), and the abortion ratio increased 3% (from 189 abortions per 1,000 live births). From 2010 to 2019, the total number of reported abortions decreased 18% (from 762,755), the abortion rate decreased 21% (from 14.4 abortions per 1,000 women aged 15–44 years), and the abortion ratio decreased 13% (from 225 abortions per 1,000 live births) (Figure).

In 2019, a considerable range existed in abortion rates by reporting area of occurrence (from 0.3 to 27.2 abortions per 1,000 women aged 15–44 years in Wyoming and New York City) and abortion ratios (from 5 to 501 abortions per 1,000 live births in Wyoming and the District of Columbia) (Table 2). The percentage of abortions obtained by out-of-state residents also varied among reporting areas (from 0.5% in Arizona to 68.7% in the District of Columbia). Overall, 0.9% of abortions were reported to CDC with unknown residence.

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Table 5. Maryland Medicaid abortion services by reason during 2021. Note this is a subset of the total number of abortions in Maryland which is unknown as it is not reported to the CDC.

<https://mgaleg.maryland.gov/pubs/budgetfiscal/2023fy-budget-docs-operating-M00Q01-MDH-Medical-Care-Programs-Administration.pdf> pg 46.

Exhibit 17 indicates the reasons abortions were performed in fiscal 2021 according to the restrictions in the federal budget and State budget bill.

Exhibit 17 Abortion Services by Reason Fiscal 2021

I. Abortion Services Eligible for Federal Financial Participation

(Based on restrictions contained in the federal budget.)

<u>Reason</u>	<u>Number</u>
1. Life of the woman endangered.	0
Total Received	0

II. Abortion Services Eligible for State-only Funding

(Based on restrictions contained in the fiscal 2021 State budget.)

<u>Reason</u>	<u>Number</u>
1. Likely to result in the death of the woman.	0
2. Substantial risk that continuation of the pregnancy could have a serious and adverse effect on the woman's present or future physical health.	530
3. Medical evidence that continuation of the pregnancy is creating a serious effect on the woman's mental health and, if carried to term, there is a substantial risk of a serious or long-lasting effect on the woman's future mental health.	9,611
4. Within a reasonable degree of medical certainty that the fetus is affected by genetic defect or serious deformity or abnormality.	20
5. Victim of rape, sexual offense, or incest.	2
Total Fiscal 2021 Claims Received through November 2021	10,163

Source: Maryland Department of Health

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Cheryl Winterton

BILL: Senate Bill 798 / House Bill 705
TITLE: Declaration of Rights—Right to Reproductive Freedom
COMMITTEE: Senate Finance Committee
DATE: March 1, 2023 1:00 pm
WHO: **Cheryl Winterton**, Christians Advocating for Life in Annapolis 2023
POSITION: **OPPOSE**

Dear Honorable Chair Griffith:

I am writing in opposition of Senate Bill 798, which seeks to add the right to an abortion to the Maryland state constitution.

In 1985 when I was 19 years old, I chose to abort my unborn child. I thought that after terminating my pregnancy my life would go back to normal. It didn't. Psychologically, choosing to abort my unborn child impacted my life forever.

During my appointment with Planned Parenthood, they asked me if I was 100% sure that I wanted to abort my child. I said I was not. The intake nurse told me that I needed to decide because their waiting room was full and if I didn't decide right now it would impact their schedule for the day. I felt pressure from PP and I felt pressure from my boyfriend (the baby's father). I went through with it.

Months later I reflected that I wasn't myself. I didn't "get over it" like I thought I would. I used to be a happy person. Now I was depressed, and faking my happiness so others wouldn't see a change in me. I began suffering from decreased self-esteem, guilt, shame, loneliness, and sleep issues/nightmares that went on for years. After breaking up with that boyfriend, I found myself distrusting men. I also no longer trusted my closest girlfriends who told me to do it. I began displaying abnormal eating behaviors and would binge eat because it made me feel good. When I was 24 I sought counseling with a licensed psychologist. She confirmed that my bouts of depression, binge eating, sleep issues were a dominant psychological consequence of my decision to choose abortion.

As time passed, I worried about not being able to conceive or deliver a child in the future. This fear eventually became reality. I had infertility challenges. When I did finally conceive, I conceived twins, but lost one at 18 weeks. A few years after the birth of my only son, I went through infertility treatments in my attempt to conceive a second child. I miscarried again due to a blighted ovum. When I needed a procedure later to correct these challenges, the OB/GYN confirmed abortion was likely a contributing factor leading to a host of severe reproductive complications including a partial hysterectomy.

Christians Advocating for Life in Annapolis 2023

Working to foster God's vision for human flourishing

To this day, 37 years later, I dream of the child that I will never meet. Every December I think about him/her turning another year older. I imagine by now they would have been married and I would be a grandmother. I imagine he/she would be making a positive impact in our society.

Eventually I sought Christian counseling to process these experiences and now volunteer to support unwed pregnant teens. I have found peace through my relationship with Jesus. However, my choice had a profound impact on me that has lasted decades. If I could go back I wish there had been a resource for me to have heard the pros and cons of choosing to end my child's life. I only received the resource through Planned Parenthood which was "come pay us money and we will erase your mistake". They didn't tell me how the consequence of my choice would last for the rest of my life. I desired truth. I desired love.

I plead with Maryland Legislators, to consider my experience and that these physiological and psychological health effects do occur. I now believe my child and my health was worth protecting. I regret my decision. I believe better support for pregnant moms and informed consent are important issues not addressed by SB 798 and this amendment would make it hard to add these measures seen as "restrictions". This is unacceptable.

Thank you for considering how to better serve women in their reproductive years in Maryland.

Sincerely,

Cheryl T Winterton
Severn, MD

Biologists Consensus on When Life Begins.pdf

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Biologists' Consensus on 'When Life Begins'

Steven Andrew Jacobs¹

Draft 1 of Working Paper – Posted to SSRN on July 25, 2018

Abstract

Many Americans disagree on when life begins because they have different interpretations of the phrase: descriptive (i.e., when a fetus is classified as a human) and normative (i.e., when a fetus is worthy of ethical and legal consideration). To determine which is more prevalent, 2,899 American adults were surveyed and asked to select the group most qualified to determine when a human's life begins. 81% selected biologists as the most qualified because they are scientists who objectively study life. This suggests Americans likely have a descriptive interpretation of 'when life begins'. Biologists were then recruited to participate in a study. A sample of 5,502 biologists from 1,058 academic institutions assessed statements representing the biological view 'a human's life begins at fertilization'. A consensus affirmed each of the three statements representing that view (75-91%). Overall, 95% of biologists affirmed the view (5212 out of 5502). These findings suggest the descriptive view on when life begins centers on the biological classification of a fetus as a human at fertilization. These findings do not necessitate legal consideration of fetuses because it is not known if fetuses deserve rights or how those rights would be balanced against women's reproductive rights. However, these findings can lead to such discussions. Biologists' consensus on the descriptive view can help Americans move past the factual dispute on when life begins and focus on the normative issues in the abortion debate.

Keywords

human development, when life begins, abortion, scientific consensus, survey of Americans, survey of biologists, MTurk

♦ Jacobs, S. A. "Biologists' Consensus on 'When Life Begins'". *SSRN*, 2018. Available at: http://papers.ssrn.com/paper.taf?abstract_id=3211703.

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Introduction

While people agree that women have the right to make reproductive decisions involving their own bodies, many debate if those decisions directly affect other humans' bodies. This dispute on when a human's life begins likely plays a role in Americans' ethical and legal positions on abortion. Since there is higher support of legal abortion access in the first trimester (60%) than the second (28%) and third (13%) trimesters of pregnancy², the dispute is not a matter of *if* abortion directly impacts another human's body – it is a matter of *when*.³ However, many debate the question's importance⁴, if the question is answerable⁵, and the meaning of people's answers to the question.⁶

'When does a human's life begin?' is subject to David Hume's classic *is-ought* problem⁷ since the question has two primary interpretations: the descriptive view (i.e., when *is* a fetus classified as a human) and the normative view (i.e., when *ought* a fetus be recognized as a person worthy of ethical and legal consideration⁸). The *is-ought* fallacy is present in some pro-life stances that confuse the former for the latter such that a certain descriptive view necessitates a corresponding normative view (e.g., 'since a human's life begins at fertilization, fetuses are worthy of legal protection throughout pregnancy'). This fallacy is also present in some pro-choice stances that confuse the latter for the former such that a certain normative view necessitates a corresponding descriptive view (e.g., 'since fetuses are not worthy of legal protection, a human's life begins at birth'). Careful consideration of the specific language used in a stance on when life begins is required to understand which interpretation drove that stance.

The linguistic structure utilized in a person's response to the question serves as evidence for the person's interpretation of the question. The language in some responses give little indication of

² Saad, L. "Trimesters Still Key to U.S. Abortion Views". *Gallup*, 2018. <https://news.gallup.com/poll/235469/trimesters-key-abortion-views.aspx>.

³ Moore, P. "Three quarters say Longmont attack is murder". 2015. Available at: <http://today.yougov.com/topics/politics/articles-reports/2015/04/07/three-quarters-say-longmont-attack-murder>; Elliott T. A., Friedman, J. A., Siegel, E. T., Kort, H. I., & Nagy, Z. P. "When does life begin? Results of an online survey". *Fertility and Sterility*, 2008. Available at: [http://www.fertstert.org/article/S0015-0282\(08\)01732-9/fulltext](http://www.fertstert.org/article/S0015-0282(08)01732-9/fulltext).

⁴ Johnson, A. "Planned Parenthood President: When Life Begins Not 'Really Relevant' in Abortion Debate". *National Review*, 2014. Available at: <https://www.nationalreview.com/corner/planned-parenthood-president-when-life-begins-not-really-relevant-abortion-debate/> (citing: <https://www.youtube.com/watch?v=ZdK--xwxwBA>).

⁵ Zhang, S. "Why Science Can't Say When a Baby's Life Begins". *Wired Magazine*, 2015. Available at: <https://www.wired.com/2015/10/science-cant-say-babys-life-begins/>.

⁶ Henriques, G. "When Does 'It' Become a Person?". *Psychology Today*, 2015. Available at: <https://www.psychologytoday.com/us/blog/theory-knowledge/201508/when-does-it-become-person>.

⁷ Hume, D. "A Treatise of Human Nature". 1759. Available at: <http://www.davidhume.org/texts/thn.html>; Garrett, D. "Hume". *Routledge*, p. 146-171, 2015; Pigden, C. "Hume On Is and Ought: Logic, Promises and the Duke of Wellington". In Paul Russell (ed.), *The Oxford Handbook on David Hume*. Oxford University Press, 2016.

⁸ Legal consideration was used because it is broader than legal protection. The former implies that a fetus might have rights that can be balanced against a woman's rights; the latter implies that a woman's rights are secondary to a fetus' rights.

the person's interpretation (e.g., 'life begins at conception', 'life begins at birth'). Others more clearly signal a descriptive interpretation (e.g., 'a human's biological development begins at fertilization') or a normative interpretation (e.g., 'the woman gets to decide when the fetus is a person'). The phrasing of a nonresponsive answer can similarly indicate how the question was understood. If one argues 'it is not known when a human's life begins', they likely have a descriptive interpretation since they represented it as a knowable question on when a human is first classified as such. If one argues 'when a fetus is a person is a matter of opinion', they likely have a normative interpretation since they represented it as a value judgment on when a fetus is a person worthy of ethical and legal consideration.

This *is-ought* analysis can explain why people disagree on when life begins. Disagreement might not emanate from different biological views on when to classify a fetus as a human or different judgments on when a fetus is deserving of legal consideration. Conflicting stances could merely represent that one person interprets 'when life begins' descriptively while the other interprets it normatively. Thus, Americans could merely disagree because they understand the question differently.

Contemporary Discussions on 'When Life Begins'

Cecile Richards, the former president of Planned Parenthood⁹, has stated that experts believe there is no specific moment when a life begins because it is a variable point that depends on each pregnancy.¹⁰ Politicians have also suggested that the ontogenetic starting point of a human's life is unknown. In defense of her support of *Roe v. Wade*, the landmark U.S. Supreme Court case that founded federal abortion protections, Congresswoman Nancy Pelosi argued, "I don't think anyone can tell you when life begins."¹¹ Both answers indicate a descriptive interpretation of the question. Cecile Richards' statement suggests she believes 'when life begins' can be medically determined in each pregnancy, and Nancy Pelosi's statement suggests she believes 'when life begins' is a knowable factual matter, not a matter of opinion (e.g., 'no one person should get to determine when life begins').

Other politicians believe it is a settled issue. In defense of his abortion stance, 2016 Republican Party presidential candidate Senator Marco Rubio once said, "I believe that science is clear... when

⁹ Planned Parenthood is a nonprofit that provides reproductive services around the world, and it is recognized as the leading abortion provider in the U.S. See: Umhouefer, D. "Glenn Grothman says Planned Parenthood is leading abortion provider". *Politifact Wisconsin*, 2017. Available at: <http://www.politifact.com/wisconsin/statements/2017/may/15/glenn-grothman/glenn-grothman-says-planned-parenthood-leading-abo/>.

¹⁰ Hochman, D. "The Playboy Interview With Cecile Richards". *Playboy*, 2018. Available at: <https://www.playboy.com/read/playboy-interview-cecile-richards>.

¹¹ Pelosi, N. "Meet the Press interview with Tom Brokaw". 2008. Available at: <https://www.youtube.com/watch?v=G8FmLCm2CiI>.

there is conception that that [sic] is a human life in the early stages of its total development that is worthy of the protection of our laws.”¹² Here, Senator Rubio responded to both perspectives of when life begins, seemingly arguing that a certain descriptive view (i.e., there is a human life at conception) necessitates a certain normative view (i.e., a fetus is worthy of legal protection throughout pregnancy).

These views are echoed by the current U.S. President, since he similarly argues that a fetus is a human worthy of legal protection. President Donald Trump advanced this stance in a letter to the National Right to Life Committee: “[a]s President I am dedicated to protecting the lives of every American including the unborn”.¹³ This belief was memorialized on January 22, 2018, the National Sanctity of Human Life day, when President Trump announced that “[t]oday, we focus our attention on the love and protection each person, born and unborn, deserves regardless of disability, gender, appearance, or ethnicity... [and] no class of people should ever be discarded as ‘non-human.’”¹⁴ Under his direction, the U.S. Department of Health and Human Services (HHS) updated its strategic plan to recognize this view.¹⁵ However, an HHS representative denied they were taking a political stance: “[n]o, the department is finally looking to and acknowledging science”.¹⁶ These political stances are not mere talking points; they can affect U.S. policy and potentially impact America’s abortion laws.

History of U.S. Abortion Laws

‘When life begins’ has played a central role in the United States’ centuries-long legislative debate on abortion. Until the 19th century, quickening was recognized as the moment life began because fetal movements in the uterus served as proof that a woman was pregnant. This descriptive view served as the basis of the normative view under U.S. common law because “[o]nce quickening occurred, women recognized a moral obligation to carry the fetus to term”.¹⁷ Quickening later gave way to the view espoused by Dr. Horatio Storer and the American Medical Association (AMA). In

¹² Scott, E. “Marco Rubio defends abortion stance: Human life begins at conception”. *CNN*, 2015. Available at: <https://www.cnn.com/2015/08/07/politics/marco-rubio-abortion-republican-debate-gop/>.

¹³ Ertelt, S. “President Donald Trump: Unborn Babies Have a “Basic and Fundamental Human Right, the Right to Life”. *LifeNews.com*, 2018. Available at: <http://www.lifenews.com/2018/06/28/president-donald-trump-unborn-babies-have-a-basic-and-fundamental-human-right-the-right-to-life/>.

¹⁴ “President Donald J. Trump Proclaims January 22, 2018, as National Sanctity of Human Life Day”. *The White House*, 2018. Available at: <https://www.whitehouse.gov/presidential-actions/president-donald-j-trump-proclaims-january-22-2018-national-sanctity-human-life-day/>.

¹⁵ “Strategic Plan FY 2018 - 2022.” *U.S. Department of Health & Human Services*. Available at: <https://www.hhs.gov/about/strategic-plan/index.html>.

¹⁶ Burger, J. “HHS draft plan recognizes that life begins at conception”. *Aleteia*, 2017. Available at: <https://aleteia.org/2017/10/14/health-and-human-services-draft-plan-recognizes-that-life-begins-at-conception/>.

¹⁷ Reagan, L.J. “When Abortion Was a Crime: Women, Medicine, and Law in the United States, 1867-1973”. *University of California Press*, 1997, p. 8-9.

the 1857 report of the Committee on Criminal Abortion, the AMA took the stance that “the child is really alive from the very moment of its conception, and from that very moment is, and should be considered, a distinct being”.¹⁸ That stance drove the nationwide passage of state laws that restricted abortion throughout all stages of pregnancy. This reflected Americans’ continued use of a descriptive view to establish the normative view in their abortion laws. After a century of abortion bans, both views were redefined in 1973 by the U.S. Supreme Court in *Roe v. Wade*.

Justice Harry Blackmun wrote the Court’s opinion and considered multiple theories on when life begins. He suggested that “those trained in the respective disciplines of medicine, philosophy, and theology” were the experts whose consensus on when life begins would be relevant to the Court’s opinion since “the judiciary, at this point in the development of man’s knowledge, is not in a position to speculate as to the answer”.¹⁹ However, the Court could not find a consensus view among experts and replaced the AMA’s stance with the descriptive view that “the fetus, at most, represents only the potentiality of life”. The Court ultimately argued that the “potentiality of human life... grows” during pregnancy and first reaches a compelling point at fetal viability (i.e., the point at which medical technology could facilitate a fetus’ survival after a premature birth). This descriptive view was consistent with the Court’s normative view, “[w]ith respect to the State’s important and legitimate interest in potential life, the ‘compelling’ point is at viability”, since the Court held that life can be protectable at viability.²⁰ Since *Roe* used viability as both the moment when a fetus’ life begins and as the legal dividing line in pregnancy²¹, the Court continued the U.S. legal trend of deeming a fetus worthy of legal consideration at the point when a fetus has been classified as a human.

The descriptive and normative views of *Roe* are currently used as the basis for U.S. abortion laws²², but anti-abortion politicians continue to challenge these views. Federal lawmakers have made numerous attempts to pass human life amendments to the U.S. Constitution and redefine the beginning of life as conception to protect fetuses throughout pregnancy.²³ Federal lawmakers have

¹⁸ “Suffolk District Medical Society Report [of the Committee on Criminal Abortion]”. Boston, 1857, p. 8. Available at: <https://collections.nlm.nih.gov/bookviewer?PID.nlm:nlmuid-101218760-bk>, pp. 10.

¹⁹ *Roe v. Wade*. 410 U.S. 113, 159 (1973).

²⁰ *Id.* at 163-165.

²¹ *Id.* at 159. Justice Blackmun signaled that he understood the distinction between the descriptive and normative interpretations of when life begins: “Texas urges that... life begins at conception and is present throughout pregnancy, and that, therefore, the State has a compelling interest in protecting that life from and after conception. We need not resolve the difficult question of when life begins”; additionally, he precluded the view that a fetus is classified as a human at fertilization by referring to previable fetuses as “potential human life”.

²² The essential holding of *Roe*, in part that a fetus is a potential human life, was upheld in *Planned Parenthood v. Casey*, 505 U.S. 833, 834 (1992) and *Whole Woman’s Health v. Hellerstedt*, 579 U.S. ____ (2016).

²³ Lohr, K. “Human Life’ Amendments Latest Challenge to *Roe*”. *NPR*, 2008. Available at: <http://www.npr.org/templates/story/story.php?storyId=18292863>.

also worked to restrict abortion access with a bill that would protect fetuses that are sentient (i.e. capable of experiencing pain).²⁴ Similar attempts have taken place on the state level. Recently, Iowa state legislators passed a ‘heartbeat bill’ to protect a fetus once its heartbeat has been detected, taking the position that a heartbeat signals the beginning of a life.²⁵ Some predict it will trigger the next challenge to *Roe*²⁶, and politicians have suggested this was the very purpose of the bill and the law.²⁷

Summary

The logic of U.S. abortion laws has remained constant for centuries. The legal dividing line in pregnancy has merely moved according to the arbiters’ determination on the *is* dimension of ‘when life begins’ (i.e., first society, then the AMA, and finally the U.S. Supreme Court). Thus, courts and lawmakers have a long and consistent history of using a fetus’ developmental landmarks to form their view on when a fetus is classified as a human, which they then use as the bright line that separates legal abortions from illegal abortions. Americans have either believed that the descriptive and normative interpretations are fungible or that a certain descriptive view necessitates a corresponding normative view (i.e., a human’s life is worthy of legal consideration when it begins).²⁸ However, it is not known whether this is still true for Americans. It is possible that traditional ethical and legal concepts have been impacted by contemporary modes of thinking that find the descriptive view irrelevant to normative issues in the U.S. abortion debate (e.g., the view that a woman needs reproductive rights for the protection of her rights to autonomy, liberty, and equality).²⁹

²⁴ O’Keefe, E. “Abortion ban bill fails to advance in the Senate”. *Washington Post*, 2018. Available at: http://www.washingtonpost.com/politics/abortion-ban-bill-fails-to-advance-in-the-senate/2018/01/29/98ad2c0e-0518-11e8-94e8-e8b8600ade23_story.html.

²⁵ After signing the bill into law, Iowa Governor Reynolds argued, “if death is determined when a heart stops beating, then doesn’t a beating heart indicate life?”. Pfannenstiel, B. & Petroski, W. “The nation’s strictest abortion ban is now law. Iowa Gov. Kim Reynolds signs ‘fetal heartbeat’ bill”. *Des Moines Register*, 2018. Available at: <https://www.desmoinesregister.com/story/news/politics/2018/05/04/abortion-ban-law-iowa-fetal-heartbeat/577443002/>.

²⁶ Ingber, S. “Iowa Bans Most Abortions As Governor Signs ‘Heartbeat’ Bill”. *NPR*, 2018. Available at: <http://www.npr.org/sections/thetwo-way/2018/05/05/608738116/iowa-bans-most-abortions-as-governor-signs-heartbeat-bill>.

²⁷ For example, Iowa State Senator Rick Bertrand signaled this view: “I believe this bill will be the vehicle that will ultimately provide change and provide the opportunity to overturn *Roe v. Wade*”, Shaw, M. “Iowa’s new six-week ‘heartbeat’ abortion bill is a blatant attempt to reverse *Roe v. Wade*”. *NBC News*, 2018. Available at: <https://www.nbcnews.com/think/opinion/iowa-s-new-six-week-heartbeat-abortion-bill-blatant-attempt-ncna871561>.

²⁸ It is unknown which principle would justify the argument that a certain descriptive view would necessitate a corresponding normative view, but this principle is consistent with rights concepts outlined in the Universal Declaration of Human Rights, which extend rights to all humans: “[e]veryone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status”. “Universal Declaration of Human Rights”. *United Nations*. Available at: <http://www.un.org/en/universal-declaration-human-rights/>.

²⁹ “Reproductive Rights are Human Rights”. *Center for Reproductive Rights*, 2009. https://www.reproductiverights.org/sites/crr.civicactions.net/files/documents/RRareHR_final.pdf.

This article proceeds to explore these questions with two studies. Study 1 sought to determine whether one of the interpretations is more prevalent. In an online survey, American participants were asked to select the group most qualified to determine when a human's life begins. Resulting data indicated that most Americans hold one of the views. Study 2 sought to inform discussions on that view. In an online survey, Americans' chosen group of experts were asked to determine when life begins. Together, these studies operationalized the question and provided data on the experts' answer. While this might appear to be an *argumentum ad populum* (i.e., arguing something is true because it's popular), using participants' chosen experts to resolve the question does not suggest that the group would actually be most qualified. That group would just be able to make the determination that Americans are most likely to accept. Mediators and dispute resolution experts often ask parties to agree on a third-party source or authority that can resolve fundamental disputes between the parties.

Study 1 – Americans' Opinions on 'When Life Begins'

A large random sample of Americans was first asked whether they believe "[w]hen does a human's life begin?" is an important question in the U.S. abortion debate. Next, participants were asked to select the group most qualified to answer the question. The list was created to allow for inferences on whether Americans' primarily hold a descriptive or a normative interpretation of the question. Participants were given biologists as the descriptive option, since biologists are life scientists trained to classify living things. Participants were given religious leaders, voters, philosophers, and Supreme Court Justices as the normative options, since these groups have different perspectives on the same essential question of when a fetus is a human worthy of ethical and legal consideration.

Methods

Participation was sought from American adults through Amazon's Mechanical Turk workforce site (MTurk), which is the service many academic researchers³⁰ use to connect with large participant pools. 2,979 American participants answered the advertisement on a survey about "a

³⁰ Buhrmester, M., Kwang, T., & Gosling, S. D. "Amazon's Mechanical Turk: A new source of inexpensive, yet high-quality, data?". *Perspectives on Psychological Science*, 2011, 6, p. 3-5; Bates, J. A., & Lanza, B. A. "Conducting psychology student research via the Mechanical Turk crowdsourcing service". *North American Journal of Psychology*, 2013, 15(2), p. 385-394; Buhrmester, M. & Talafar, S. & Gosling, S. "An Evaluation of Amazon's Mechanical Turk, Its Rapid Rise, and Its Effective Use". *Perspectives on Psychological Science*, 2018, 13, p. 149-154. Available at: <https://doi.org/10.1177/1745691617706516>.

popular American debate”. 2,899 participants provided data on the operative question.³¹ Politically, the sample was predominantly pro-choice (63%), liberal (63%), and Democratic (67%). The sample was well-educated (62% graduated from college) and had more females (58%) than males (42%). The demographics were consistent with previous findings on the demographics of MTurk samples.³²

The surveys focused on the role ‘when life begins’ plays in the U.S. abortion debate, but they also included subsequent broader rights questions that are not analyzed in this article. Participants were presented a list of experts (i.e., biologists, religious leaders, voters, philosophers, and Supreme Court Justices) and asked to select the group most qualified to determine when a human’s life begins. This list was generated from the U.S. Supreme Court opinion on *Roe v. Wade*.³³ As a follow-up question, many participants were presented an open-ended essay prompt so they could explain the reasoning behind their selection. The main questions investigated in this article are as follows:

- **Q1:** “How important is the question ‘When does a human's life begin?’ in the US Abortion Debate?” (1=Unimportant, 10=Important)
- **Q2:** “Americans deserve to know when a human's life begins so they can be informed in their abortion positions and reproductive decisions.” (1=Do Not Agree, 10=Agree)
- **Q3:** “Which group is most qualified to answer the question ‘When does a human's life begin?’”
- **Q4:** “Why do you think they are most qualified?”

Results

In response to Q1, 87% of participants (2294 out of 2633) rated ‘when a human’s life begins’ as an important issue. In response to Q2, 84% (1983 out of 2355) agreed with the statement representing the view that Americans deserve to know when a human's life begins so they can be informed in their abortion positions and reproductive decisions. These results suggest that ‘when life begins’ is still perceived as a relevant issue in the U.S. abortion debate.

In response to Q3, 81% of participants (2336 out of 2899; 99% CI [79.1%, 82.9%]) selected biologists over religious leaders (7%), voters (7%), philosophers (4%), and Supreme Court Justices (2%) (Figure 1). This suggests the question is interpreted descriptively as ‘when is a fetus classified as a human’. Since most participants selected biologists, they likely understand ‘a human’s life’ as a biological concept that represents a member of the human species. Since few selected the groups whose selection would suggest a normative view, they do not likely understand ‘a human’s life’ as a

³¹ 587 participants were offered \$.26 for participating, and 2,312 participants were offered \$.51 for participating.

³² Huff, C. & Tingley, D. “Who are these people? Evaluating the demographic characteristics and political preferences of MTurk survey respondents”. *Research & Politics*, 2015, 2(3), p. 1-12. Available at: <https://scholar.harvard.edu/files/dtingley/files/whoarethesepeople.pdf>

³³ *Roe v. Wade*. 410 U.S. 113, 159 (1973).

metaphysical, value-laden concept that represents a person deserving of ethical and legal consideration.

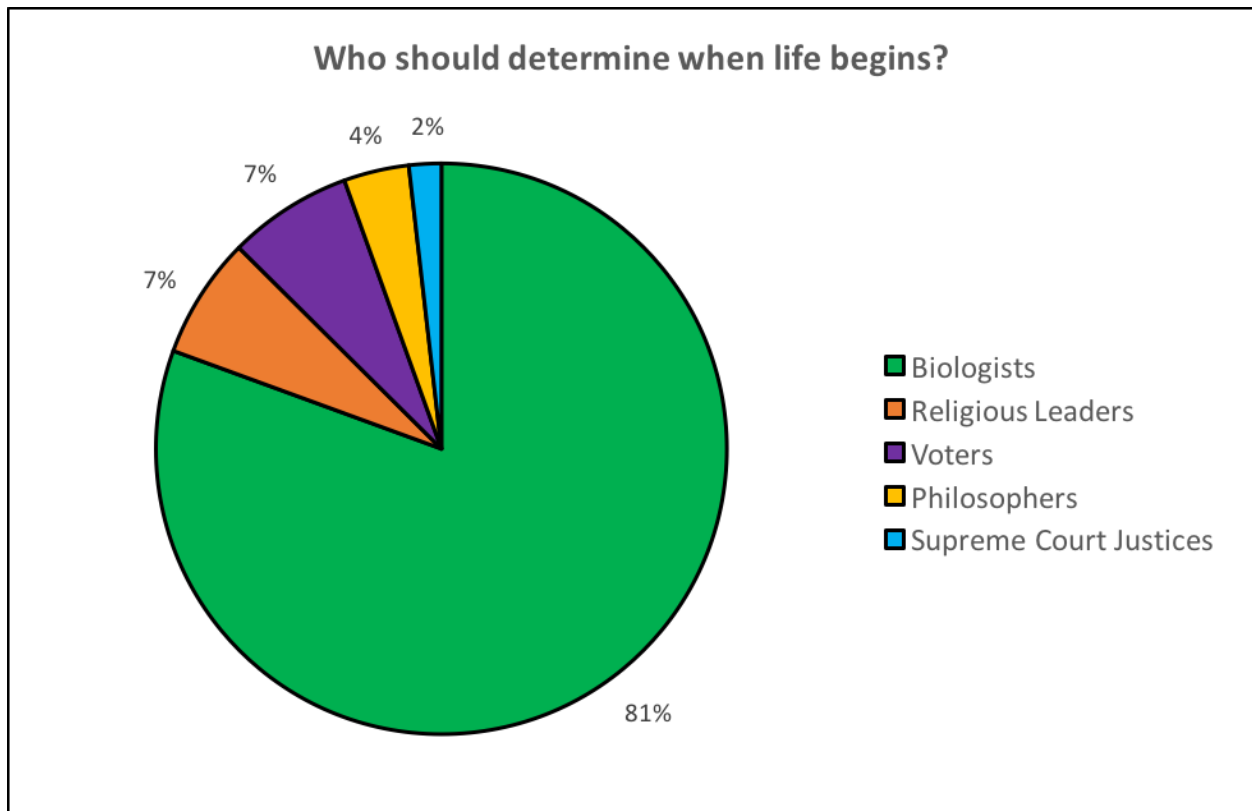


Figure 1. Participants' selections in response to the question: "Which group is most qualified to answer the question 'When does a human's life begin?'".

In response to Q4, 91% of participants that selected biologists (1663 out of 1820) argued that when life begins is an objective matter and biologists' scientific knowledge makes them best suited to resolve the issue. Their responses suggest biologists were selected because Americans recognize "[w]hen does a human's life begin?" as a fundamentally objective question that calls for an answer from a biological perspective. Finally, in a sample of the Americans who selected biologists, participants predicted biologists would agree on when life begins (67%; 622 out of 930) and predicted a consensus determination by biologists would strengthen the pro-choice side of the U.S. abortion debate (56%; 525 out of 932).

Summary

When asked to select the group most qualified to determine when a human's life begins, most Americans chose biologists because participants recognized them as objective scientists well-suited to

determine the descriptive view of when a fetus is classified as a human. Few chose groups well-suited to provide a normative view of when a human is worthy of legal consideration (i.e., religious leaders, voters, philosophers, and Supreme Court Justices). Thus, American participants' consensus selection of biologists and their justifications of that selection suggest the descriptive interpretation is most salient in discussions on how to determine when life begins. Altogether, these findings suggest that the descriptive view of when life begins is relevant and properly operationalized as 'when is a fetus biologically classified as a human'.

Accordingly, the questions in Study 2 were constrained to the biological view of when life begins. The measures were free from any mention of rights or laws, so participants could focus solely on the *is* question. This framing signaled to biologists that they should answer questions descriptively based on their scientific view and that their normative view is not relevant. Thus, academic biologists were surveyed to learn if there is a consensus biological view on when life begins.

Study 2 – Biologists' Determination on 'When Life Begins'

While science is not typically done by consensus, such exercises have contributed to the global warming debate.³⁴ This method is especially helpful in debates with political implications because such topics can motivate scientists to take stances based on their personal or political opinions, rather than stances that result from their training as scientists. Accordingly, personal or political bias is likely less impactful in a survey of thousands of scientists than in a collection of anecdotal evidence from a small group of experts.³⁵ A large sample can also allow for comparisons of groups with different ideological or political stances and allow for analyses that measure these differences. To represent these differences, a table was created to present data from 60 groups of biologists that were separated along 11 different dimensions. For a robust view of biologists, a consensus of these groups would have to affirm the view. This nuanced analysis would suggest whether the finding is ubiquitous among all groups of biologists or if the finding was being driven by a certain religious belief (e.g., Atheism, Catholicism), a stance on abortion (e.g., pro-choice, pro-life), or a life circumstance (e.g., not having children, having four children).

³⁴ Vaidyanathan, G. "How to Determine the Scientific Consensus on Global Warming". *ClimateWire*, 2014. Available at: <http://www.scientificamerican.com/article/how-to-determine-the-scientific-consensus-on-global-warming>.

³⁵ In 1981, the U.S. Senate Judiciary Committee heard testimonial evidence from physicians and biologists that further reinforced disagreement on when life begins. "Report". *Subcommittee on Separation of Powers to Senate Judiciary Committee S-158*, 97th Congress, 1st Session 1981.

Methods

Participation was sought from biologists associated with colleges, universities, and institutes around the world. A list of academic institutions was generated from rankings of biology programs.³⁶ Contact information of post-docs, lecturers, professors, and professors emeriti was collected from the institutions' biology and life science faculty pages. Altogether, 62,469 academic biologists were recruited through e-mail and 7,383 participated in the study (12% survey response rate³⁷).³⁸ Of those participants, 5,502 biologists from 1,058 academic institutions provided analyzable data by assessing at least one of the three biological statements (Q1-Q3).³⁹ The majority of the sample was male (63%) and 95% held a PhD. The sample was predominantly non-religious (63%). As in Study 1, there were more liberals (89%) than conservatives (11%), Democrats (92%) than Republicans (8%), and pro-choice supporters (85%) than pro-life supporters (15%).⁴⁰ The sample included biologists that were born in 86 countries around the world.

The surveys focused on the biological view of when a human's life begins, but the surveys also included questions about a range of related scientific concepts (e.g., genetics and epigenetics) that are not analyzed in this article. Most questions called for participants' assessment of whether a statement was "Correct" or "Incorrect". The statements described the specific biological view that 'a human's life begins at fertilization'. This was used because previous polls and surveys have suggested this is a popular view among scientific experts and laypeople.⁴¹ Participants were also given an open-ended

³⁶ "Best Graduate Biological Sciences Programs". *U.S. News*, 2018. Available at: <https://www.usnews.com/best-graduate-schools/top-science-schools/biological-sciences-rankings>; "QS World University Rankings by Subject 2015 - Biological Sciences". 2015. Available at: <https://www.topuniversities.com/university-rankings/university-subject-rankings/2015/biological-sciences>.

³⁷ This response rate is similar to what was found in a recent study of sociologists, see: Horowitz, M., Haynor, A., & Kickham, K. "Sociology's Sacred Victims and the Politics of Knowledge: Moral Foundations Theory and Disciplinary Controversies". *The American Sociologist*, 2018 1-37. Available at: <https://doi.org/10.1007/s12108-018-9381-5>.

³⁸ In Study 2, 7,383 participants started a survey and 6,646 gave at least one substantive answer to a question (89%); substantive answers included responsive answers to preliminary questions on genetics that were posed to activate participants' biological reasoning (along with missing data and other nonresponsive answers, these were not included in the analyses in this paper); this response rate (89%) reflected the RR2, which includes completed and partial interviews, see: "Standard Definitions". *American Association for Public Opinion Research*, 2015. Available at: http://www.aapor.org/AAPOR_Main/media/publications/Standard-Definitions2015_8theditionwithchanges_April2015_logo.pdf.

³⁹ Every participant that affirmed or rejected at least one biological statement (Q1-Q3) was included (N = 5502); the item response rates of all four questions (Q1-Q4) were above the 70% threshold, so they did not trigger a nonresponse bias analysis, see: National Research Council. "Nonresponse in Social Science Surveys: A Research Agenda". Washington, DC: *The National Academies Press*, 2013, p. 46. Available at: <https://doi.org/10.17226/18293>.

⁴⁰ Participants rated themselves on three scales from 1-10 that had "pro-choice", "liberal", and "democratic" (1 through 5) on one end and "pro-life", "conservative", and "democratic" on the other end (6 through 10).

⁴¹ Elliott T. A., Friedman, J. A., Siegel, E. T., Kort, H. I., & Nagy, Z. P. "When does life begin? Results of an online survey". 2008. Available at: [http://www.fertstert.org/article/S0015-0282\(08\)01732-9/fulltext](http://www.fertstert.org/article/S0015-0282(08)01732-9/fulltext); Moore, P. *Three quarters say Longmont attack is murder*. YouGov, 2015. Available at: <http://today.yougov.com/topics/politics/articles-reports/2015/04/07/three-quarters-say-longmont-attack-murder>.

survey question on their biological view of ‘when a human’s life begins’. The main questions investigated in this paper are as follows:

- **Q1 - Implicit Statement A**
 - “The end product of mammalian fertilization is a fertilized egg (‘zygote’), a new mammalian organism in the first stage of its species’ life cycle with its species’ genome.”
- **Q2 - Implicit Statement B**
 - “The development of a mammal begins with fertilization, a process by which the spermatozoon from the male and the oocyte from the female unite to give rise to a new organism, the zygote.”
- **Q3 - Explicit Statement**
 - “In developmental biology, fertilization marks the beginning of a human's life since that process produces an organism with a human genome that has begun to develop in the first stage of the human life cycle.”
- **Q4 - Open-Ended Essay Question**
 - “From a biological perspective, how would you answer the question ‘When does a human's life begin?’”

Q1-Q3 vary in how explicitly they frame a descriptive view on when life begins, so all three were used to develop a robust understanding of participants’ assessment of the biological view that ‘a human’s life begins at fertilization’. However, all three could be argued to be logically and biologically equivalent.⁴² The implicit statements represent the ‘textbook view’ that fertilization produces an organism at the beginning of the ontogenetic developmental process of mammals (i.e., the mammalian life cycle)⁴³. The explicit statement focuses on a specific species of mammals, ‘humans’ (i.e., *Homo sapiens sapiens*)⁴⁴, and concretely frames the implied ontogenetic life cycle as ‘a life’ – these elements are collectively represented by the phrase “a human’s life”. While Q1-Q3 were assessments of a specific view on when life begins, the open-ended essay question (Q4) was incorporated to learn the view biologists would focus on when they were free to write about the biological view they believe to be most correct.

⁴² Indeed, many participants complained in the comments section about how these questions seemed repetitive and many responded to Q4 by saying, ‘I’ve already answered this question multiple times’.

⁴³ Seisenberger, S. et al. “Reprogramming DNA methylation in the mammalian life cycle: building and breaking epigenetic barriers”. *Phil. Trans. R. Soc.*, 2012.

⁴⁴ Foley, N. M., Springer, M. S., & Teeling, E. C. “Mammal madness: is the mammal tree of life not yet resolved?”. *Phil. Trans. R. Soc. B.*, 2016. Available at: <https://doi.org/10.1098/rstb.2015.0140>.

Results

In response to Q1, 91% of participants (4542 out of 4979) affirmed the first statement. In response to Q2, 88% of participants (3974 out of 4498) affirmed the second statement (Figure 2). These were implicit statements of the biological view as they replaced concepts that could be perceived as normative (e.g., “human”, “life”) with descriptive terms (e.g., “mammalian”, “development”). These statements retained the core argument for biologically classifying humans (i.e., a zygote with a human genome is a new human organism developing in the first stage of the human life cycle), so it can be argued that affirming one of the implicit statements is logically equivalent to affirming the biological view that ‘a human’s life begins at fertilization’.

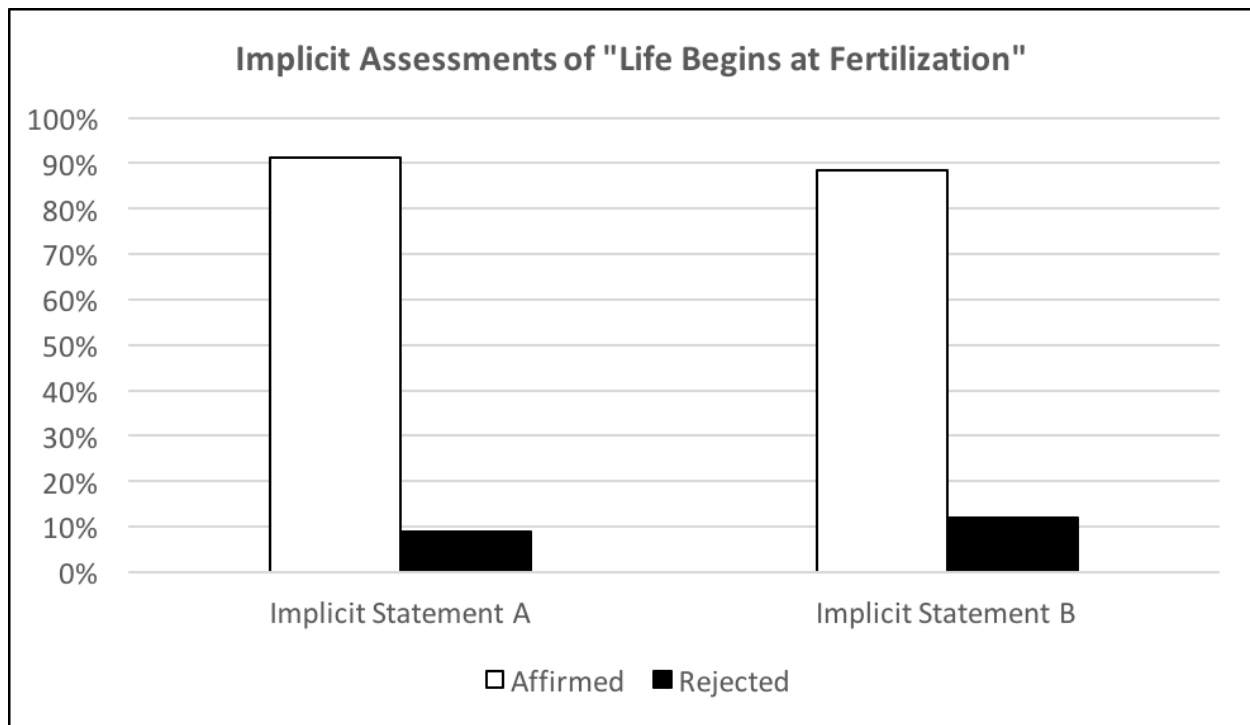


Figure 2. Participants’ assessments of Implicit Statement A (“The end product of mammalian fertilization is a fertilized egg...”) and Implicit Statement B (“The development of a mammal begins with fertilization...”).

In response to Q3, 75% of participants (2493 out of 3336) affirmed the explicit statement that contained language that could trigger extrabiological modes of thinking and normative interpretations of ‘when life begins’ (e.g., “human”, “life begins”). This language could have been a contributing factor in the lower level of support of the explicit statement, since the implicit statements did not contain such language.

To better understand this lower level of support, which could be driven by participants' normative interpretations, participants were separated into groups based on their abortion stances (Figure 3). While there was consensus in each group, the affirmation rate of very pro-choice biologists (69%; 1331 out of 1932) was lower than neutral biologists (86%; 178 out of 208) and very pro-life biologists (92%; 238 out of 259). The lower affirmation rate of pro-choice biologists, compared to the other groups, could be due to the higher rate at which the explicit statement activated pro-choice biologists' normative interpretations. Such interpretations could lead to a higher rejection rate of the explicit statement since the common pro-choice normative view precludes the legal recognition of a fetus at fertilization.

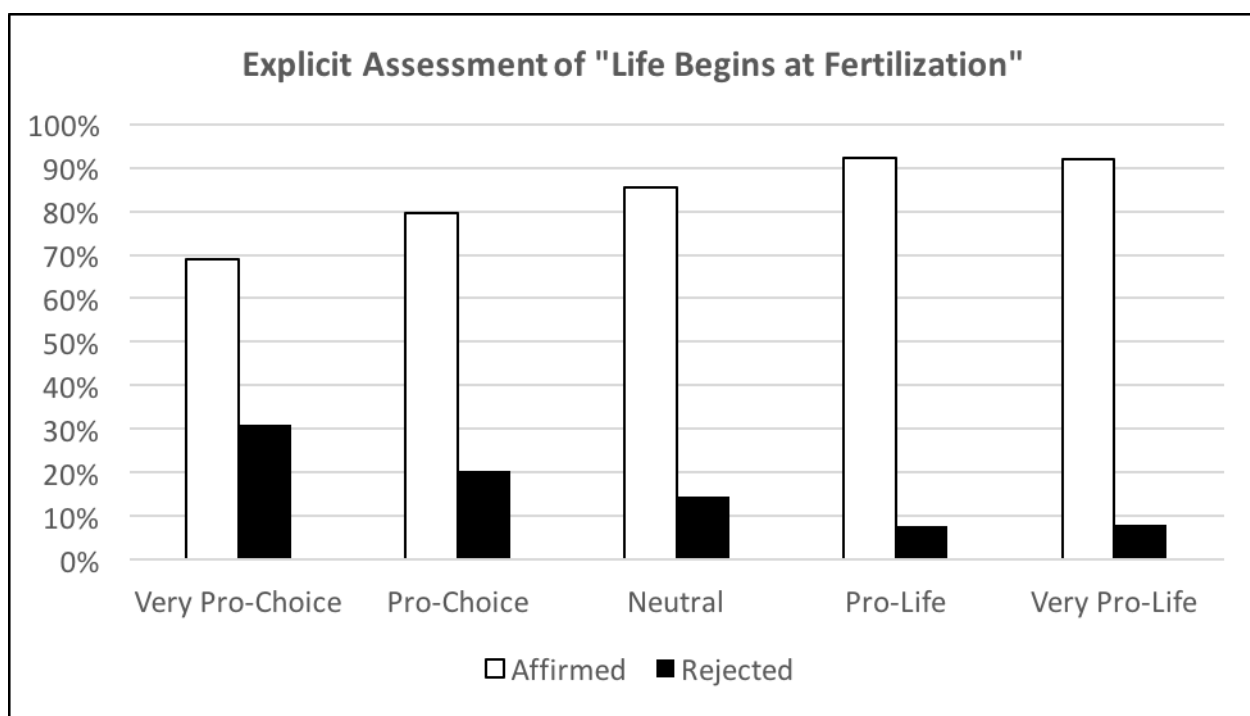


Figure 3. Participants' assessments of the statement: "In developmental biology, fertilization marks the beginning of a human's life...". Separated by participants' abortion stances.

In Table 1, participants' affirmation rates for Q1-Q3 were further broken down into 60 categories (e.g., pro-life, pro-choice, conservative, liberal, Republican, Democrat) along 11 dimensions (e.g., abortion stance, ideological stance, political stance). Consensus was found in each group for each question. Affirmation rates ranged from 86-99% for Q1, 81-99% for Q2, and 65-96% for Q3.

Table 1 Biologists' Affirmation Rates

Group	Q1 – Implicit A	Q2 – Implicit B	Q3 – Explicit
All Participants	91% (N = 4979)	88% (N = 4498)	75% (N = 3336)
<u>Education</u>			
Master's	93% (N = 138)	81% (N = 135)	79% (N = 117)
MD	99% (N = 69)	87% (N = 62)	87% (N = 47)
MD/PhD	91% (N = 328)	89% (N = 311)	78% (N = 262)
PhD	91% (N = 4406)	89% (N = 3966)	74% (N = 2891)
<u>Specialty</u>			
Anatomy	93% (N = 135)	92% (N = 107)	90% (N = 89)
Biochemistry	89% (N = 384)	86% (N = 297)	65% (N = 207)
Botany	92% (N = 252)	85% (N = 212)	79% (N = 161)
Cellular Biology	93% (N = 419)	88% (N = 425)	70% (N = 311)
Developmental Biology	90% (N = 155)	83% (N = 151)	76% (N = 118)
Ecology	88% (N = 889)	87% (N = 845)	73% (N = 613)
Genetics	92% (N = 545)	89% (N = 440)	75% (N = 290)
Molecular Biology	92% (N = 609)	89% (N = 601)	77% (N = 436)
Physiology	95% (N = 353)	89% (N = 352)	72% (N = 246)
Zoology	92% (N = 430)	91% (N = 297)	83% (N = 209)
Other	91% (N = 794)	90% (N = 764)	75% (N = 651)
<u>Abortion Stance</u>			
Very Pro-Choice	90% (N = 2838)	88% (N = 2625)	69% (N = 1932)
Pro-Choice	92% (N = 617)	88% (N = 562)	80% (N = 438)
Neutral	93% (N = 292)	88% (N = 276)	86% (N = 208)
Pro-Life	92% (N = 225)	91% (N = 204)	92% (N = 168)
Very Pro-Life	97% (N = 331)	92% (N = 311)	92% (N = 259)
<u>Ideological Stance</u>			
Very Liberal	91% (N = 1395)	89% (N = 1415)	70% (N = 1137)
Liberal	92% (N = 1065)	88% (N = 1054)	76% (N = 856)
Neutral	91% (N = 425)	86% (N = 435)	77% (N = 376)
Conservative	93% (N = 175)	93% (N = 178)	92% (N = 164)
Very Conservative	94% (N = 67)	99% (N = 70)	96% (N = 69)
<u>Political Stance</u>			
Strong Democrat	91% (N = 1516)	89% (N = 1533)	74% (N = 1238)
Democrat	91% (N = 783)	87% (N = 778)	72% (N = 623)
Neutral	91% (N = 469)	88% (N = 472)	78% (N = 411)
Republican	98% (N = 101)	93% (N = 106)	88% (N = 101)
Strong Republican	89% (N = 35)	97% (N = 37)	94% (N = 35)

Table 1 (continued)

Group	Q1 – Implicit A	Q2 – Implicit B	Q3 – Explicit
All Participants	91% (N = 4979)	88% (N = 4498)	75% (N = 3336)
<u>Religion</u>			
Agnostic	90% (N = 524)	88% (N = 573)	72% (N = 406)
Atheist	90% (N = 854)	90% (N = 857)	70% (N = 697)
No Religion	91% (N = 509)	85% (N = 508)	78% (N = 421)
Buddhist	86% (N = 43)	89% (N = 46)	78% (N = 40)
Hindu	96% (N = 27)	93% (N = 27)	81% (N = 26)
Muslim	95% (N = 22)	86% (N = 21)	89% (N = 19)
Jewish	93% (N = 110)	90% (N = 111)	68% (N = 90)
Lutheran	97% (N = 58)	89% (N = 57)	70% (N = 50)
Protestant	94% (N = 429)	90% (N = 435)	81% (N = 375)
Catholic	93% (N = 304)	91% (N = 308)	82% (N = 271)
Other	89% (N = 231)	86% (N = 227)	74% (N = 199)
<u>Language</u>			
Native English	92% (N = 2149)	89% (N = 2164)	73% (N = 1742)
Non-Native English	90% (N = 963)	87% (N = 973)	81% (N = 842)
<u>Gender</u>			
Male	92% (N = 2243)	89% (N = 2202)	77% (N = 1652)
Female	91% (N = 1414)	88% (N = 1332)	72% (N = 978)
<u>Marital Status</u>			
Single/Never Married	91% (N = 487)	86% (N = 452)	78% (N = 353)
Married	91% (N = 2999)	89% (N = 2744)	75% (N = 2017)
Widowed	95% (N = 57)	98% (N = 49)	72% (N = 43)
Divorced	94% (N = 281)	89% (N = 268)	71% (N = 202)
<u># of Children</u>			
0	90% (N = 1026)	88% (N = 940)	75% (N = 684)
1	91% (N = 676)	87% (N = 620)	73% (N = 440)
2	91% (N = 1492)	89% (N = 1381)	73% (N = 1042)
3	91% (N = 456)	88% (N = 417)	84% (N = 323)
4+	96% (N = 163)	88% (N = 144)	84% (N = 118)
<u>Annual Salary</u>			
\$25,000 and under	90% (N = 60)	95% (N = 59)	86% (N = 51)
\$25,000-\$49,999	87% (N = 328)	85% (N = 323)	80% (N = 256)
\$50,000-\$74,999	91% (N = 912)	88% (N = 852)	74% (N = 667)
\$75,000-\$99,999	92% (N = 847)	90% (N = 776)	78% (N = 566)
\$100,000-\$149,999	92% (N = 858)	88% (N = 772)	71% (N = 562)
\$150,000 and over	93% (N = 514)	89% (N = 465)	72% (N = 330)

In a combined measure of Q1-Q3, 95% of participants (5212 out of 5502; 99% CI [94.2%, 95.8%]) affirmed the biological view that ‘a human’s life begins at fertilization’ and 5% rejected the view (290 out of 5502) (Figure 4). This overall measure treated the statements in Q1-Q3 as logically and biologically equivalent statements of the biological view on when life begins. The overall consensus was established by coding participants in one of two ways: “affirmed the view” (i.e., participants affirmed at least one statement) or “rejected the view” (i.e., participants rejected at least one statement and did not affirm at least one statement).

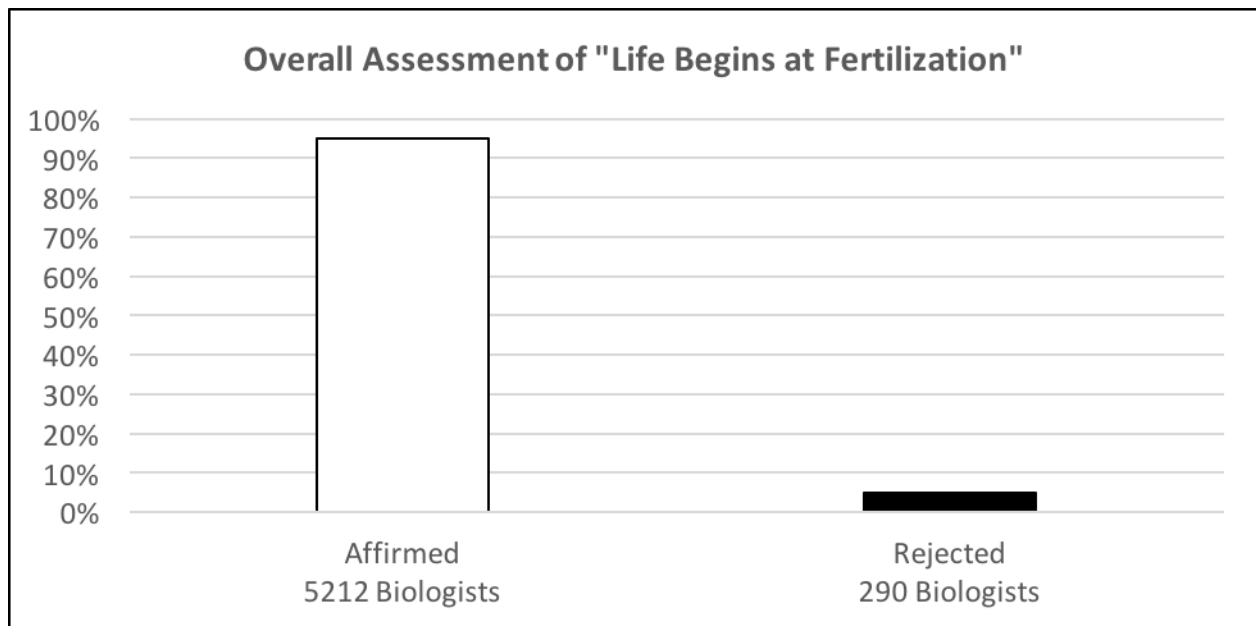


Figure 4. Participants’ overall assessments of the implicit and explicit statements on the biological view that ‘a human’s life begins at fertilization’.

Since biologists assessed a stated biological view in the previous measures, it was important to learn the views they would write about in an open-ended essay question. Again, despite Q4’s explicit descriptive frame (i.e., “[f]rom a biological perspective...”), the question’s use of certain language (e.g., “human”, “life begins”) could activate a normative interpretation. Most participants wrote about various points during pregnancy: when the sperm fertilizes the egg, when the zygote implants in the uterus, cell differentiation, neurogenesis, the first heartbeat, the first brain waves, the first pain response, fetal viability, and birth. Since a small percent of participants wrote about each of the various points after fertilization and before viability, they were grouped together and given the code “pre-viability”.

Altogether, responsive answers were given one of four codes: fertilization, pre-viability, fetal viability, and birth.⁴⁵ Consistent with biologists' descriptive view in Q1-Q3, a consensus of biologists wrote about the biological view that 'a human's life begins at fertilization' (68%; 1910 out of 2810) (Figure 5). Participants were separated based on their abortion stances to determine whether their abortion stances interfered with their biological stances. While there was some variance (e.g., fewer very pro-choice biologists (60%; 1052 out of 1739) wrote about fertilization than neutral (82%; 156 out of 190) or very pro-life biologists (89%; 231 out of 259)), a consensus of each group wrote that a fetus is biologically classified as a human at fertilization.

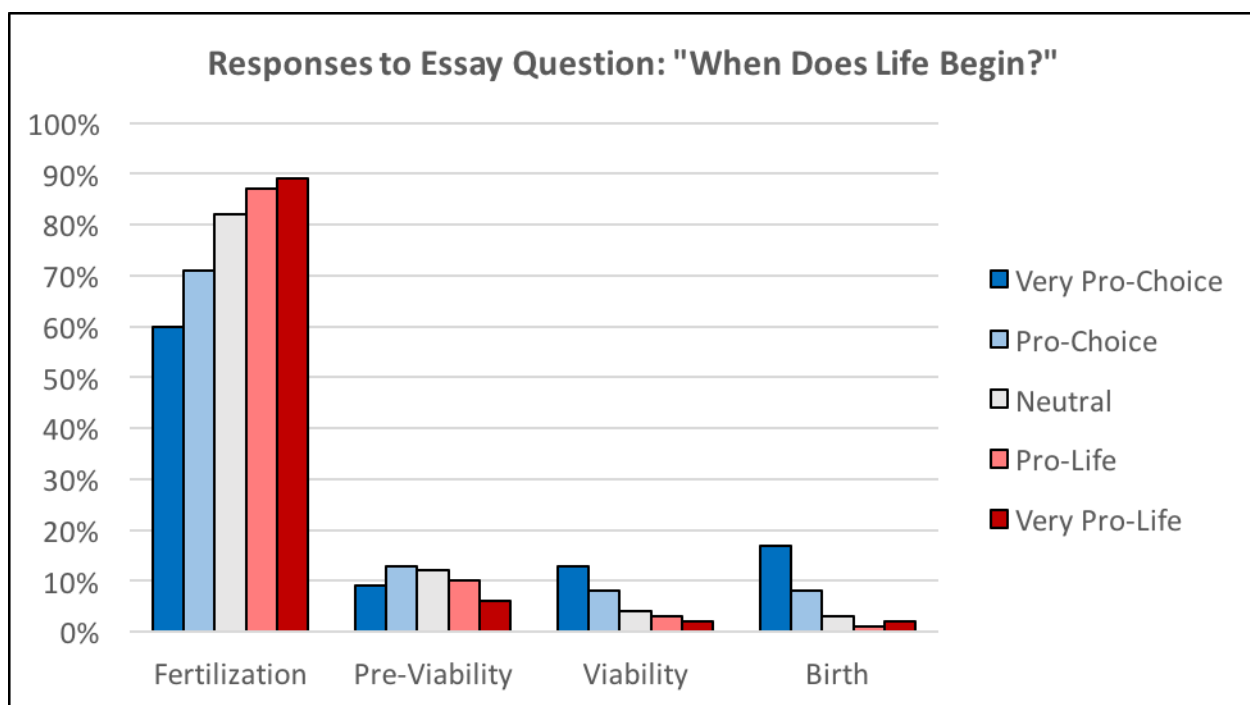


Figure 5. Participants' essay responses to the question, "From a biological perspective, how would you answer the question 'When does a human's life begin?'" Separated by participants' abortion stances.

Summary

Biologists' determination on the descriptive view of when a fetus is first classified as a human was explored in numerous ways. There was a consensus of biologists on all three statements that represented the view 'a human's life begins at fertilization'. When given an open-ended essay question that allowed participants to state how they'd determine when a human's life begins from a biological perspective, a consensus wrote about the same developmental landmark. Overall, the majority of the

⁴⁵ Nonresponsive answers did not represent a fetus' developmental point or state during pregnancy. Many of the nonresponsive answers focused on the beginning of 'human life' rather than 'a human life' (i.e., they argued life never really begins or ends, as it has continued in an unbroken chain from the first humans to today's humans).

study's large and broad sample of biologists held the descriptive view that a fetus is biologically classified as a human at fertilization.

Discussion

This paper demonstrates a large and robust scientific consensus on the biological view that 'a human's life begins at fertilization'. A consensus of biologists also wrote about this view in response to the open-ended essay question. Thus, in surveys of 5,502 biologists from 1,058 academic institutions around the world, there is a robust scientific consensus on when life begins. This finding will come as a surprise to many Americans. A recent Marist poll showed that 45% of Americans believe the statement "human life begins at conception" is a philosophical or religious belief.⁴⁶

While biologists' strong consensus support might be unexpected for some, it is expected given the underlying biology. Mammalian reproduction begins with the fusion of a male's sperm and a female's egg and results in a new mammalian organism. This new organism is a single cell called a 'zygote', and it is in the first stage of the mammalian life cycle. When a zygote is the result of a human sperm's fertilization of a human egg, the zygote has a human genome that is distinct from both of its parents.⁴⁷ Therefore, based on its biological classification, rooted in its genetics and development in the human life cycle, the zygote can be described as a *Homo sapiens sapiens* zygote (i.e., a human) to distinguish it from a *Felis catus* zygote (i.e., a cat).⁴⁸ This is not controversial. However, there has been some debate on the uniqueness of a human zygote compared to other human cells.⁴⁹

Through gene expression, human cells differentiate to perform specialized functions in the body. A zygote is unique as it is a totipotent cell that often becomes "a fertile, adult individual" through generating all cells of a body and organizing them "in a specific temporal and spatial sequence".⁵⁰ It is further unique in that it is the only single cell that is developing in the human life cycle. Accordingly, the biological stance on when a human's life begins would succinctly state: 'a human zygote is an organism with the human genome that is in the first stage of the human life cycle.' This is a descriptive

⁴⁶ "Americans' Opinions on Abortion". *Marist Poll*, 2018. Available at: <http://www.kofc.org/en/resources/communications/abortion-limits-favored.pdf>.

⁴⁷ Seisenberger, S. et al. "Reprogramming DNA methylation in the mammalian life cycle: building and breaking epigenetic barriers". *Phil. Trans. R. Soc.*, 2012.

⁴⁸ Wildman D.E., Goodman M. "Humankind's Place in a Phylogenetic Classification of Living Primates". In: Wasser S.P. (eds) *Evolutionary Theory and Processes: Modern Horizons*. Springer, 2004, p. 293.

⁴⁹ Anne, L. "Anti-Abortion Argument #1: It's a Person". *Love, Joy, Feminism*, 2012. Available at: <http://www.patheos.com/blogs/lovejoyfeminism/2012/09/arguments-against-abortion-its-a-person.html>.

⁵⁰ Condic, M. L. "Totipotency: What it is and what it is not". *Stem Cells and Development*, 2014, 23(8), p. 796-812. Available at: <https://doi.org/10.1089/scd.2013.0364>.

claim, based on observable traits⁵¹, that this paper’s findings suggest is a biological statement largely uncontested by the biological community.

This paper does not argue that the finding ‘a fetus *is* biologically classified as a human at fertilization’ necessitates the position ‘a fetus *ought* to be considered a person worthy of legal consideration’. The descriptive view does not dictate normative views on whether a fetus has rights, whether a fetus’ possible rights outweigh a woman’s reproductive rights, or whether a fetus deserves legal protection. However, presenting this view to Americans could facilitate such discussion. Resolving the factual dispute on ‘when life begins’ with biologists’ descriptive view could help parties focus on policy discussions related to the important ethical and legal issues of the U.S. abortion debate.

Future Directions

This line of inquiry’s obvious next step is to assess the impact of this paper’s primary finding on American participants’ thoughts on the U.S. abortion debate. Such research would shed light on modern Americans’ understanding of the relationship between descriptive and normative views of ‘when life begins’ and whether biologists’ consensus view suggests a fetus is worthy of legal consideration at fertilization. As previously discussed, these views might be fungible or inextricably linked for some people who might hold a traditional view or strictly support universal human rights principles⁵². However, the views might be unrelated for people who do not give legal consideration to humans they deem non-persons (e.g., zygotes, pre-viable fetuses, or infants⁵³) in favor of granting rights to non-humans they deem persons (e.g., orangutans⁵⁴, corporations⁵⁵, or sentient technology⁵⁶).

⁵¹ With recent technological advancements, biologists are now able to use observable genomic DNA to biologically classify a single-celled organism as a member of a species; modern biological classification methods make use of such genetic analyses in concert with classic methods that utilize morphological and phenotypical characteristics; see, for example: Kouduka, M., Sato, D., Komori, M. et al. “A Solution for Universal Classification of Species Based on Genomic DNA”. *International Journal of Plant Genomics*, Article ID 27894, 2007, 8 pages, Available at: <https://doi.org/10.1155/2007/27894>.

⁵² In Study 1, 96% (1105 out of 1152) agreed with the statement: “[a]ll humans deserve the right to life, religion, liberty, freedom, and other rights recognized as ‘human rights’”, and 97% (1113 out of 1153) agreed with the statement: “[a]ll humans are equally deserving of these rights regardless of their age, race, religion, or any other distinction.”

⁵³ Giubilini A. & Minerva F. “After-birth abortion: why should the baby live?”. *Journal of Medical Ethics*. Available at: <https://doi.org/10.1136/medethics-2011-100411>.

⁵⁴ Feltman, R. “Orangutan granted rights of personhood in Argentina”. *Washington Post*, 2014. Available at: https://www.washingtonpost.com/news/speaking-of-science/wp/2014/12/22/orangutan-granted-rights-of-personhood-in-argentina/?utm_term=.14ce55082cf0.

⁵⁵ Totenberg, N. “When Did Companies Become People? Excavating The Legal Evolution”. *NPR*, 2014. Available at: <https://www.npr.org/2014/07/28/335288388/when-did-companies-become-people-excavating-the-legal-evolution>.

⁵⁶ Morris, A. “We Need To Talk About Sentient Robots”. *Forbes*, 2018. Available at: <https://www.forbes.com/sites/andreamorris/2018/03/13/we-need-to-talk-about-sentient-robots/#66bb17e11b2c>.

This normative personhood view is perhaps most notably defended by Peter Singer, who has been recognized as one of the world's leading bioethicists since the 1970's.⁵⁷ He implicitly accepts the biological view that 'a human's life begins at fertilization', "there is no doubt that from the first moments of its existence an embryo conceived from human sperm and eggs is a human being"⁵⁸, but he finds this fact insufficient for a fetus' ethical and legal consideration. He argues that "the fact that a being is a human being, in the sense of a member of the species *Homo sapiens* [*sic*], is not relevant to the wrongness of killing it" and, instead, argues that rights should only be granted to human beings that have "characteristics like rationality, autonomy, and self-consciousness".⁵⁹ This stance represents the judgment that a fetus is not protectable in utero and abortion is not wrong because it does not end a person's life, as personhood is not achieved until some point in early childhood. Since his personhood perspective has made him the subject of recent backlash⁶⁰, it is not clear whether this normative view is a common or mainstream view.

American participants did not share Professor Singer's view. In Study 1, 89% of participants (985 out of 1108) suggested they believe life is protectable when it begins.⁶¹ However, this finding represents comparisons of participants' stances on when a human's life begins and their stances on when they believe a fetus is deserving of legal protection. This is a coarse measure. Nuanced questions would ascertain whether Americans agree that a fetus' life is worthy of legal consideration at fertilization after being presented biologists' consensus view. Some might agree, but others would likely disagree because they do not recognize a descriptive view as relevant to the normative view. People could also recognize a fetus as worthy of legal consideration but determine that a fetus' rights are secondary to women's liberty rights, precluding these people from considering fetuses worthy of legal protections.⁶² This paper's findings should be understood in the context of these perspectives.

⁵⁷ Singer, P. "The world's most famous utilitarian on whether all carnivorous animals should be killed". *Vox*, 2015. Available at: <https://www.vox.com/2015/6/18/8802755/peter-singer>.

⁵⁸ Singer, P. "Practical Ethics". Cambridge: *Cambridge University Press*, 1993, 2008, 2nd ed., p. 85-86.

⁵⁹ *Id.* at 175-217. Since Singer argues that "[i]nfants lack these characteristics. Killing them, therefore, cannot be equated with killing normal human beings, or any other self-conscious beings", this position advances the normative view that abortion cannot be equated with homicides of post-birth humans and suggests fetuses are not worthy of legal protection.

⁶⁰ Chasmar, J. "Princeton bioethics professor faces calls for resignation over infanticide support". *Washington Times*, 2015. Available at: <https://www.washingtontimes.com/news/2015/jun/16/peter-singer-princeton-bioethics-professor-faces-c/>.

⁶¹ Participants were asked when they believed life begins and when it is protectable. Each of their responses were coded as "before viability", "viability", and "after viability". Their responses were then compared and coded as "before life begins", "when life begins", or "after life begins".

⁶² In her philosophical defense of abortion, Judith Jarvis Thomson famously posed a thought experiment related to abortion in which she argued that, while a fetus very well might be deserving of rights, a woman's right to autonomy outweighs the fetus' rights. Thomson, J. J. "A defense of abortion". *Philosophy and Public Affairs*, 1971, 1(1), p. 47-66.

Ostensibly, this paper represents pre-mediation discovery. This research began with mediated discussions on abortion with pro-choice and pro-life law students, in which parties often spent most of the time debating when life begins. Parties would often circle back to that factual dispute when the mediator would try to stimulate discussion on policy issues by helping both sides talk through their interests in the U.S. abortion debate. The mediated discussions suggested there is too much vehement disagreement on the descriptive view on ‘when life begins’ for parties to have productive policy discussions.

Abortion polls of Americans, the legal history of the U.S. abortion debate, and the preliminary mediated discussions with law students all suggest that the dispute on when life begins needs to be resolved. While the studies in this paper should be replicated⁶³ to fully resolve the dispute, the findings suggest the resolution would entail the descriptive view: ‘a fetus is biologically classified as a human at fertilization’. Americans could then stop arguing about when a fetus *is* a human and start discussing when a fetus *ought* to be given legal consideration, which is the primary issue in U.S. abortion laws.

⁶³ As was suggested by the different affirmation rates between the implicit statements and the explicit statement, this line of inquiry requires a careful consideration of language. A replication study could have different findings if it employs questions that are likely to activate biologists’ normative interpretations of ‘when life begins’ (e.g., ‘if the Supreme Court wanted you to weigh in on when life begins, what would you say’, ‘is a zygote a human being’, ‘when does a person’s life begin’).

Written Testimony SB 798.pdf

Uploaded by: Justin Kuk

Position: UNF

Dear Finance Committee,

I am writing to urge you as strongly as possible to oppose SB 798. I know that not everyone on this committee is a Democrat, but the majority of you do affiliate in this way. The Democratic Party claims to be a party of science. It is scientifically undeniable that the life of a new human being begins at conception. We are kidding ourselves when we try to use newspeak such as "reproductive rights" to talk about abortion. We know what is happening. The life of a human being is being extinguished. Below are a list of references that support the undeniable scientific **fact** that a unique human life begins at conception.

"Development of the embryo begins at Stage 1 when a sperm fertilizes an oocyte and together they form a zygote."

[England, Marjorie A. *Life Before Birth*. 2nd ed. England: Mosby-Wolfe, 1996, p.31]

"Human development begins after the union of male and female gametes or germ cells during a process known as *fertilization* (conception).

"Fertilization is a sequence of events that begins with the contact of a *sperm* (spermatozoon) with a *secondary oocyte* (ovum) and ends with the fusion of their *pronuclei* (the haploid nuclei of the sperm and ovum) and the mingling of their chromosomes to form a new cell. This fertilized ovum, known as a *zygote*, is a large diploid cell that is the beginning, or *primordium*, of a human being."

[Moore, Keith L. *Essentials of Human Embryology*. Toronto: B.C. Decker Inc, 1988, p.2]

"Embryo: the developing organism from the time of fertilization until significant differentiation has occurred, when the organism becomes known as a fetus."

[*Cloning Human Beings*. Report and Recommendations of the National Bioethics Advisory Commission. Rockville, MD: GPO, 1997, Appendix-2.]

"Embryo: An organism in the earliest stage of development; in a man, from the time of conception to the end of the second month in the uterus."

[Dox, Ida G. et al. *The Harper Collins Illustrated Medical Dictionary*. New York: Harper Perennial, 1993, p. 146]

"Embryo: The early developing fertilized egg that is growing into another individual of the species. In man the term 'embryo' is usually restricted to the period of development from fertilization until the end of the eighth week of pregnancy."

[Walters, William and Singer, Peter (eds.). *Test-Tube Babies*. Melbourne: Oxford University Press, 1982, p. 160]

"The development of a human being begins with fertilization, a process by which two highly specialized cells, the *spermatozoon* from the male and the oocyte from the female, unite to give rise to a new organism, the *zygote*."

[Langman, Jan. *Medical Embryology*. 3rd edition. Baltimore: Williams and Wilkins, 1975, p. 3]

"Embryo: The developing individual between the union of the germ cells and the completion of the organs which characterize its body when it becomes a separate organism.... At the moment the sperm cell of the human male meets the ovum of the female and the union results in a fertilized ovum (zygote), a new life has begun.... The term embryo covers the several stages of early development from conception to the ninth or tenth week of life."

[Considine, Douglas (ed.). *Van Nostrand's Scientific Encyclopedia*. 5th edition. New York: Van Nostrand Reinhold Company, 1976, p. 943]

"I would say that among most scientists, the word 'embryo' includes the time from after fertilization..."
[Dr. John Eppig, Senior Staff Scientist, Jackson Laboratory (Bar Harbor, Maine) and Member of the NIH Human Embryo Research Panel -- Panel Transcript, February 2, 1994, p. 31]

"The development of a human begins with fertilization, a process by which the *spermatozoon* from the male and the *oocyte* from the female unite to give rise to a new organism, the *zygote*."
[Sadler, T.W. *Langman's Medical Embryology*. 7th edition. Baltimore: Williams & Wilkins 1995, p. 3]

"The question came up of what is an embryo, when does an embryo exist, when does it occur. I think, as you know, that in development, life is a continuum.... But I think one of the useful definitions that has come out, especially from Germany, has been the stage at which these two nuclei [from sperm and egg] come together and the membranes between the two break down."
[Jonathan Van Blerkom of University of Colorado, expert witness on human embryology before the NIH Human Embryo Research Panel -- Panel Transcript, February 2, 1994, p. 63]

"Zygote. This cell, formed by the union of an ovum and a sperm (Gr. *zyg tos*, yoked together), represents the *beginning of a human being*. The common expression 'fertilized ovum' refers to the zygote."
[Moore, Keith L. and Persaud, T.V.N. *Before We Are Born: Essentials of Embryology and Birth Defects*. 4th edition. Philadelphia: W.B. Saunders Company, 1993, p. 1]

"The chromosomes of the oocyte and sperm are...respectively enclosed within *female* and *male pronuclei*. These pronuclei fuse with each other to produce the single, diploid, 2N nucleus of the fertilized *zygote*. This moment of zygote formation may be taken as the beginning or zero time point of embryonic development."
[Larsen, William J. *Human Embryology*. 2nd edition. New York: Churchill Livingstone, 1997, p. 17]

"Although life is a continuous process, fertilization is a critical landmark because, under ordinary circumstances, a new, genetically distinct human organism is thereby formed.... The combination of 23 chromosomes present in each pronucleus results in 46 chromosomes in the *zygote*. Thus the diploid number is restored and the embryonic genome is formed. The embryo now exists as a genetic unity."
[O'Rahilly, Ronan and Miller, Fabiola. *Human Embryology & Teratology*. 2nd edition. New York: Wiley-Liss, 1996, pp. 8, 29. This textbook lists "pre-embryo" among "discarded and replaced terms" in modern embryology, describing it as "ill-defined and inaccurate" (p. 12)]

"Almost all higher animals start their lives from a single cell, the fertilized ovum (zygote)... The time of fertilization represents the starting point in the life history, or ontogeny, of the individual."
[Carlson, Bruce M. *Patten's Foundations of Embryology*. 6th edition. New York: McGraw-Hill, 1996, p. 3]

"[A]nimal biologists use the term *embryo* to describe the single cell stage, the two-cell stage, and all subsequent stages up until a time when recognizable humanlike limbs and facial features begin to appear between six to eight weeks after fertilization....

"[A] number of specialists working in the field of human reproduction have suggested that we stop using the word *embryo* to describe the developing entity that exists for the first two weeks after fertilization. In its place, they proposed the term *pre-embryo*....

"I'll let you in on a secret. The term pre-embryo has been embraced wholeheartedly by IVF practitioners

for reasons that are political, not scientific. The new term is used to provide the illusion that there is something profoundly different between what we nonmedical biologists still call a six-day-old embryo and what we and everyone else call a sixteen-day-old embryo.

"The term pre-embryo is useful in the political arena -- where decisions are made about whether to allow early embryo (now called pre-embryo) experimentation -- as well as in the confines of a doctor's office, where it can be used to allay moral concerns that might be expressed by IVF patients. 'Don't worry,' a doctor might say, 'it's only pre-embryos that we're manipulating or freezing. They won't turn into real human embryos until after we've put them back into your body.'"

[Silver, Lee M. *Remaking Eden: Cloning and Beyond in a Brave New World*. New York: Avon Books, 1997, p. 39]

I would also encourage you to read the scientific paper titled "Biologists' Consensus on 'When Life Begins'" which demonstrated that 95% of biologists agree with the biological view that a human's life begins at conception. This study included over 5,000 biologists of a variety of political views and worldviews. I have submitted a copy of this study with my written testimony.

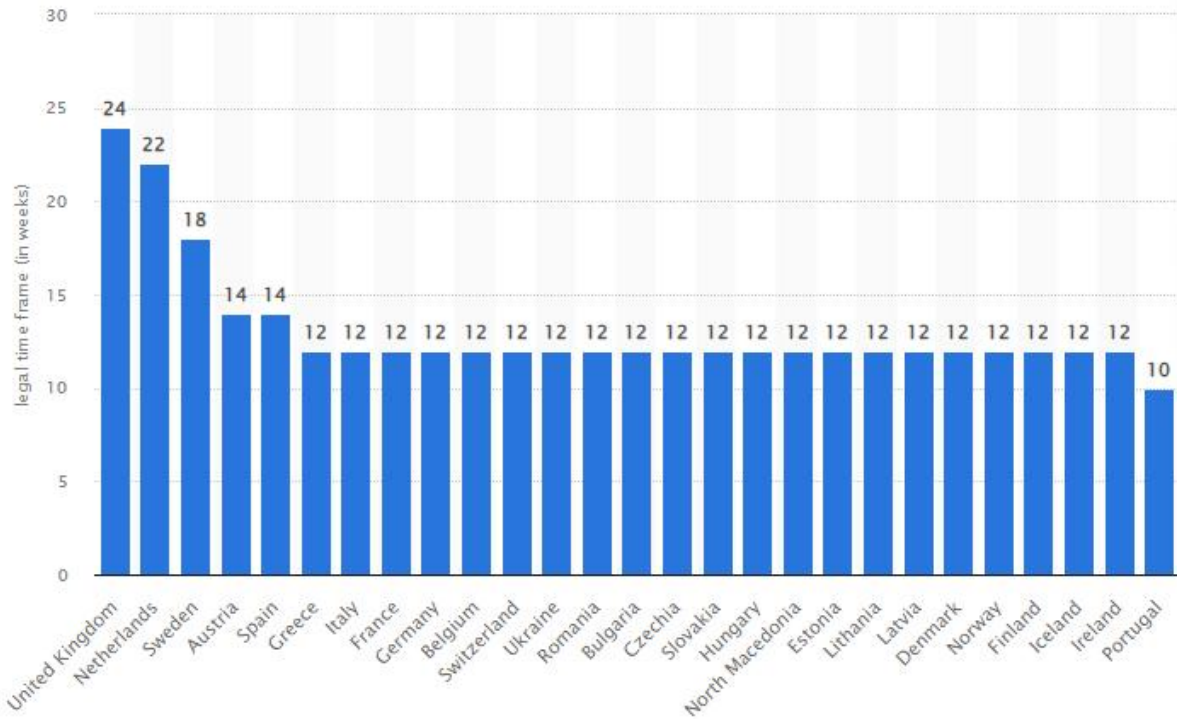
SB 798 attempts to enshrine abortion, which is deceptively never mentioned by name in the bill and referred to as "reproductive freedom" and the "right...to end one's own pregnancy" as a civil right in the Maryland state constitution. However, the bill fails to recognize that there are two individuals being affected in any abortion and one of them is a human being whose life is being terminated. This is not a political question. This is a moral question. If you fail to stand for the unborn, you are responsible for their deaths and you will be morally responsible for their destruction. "Rescue those being led away to death; hold back those staggering toward slaughter. If you say, "But we knew nothing about this, does not he who weighs the heart perceive it? Does not he who guards your life know it? Will he not repay everyone according to what they have done?" (Proverbs 24:11-12). What kind of society are we if we are unwilling to protect the lives of the most vulnerable among us? As a leader with influence and authority, you will be held morally accountable if you fail to stand against this death, destruction, and moral degradation.

Furthermore, as a taxpayer, I am appalled that my tax dollars would go towards funding abortion. I am morally opposed to this and feel that this bill infringes on my own religious liberties and moral conscience by codifying the use of taxpayer dollars to fund all abortions.

Finally, though I would find this bill to be morally reprehensible even if it honestly defined terms, I am further concerned by some of the vague language contained in the bill. The bill says that "every person...has the fundamental right to reproductive liberty, including but not limited to the ability to make and effectuate decisions to prevent, continue, or end one's own pregnancy." The bill does not limit this right to adults. Does a 13-year old have the fundamental right to choose to reproduce with a 25-year old? What if another 13-year old wants to have a hysterectomy? Can they do so without parental consent? Would taxpayers be forced to pay for it? The bill also says that these "reproductive rights" can be denied by a "compelling state interest," but these are also left undefined. Would overpopulation or a climate crisis be a reason for the state to use its interest to force sterilization or abortion against a woman's will? All of these questions remain unanswered by the bill and I believe that the vague nature of the bill leaves open too many opportunities for harmful and destructive decisions and state actions beyond enshrining state funded abortion as a civil right.

Additionally, this bill puts no limit on the timeframe in which abortions can occur. This leaves open the door to legalize abortions up until the time of delivery. This would put Maryland far outside the

accepted limits to abortion in the rest of the western world. The graph below shows the legal timeframe for abortion in European countries in 2020 (See <https://www.statista.com/statistics/1268439/legal-abortion-time-frames-in-europe/>). Twenty-four out of twenty-seven countries capped abortions at 14 weeks or lower. The most liberal limit was the United Kingdom at 24 weeks.



If Maryland allows all-cause abortions up until delivery, we would be a wicked abomination in comparison to the rest of the world. If you allow this to occur, history will look scornfully at your failure to lead with courage and moral clarity. Please choose wisely.

I hope that you take these concerns to heart. I will be watching with great interest to see how this committee responds to this bill. You have the power to stand for the unborn and most vulnerable in our society. Please use it wisely and courageously.

Sincerely,

Justin Kuk

Baltimore City

k carlson senate bill 0798 opposition.pdf

Uploaded by: Karen Carlson

Position: UNF

I am opposed to Senate Bill 0798 titled "Right to Reproductive Freedom". This bill is incorrectly named because no one in the country is prohibited from reproducing. The bill is designed to place into the Maryland Constitution the right to kill a child before birth. These scientific facts are well established and beyond question: the child is a human being, the child is distinct from the mother, the child grows and develops following instructions from its own genetic information, the child feels pain at least in the last trimester, etc. By this bill, the most vulnerable human beings in our society are denied the right to continue to live. These children are treated as property that can be discarded. Thus, the intrinsic value of each and every human being is diminished. This bill sends the message that if one is too weak or considered of low value to society, then that person can be killed.

Karen Carlson
2812 Spartan Road
Olney, MD 20832

Honorable Members of the Senate Finance Committee-

Uploaded by: Katherine Adelaide

Position: UNF

Honorable Members of the Senate Finance Committee:

My name is Katherine Adelaide. I have a Juris Doctor degree from the University of Maryland (Class of 1989) and specialize in Constitutional issues, especially fundamental rights and free speech issues.

In General, Constitutional amendments should be far and few in between. SB798 is a bill to amend the Maryland Constitution to guarantee and fully fund access to abortion, as compared to a bill creating a specific statute, such as HB937, passed in 2022 to guarantee access and fully fund abortion. As such, SB798 deserves the highest scrutiny prior to passage, and if any doubts about the Constitutionality of such bill arise, such bill should not be passed, even if a referendum is mandated as with SB798.

Neither Legislators nor the people of Maryland have the authority to create law to terminate any human life without due process of law as guaranteed under the fifth and 14th amendments of the US Constitution, whether by a state Constitutional Amendment as proposed an SB798 or particular statutes, as the 1991 Freedom of Choice Act and HB937 Access to Abortion Care.

The Supreme Court in the Dobbs decision rightly declared that a woman has no Federal Constitutional right to an abortion, and wrongly opined that therefore the people of the states could give her that right, because terminating human life without due process of law is NOT a fundamental right and certainly not a "States' Rights' " issue. Introducing SB798 in response to the flawed decision in Dobbs is just an excuse to promote "legal" Infanticide in Maryland.

LIFE itself, not terminating human life, is an Inalienable Right given to us by our Creator, guaranteed by the 5th and 14th Amendments of the US Constitution and is not subject to a Federal/State analysis as, say for example, conducting elections, and many other rights that rightly belong to the States (the people) as opposed to the Federal system, such as State commerce, taxation, healthcare and education.

Abortion is not "healthcare," as there is no other medical procedure or pharmaceutical performed or administered specifically and solely for the termination of a human life, except surgical and chemical (pill) abortions. Even surgical intervention for an ectopic pregnancy is a medical emergency covered under emergency medical care for which no abortion statute is required or necessary, and the purpose of which is not to terminate a human life but to save the life of a woman.

The first question to be asked is: Can the stated purpose of a Constitutional Amendment be accomplished by statute? If the answer is "yes," then no constitutional amendment is required and is considered redundant and unnecessary.

The answer to this question regarding SB798 is that it can and has been accomplished by statute since 1991 via the Freedom of Choice Act which already allows abortion up to the moment of birth for any reason, not just to save the life of the mother. This unlimited time of terminating human life is accomplished by use of the word "health of the mother," which includes not only the physical health, but the emotional health, a catch all for abortion up to the moment of birth, except partial birth abortion which is prohibited by federal law, but who would know or dare to challenge an illegal partial birth abortion once a constitutional amendment is in place?

Additionally, the passage of HB 937, another broad "access" bill from last year that vastly expanded access to abortion, not just for Maryland citizens, but to every woman in America to come to Maryland for a free abortion at taxpayer expense.

The "guaranteed access" purposes of SB798 are already accomplished by the 1991 statute and the passage HB 937. "Access" has morphed into Coercion and is a "heartbeat" away from the Forced Abortion practices of Totalitarian regimes, hardly, the American dream for American women.

This particular Constitutional amendment is patently unconstitutional because it openly violates the First Amendment rights of Pro-Life citizens of Maryland under the US Constitution.

In a Constitutional Republic such as ours, we the people elect our Representatives to represent us through legislative action. Therefore, legislative bills are a form of speech, either representing the legitimate desires of the electorate or affirming basic constitutional principles, such as due process of law.

For example. I was elected as an openly Pro-Life/Equal Protection candidate for the Carroll County Republican Central Committee in 2018 and again 2022. I introduced Pro-Life/Equal Protection/Anti-Infanticide Resolutions during the State MDGOP Conventions during both of my terms, which passed unanimously, the most recent of which passed on December 10th of 2022, opposing just such a Constitutional amendment as is proposed in SB798. These Resolutions were used to set priorities in the Republican party in Maryland and to encourage our duly elected Republican representatives to introduce legislation reflecting these initiatives, which could then be debated and voted on during hearings.

Passage of SB798 will effectively silence ALL debate on not just any issue, but THE Human Rights issue of all times: ABORTION, and specifically abortion in Maryland, the intentional taking of human life through all nine months up to the moment of birth for ANY reason. Where else is there to go on the subject except INFANTICIDE? The passage of SB 798 will pave the way to cover up existing Infanticide practices in Maryland and to promote more of the same. Who will investigate? Who will ever know when infanticide happens to supply the two internationally known research facilities in Maryland (NIH and Hopkins) with human organs harvested from full term aborted Pre-Born or Born Alive babies?? Unlawful human trafficking and organ harvesting will be promoted by the passage of SB798 because of its broad language without any specific statutory checks and balances.

Legislators have no authority to deprive those represented by the Republican platform of their right to free speech to have their elected officials introduce bills to protect the lives of women and children. In reality, all such bills never come for a vote at all or could be easily defeated by the clear Democratic majority in Maryland. Passage of SB798 all but guarantees that Pro-Life and Equal Protection bills cannot even be introduced, much less debated, a blatant infringement of first amendment rights.

What if, instead of a state Constitutional right to an abortion, a right to own a slave was codified by statute in Maryland, access to slaves guaranteed by another statute like HB937 and then that "right" was enshrined into the very Constitution, ensuring that the Institution of Savery could never be practically challenged or even debated again?

The parallel "slave" scenario begs the question whether certain historical "practices" like slavery and abortion can even be subject to the whims of the majority or a constitutional amendment. Legislators cannot vote and spill ink on a piece of paper and create law that violates the Natural Law of Life and Freedom (from slavery).

It is unethical for you to pass SB798 as it will effectively end the two party system in Maryland since the sanctity of Human Life is a major plank in the RNC Platform and the very first Inalienable right upon which all other rights depend, namely, the gift of Life itself. Passing SB798 would be the most egregious abuse of your authority as legislators.

Therefore, I emphatically urge an UNFAVORABLE report on SB798

Respectfully submitted on February, 28, 2023 by:

Katherine Adelaide, JD, Member
Carroll County Republican Central Committee
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MarylandTestimonyDFLA.pdf

Uploaded by: Kathleen Birch

Position: UNF

To Whom It May Concern:

I write to express my firm opposition to HB703/SB798, the Maryland Abortion Amendment of 2023. I am a resident of Prince George's County; a new, young mother; an Independent who most often votes Democrat; a communications professional working for immigrant rights; and above all, a devout Catholic who believes in the dignity and sanctity of all life from conception to natural death. I am opposed to the amendment for various reasons, including the following:

1) The Amendment is dishonest.

- a) The bill proposes language to appear on the ballot before voters, but in doing so it intentionally omits the key phrase creating a right to abortion.
 - i) The language that would become part of Maryland's Constitution includes a right to "PREVENT, CONTINUE, OR END ONE'S OWN PREGNANCY" (page 2, lines 5-6). Yet the language that would go before voters omits that language (page 2, lines 24-27)!
- b) This kind of dishonesty undermines trust in democracy and government.

2) The Amendment would hurt the women of Maryland.

- a) Abortion is a poor substitute for the true advancement of women.
 - i) Promoting abortion distracts society and policy makers from advancing maternity leave, prenatal care, wrap-around pregnancy support, and other policies that promote and empower women.
 - ii) How can women truly be liberated if they are passing their oppression onto their children via abortion?
 - iii) Abortion hurts women. Women deserve better.

3) The Amendment violates the principle of nonviolence.

- a) No one has a right to do violence to another person!
- b) Abortion is not only violence, but terminal violence.
- c) Allowing violence against any members of society undermines democracy.

4) Maryland courts could use the Amendment to mandate taxpayer funding for abortion.

- a) In other state constitutions a right to privacy has been interpreted by state courts to mandate taxpayer funding for abortion.

5) Maryland courts could use the Amendment to strike down our parental notification law.

- a) In 1999, a Montana state District Court in *Wicklund v. State* overturned that state's parental consent law under Montana's constitutional "[right to individual privacy](#)" (which is more general than Maryland's Abortion Amendment).

6) Maryland courts could use the Amendment to strike down other reasonable regulations on abortion (if Maryland enacts them).

7) The Amendment would trap Maryland law in 2023.

- a) Our view of the abortion debate in 2023 is myopic, focused on the passions of this moment. The Amendment could be a part of Maryland's Constitution for decades, even centuries, and trap Maryland in our 2023 frame of mind.
- b) Medical advances continue to push the point of viability, the time when a preborn child could survive outside the womb, earlier in pregnancy.



I have a young son. Carrying him through a difficult pregnancy and giving birth to him through a long and painful labor is the hardest thing I've yet done. I do not oppose abortion lightly; I can imagine the strain unexpected pregnancy places on women, particularly poor and marginalized women.

I think that all options should be on the table in order to help indigent women facing crisis pregnancies – with the exception of the intentional killing of an innocent life. The government should expend ample resources to make women feel capable of undertaking this most difficult but beautiful and rewarding experience of motherhood.

Women need robust and wraparound support during pregnancy and early motherhood. With very limited exceptions, such as in situations where the life of the mother is at risk, I do not believe abortion is the answer. Abortion is a false solution to the problems facing our society that put

women in the terrible position of feeling the need to harm their own children. Our society fails women in so many ways – it's insistence on abortion as a "solution" is one of its worst failures.

Thank you for considering my testimony. I urge you to oppose this dangerous amendment and instead invest in whole-life solutions that truly meet the needs of Maryland mothers and their families.

Thank you,

Kathleen Kollman Birch
Hyattsville, Maryland

2011 Stuhlberg Abortion Providers Study.pdf

Uploaded by: Kathryn Quinn

Position: UNF



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Abortion Provision Among Practicing Obstetrician–Gynecologists

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Abstract

Objective—To estimate prevalence and correlates of abortion provision among practicing obstetrician–gynecologists in the United States.

Methods—We conducted a national probability sample mail survey of 1,800 practicing obstetrician–gynecologists. Key variables included whether respondents ever encountered patients seeking abortion in their practice, and whether they provided abortion services. Correlates of providing abortion included physician demographic characteristics, religious affiliation, religiosity, and the religious affiliation of the facility in which a physician primarily practices.

Results—Among practicing obstetrician–gynecologists, 97% encountered patients seeking abortions, while 14% performed them. Young female physicians were the most likely to provide abortions (18.6% vs. 10.6%, adjusted OR = 2.54, 95% CI = 1.57–4.08), as were those in the Northeast or West, those in highly urban zip codes, and those who identify as Jewish. Catholics, Evangelical Protestants, non–Evangelical Protestants, and physicians with high religious motivation were less likely to provide abortions.

Conclusion—The proportion of U.S. obstetrician–gynecologists who provide abortion may be lower than estimated in previous research. Access to abortion remains limited by the willingness of physicians to provide abortion services, particularly in rural communities and in the South and Midwest.

INTRODUCTION

The demand for abortion services in the United States is high. Approximately half of all pregnancies in the United States are unintended, and about half of unintended pregnancies end in abortion (1). Abortion is one of the most common outpatient surgical procedures for women of reproductive age (2), yet many women have trouble accessing abortion services, and access has become more limited over the past few decades (1,3). A recent study found that while the abortion rate among U.S. women increased slightly from 2005 to 2008, 87%

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Financial Disclosure

The authors did not report any potential conflicts of interest.

of U.S. counties, in which 35% of reproductive-aged women live, still did not have a single abortion provider (4). One cause of limited access is a decline over the past three decades in the number of providers that perform abortion (5), a trend that could become more pronounced over time as the average age of abortion providers increases and these providers retire (6).

One potential explanation for this decline is that the number of obstetrics-gynecology residency programs that included abortion training decreased steadily over the two decades prior to 1996. At that time, the American Council on Graduate Medical Education began requiring abortion training as part of accredited obstetrics-gynecology residency programs (6). Despite the 1996 change in residency training rules, the number of newly trained obstetrician-gynecologists willing to perform abortions remains low. A 2008 survey of all obstetrician-gynecologists board certified between 1998 and 2001 found that only 22% provided abortions, indicating that factors other than training influence whether a physician provides abortions (7).

Religious objections to abortion, both personal and institutional, might also partially explain the low percentage of abortion providers. Previous studies indicate that physicians who object to abortion for religious or other moral reasons tend to be less willing to provide abortion services (7, 8). Obstetrician-gynecologists who are more religious are less willing to provide several methods of family planning to patients, including oral contraceptive pills, intrauterine devices, and tubal ligations (9). In addition, religious directives applied when a Catholic hospital merges with a previously non-Catholic hospital tend to result in a decrease in provision of abortion and other family planning services in that community (10).

This study uses data from a large nationally representative sample of practicing obstetrician-gynecologists to estimate the proportion of obstetrician-gynecologists practicing in the United States who encounter patients seeking abortions, as well as the proportion who provide abortion services. The study also estimates the extent to which providing abortion is associated with a physician's demographic and religious characteristics, and the religious affiliation of the facility in which the physician works.

MATERIALS AND METHODS

Data

From October 2008 to January 2009, we mailed a self-administered confidential survey to a stratified random sample of 1,800 obstetrician-gynecologists aged 65 years or younger currently practicing in the United States. We obtained our sample from the American Medical Association Physician Masterfile, a database intended to include all practicing physicians in the United States. To adequately represent minority religious perspectives, we used validated surname lists to create four strata as follows: We sampled 180 physicians with typical South Asian surnames, 225 physicians with typical Arabic surnames, 180 physicians with typical Jewish surnames, and 1,215 other physicians (from all those whose surnames were not on one of these ethnic lists)(11–13). Within each stratum, names were randomly selected by arranging them in random order then systemically drawing from a random start point. Since this analysis was part of a larger survey designed to examine obstetrician-gynecologists' beliefs and practices regarding a range of sexual and reproductive health topics, the overall and stratum-specific sample sizes were calculated so that a 60% response rate would yield the desired margins of error on the primary analyses at the 95% level of confidence (14). The overall sample size was calculated to yield a 3% margin of error, and the sample sizes of the four strata were designed based on prior survey experience with the intention to yield at least 100 respondents in each group for a maximum 10% margin of error (14). Physicians received up to three separate mailings of the

questionnaire; the first included \$20, and the third offered an additional \$30 for participating. Physicians also received an advance letter and a postcard reminder after the first questionnaire mailing. The University of Chicago Biological Sciences Institutional Review Board approved this survey. The requirement of written informed consent was waived by the IRB as is typical with self-administered confidential surveys.

Variables

We asked physicians two questions regarding abortion: 1) In your practice, do you ever encounter patients seeking an abortion? (Yes/No), and 2) Do you provide abortion services? (Yes/No). The survey included demographic variables such as age, gender, race, ethnicity, and whether a provider was born in the United States or immigrated. We used respondents' mailing addresses to identify their geographic region (Northeast, South, Midwest, or West) and to classify their location as urban or rural. The U.S. Census Bureau, using information from the 2000 census, constructed a variable for each zip code that reflects the percentage of the population living in that zip code that is 'urban', defined as living in either an urban area [with a population density $\geq 1,000$ people/sq. mile] or an urban cluster [population density ≥ 500 people/sq. mile]. Using this data and physicians' zip codes, we classified physicians as urban (zip code population $>90\%$ urban) or rural ($\leq 90\%$ urban).

Participants' religious affiliation was classified by self-report (not inferred by surname) as: none, Hindu, Muslim, Catholic (includes Roman Catholic and Eastern Orthodox), Jewish, Evangelical Protestant, non-Evangelical Protestant, and other. Religiosity was measured using responses to the question 'How important would you say your religion is in your own life?' Possible responses were 'not very important in my life' (categorized as low), 'fairly important in my life' (categorized as medium), and 'very important in my life', or 'the most important thing in my life' (categorized as high).

Data analysis

We utilized chi square tests for univariable analyses and logistic regression for multivariable analyses. We carried out all analyses using the survey design-adjusted commands in STATA release 11.0 (StataSoft Corp, College Station, TX). We adjusted analyses using probability weights to account for oversampling of physicians likely to be of Hindu, Jewish, or Muslim descent (survey design weights). We also adjusted for differential response rates among physicians from each of the four different strata, and among foreign versus U.S. medical school graduates (post-stratification adjustment weights). Weights were calculated as the inverse probability of a person with the respondent's characteristics being in the final data set. The final weight for each respondent was a product of the survey design weight and the post-stratification adjustment weight. Using these adjustments, we produced estimates for all currently practicing obstetrician-gynecologists in the United States. We considered analyses significant at $p < .05$.

Sample

Of the 1,800 physicians sampled, 40 were ineligible because they had either retired or had an invalid address. The overall response rate was 66%, or 1,154 physicians. Of these, 10 did not answer the question regarding whether they provide abortions. A further 113 were missing information on at least one demographic or religious characteristic, leaving a sample size of 1,031 physicians for multivariable analyses. The 113 physicians deleted from the multivariable sample did not differ significantly from the 1,031 physicians included in the multivariable sample in terms of whether they provided abortions ($p=0.41$).

RESULTS

After adjusting for survey design, 97.0% (95% Confidence Interval [CI] 95.9 – 98.1%) of all practicing obstetrician–gynecologists in the United States under the age of 65 encountered patients seeking abortions; 14.4% (95% CI 12.2 – 16.5%) provided abortions themselves (Table 1). Table 2 displays univariable and multivariable correlates of abortion provision. Female physicians were more likely than males to provide abortions [18.6% vs. 10.6%, adjusted OR = 2.54, 95% CI = 1.57–4.08]. Age cohort is also predictive of whether a physician provided abortions. While the youngest obstetrician–gynecologists, those 35 and under, were the most likely to perform abortions (22.0%), physicians from the oldest age group surveyed [56–65 years] were the next most likely to be abortion providers [15.4%, OR = 0.84, 95% CI = 0.38–1.85], and those in the 36–45 year age range were the least likely to provide abortions [12.0%, OR = 0.40, 95% CI = 0.19–0.84]. While 34.7% of obstetrician–gynecologists who responded to this survey are located in the South, only 8.2% of southern obstetrician–gynecologists provide abortions. Physicians located in the Northeast of the country were more likely to be abortion providers than those located in either the South [OR = 0.37, 95% CI = 0.21–0.66] or the Midwest [OR = 0.40, 95% CI = 0.21–0.74]. Finally, obstetrician–gynecologists whose zip code was greater than 90% urban were more likely than those with zip codes less than or equal to 90% urban to perform abortions [OR = 3.20, 95% CI = 1.68–6.07].

Compared to physicians reporting no religious affiliation, Jewish physicians were more likely to be abortion providers [OR = 3.27, 95% CI = 1.54–6.93], whereas self-identified Evangelical Protestants [OR = 0.08, 95% CI = 0.01–0.73], non-Evangelical Protestants [OR = 0.46, 95% CI = 0.23–0.94] and Catholics [OR = 0.41, 95% CI = 0.19–0.91] were less likely to provide abortion. Physicians with medium [OR = 2.04, 95% CI = 1.16–3.61] or low [OR = 2.72, 95% CI = 1.46–5.08] religiosity were more likely than those with high religiosity to perform abortions. Working primarily in a Catholic facility is associated with a decreased likelihood of performing abortions, even after adjusting for the practitioner’s own religious characteristics [OR = 0.32, 95% CI = 0.16–0.68], but those that work in facilities affiliated with a religious denomination other than Roman Catholic were no more or less likely to perform abortions than those that work in facilities without a religious affiliation [OR = 0.88, 95% CI = 0.41–1.90].

DISCUSSION

The decline in the number of abortion providers appears to have slowed in recent years (4), however, our study estimates that the proportion of U.S. obstetrician–gynecologists who provide abortions, 14%, is lower than was previously estimated. Steinauer et al. found that 22% of obstetrician–gynecologists board-certified between 1998 and 2001 provided abortion services (7). Our lower estimate may represent a true decline in the proportion of obstetrician–gynecologists providing abortion, or may reflect the different sampling and survey techniques: Steinauer et al. surveyed a younger group of physicians to capture those trained after the implementation of abortion training, while our study surveyed the full spectrum of practicing obstetrician–gynecologists age 65 and under. We found that female obstetrician–gynecologists, and the youngest group, were the most likely to provide abortions, indicating that the ranks of abortion providers might be replenished by newly-trained graduates.

As expected, obstetrician–gynecologists who rated themselves as highly religious, or who belonged to religious groups that strongly oppose abortion, including Catholics and Evangelical Protestants, were less likely to provide abortions. Roman Catholic teaching that forbids abortion is well known (15). In addition to discouraging individual Catholics from

performing abortions, Roman Catholic teaching is reflected in directives that govern Catholic hospitals, which probably accounts for the fact that obstetrician–gynecologists who work primarily in Catholic hospitals are also less likely to perform abortions. Of note, the association between religious characteristics and provision of abortion was not absolute: a few physicians who reported high religious importance still performed abortions. Furthermore, providers of abortion came from every religious affiliation, including some Catholics and Evangelical Protestants. A small proportion of physicians who reported working in Catholic facilities did provide abortions, which may be due to incomplete enforcement of Catholic hospital policy or may reflect physicians who work in multiple facilities since the survey question on religious hospital affiliation only asked about a physician’s primary place of practice.

This study did not assess whether obstetrician–gynecologists who do not perform abortions routinely refer their patients seeking abortions to colleagues who do perform them. Consistent referral would facilitate access to abortions for at least some of these patients. In 2010, the Ethics Committee of the American College of Obstetricians and Gynecologists issued a paper in which they argued that obstetrician–gynecologists are obligated to refer their patients for all legal reproductive health services, including abortions (16). Nonetheless, that paper proved controversial, and previous research has shown that substantial minorities of physicians do not believe they are obligated to refer patients for, or provide information about how to obtain, procedures to which the physician has a religious or moral objection (17). Furthermore, the fact that so few obstetrician–gynecologists provide abortions may limit access to abortion even for patients whose obstetrician–gynecologists are willing to refer. In the end, patients should know the large majority of physicians give information about how to obtain an abortion, and most refer for abortion, but only 1 in 7 perform abortion. Those who perform abortion tend to be female, less religious, to live in urban areas, and to live in the Northeast or West.

Because obstetrician–gynecologists in general, and abortion providers in particular, are concentrated in urbanized areas, access to abortion might be particularly limited for women in rural areas, and especially in the South and the Midwest, where physicians were less likely to perform abortions. It is possible that obstetrician–gynecologists who have religious or other moral objections to abortion are also more likely to live in rural areas. Yet, previous surveys indicate that providers living in rural areas are less likely to perform abortions even if they do not personally object to abortion. Such physicians often face opposition from the surrounding community, especially as facilities for surgical abortions are often targeted for protests by anti–abortion activists (18). Recent research indicates that harassment of abortion providers is especially common in the South and in the Midwest (4).

There are several limitations to this study. First, we only surveyed obstetrician–gynecologists, and thus do not include information on other clinicians such as family physicians, who provide a significant minority of abortions (19). Second, survey nonrespondents might differ from respondents in terms of abortion provision or other characteristics in ways that would bias the findings we report. Unfortunately no information on non-respondents was available for comparison. Third, information on religious affiliation, religiosity, and abortion provision is self–reported, and thus is subject to measurement error. Although respondents were guaranteed confidentiality and names were removed from responses for analysis, the survey was not anonymous so respondents might have been hesitant to report abortion provision. Fourth, our assessment of abortion provision is categorical in nature and thus might classify as abortion providers obstetricians–gynecologists who only rarely perform abortions, and perhaps only under very specific circumstances such as fetal anomaly. This might yield a skewed perception of how many physicians are actually available to provide broader abortion services. The existing census of

abortion providers that surveys facilities rather than individual physicians is a more accurate method for detecting trends in abortion access (4). Fifth, our questionnaire does not distinguish between types of abortion, such as medical versus surgical, or first trimester versus later in the pregnancy. We also make the assumption that ‘abortion’ refers only to viable pregnancies, while some might apply the term ‘abortion’ to procedures such as removing an ectopic pregnancy or an inevitable miscarriage. We also could not assess respondents’ interpretation of the question about patients seeking abortion. Sixth, we did not ask respondents the reasons they opted to provide or not provide abortions. Religious and demographic characteristics correlated with abortion provision do not demonstrate causation. Previous studies have found that obstetrician-gynecologists wishing to provide abortion face complex personal and system factors that impact their decision (20). Finally, whether a respondent is located in an area that is primarily urban or rural is determined using the zip code of that physician’s preferred mailing address on file with the American Medical Association, which might not reflect the locale(s) where that physician actually provides services. Thus, the availability of abortion services in underserved areas might be better or worse than what is reflected in this study if practitioners receive their mail in one zip code, but travel to other areas to perform abortions.

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Table 1

Ob-Gyn Survey Respondents who Answered Abortion Question(N=1,144), by Response

Variable	Provide Abortions (N=194) N(%)*	Do Not Provide Abortions (N= 950) N(%)*
Gender		
Female	106 (60.7%)	426 (44.6%)
Male	88 (39.3%)	524 (55.4%)
Age		
26–35	24 (13.5%)	81 (8.0%)
36–45	57 (29.6%)	337 (36.2%)
46–55	60 (32.9%)	310 (33.7%)
56–65	53 (24.0%)	222 (22.1%)
Race/Ethnicity		
White, non-Hispanic	132 (72.5%)	636 (71.9%)
Black, non-Hispanic	8 (7.0%)	59 (7.8%)
Hispanic or Latino	6 (4.2%)	57 (7.7%)
Asian	42 (16.1%)	160 (11.5%)
Other	4 (0.1%)	17 (1.1%)
Geographic Region		
Northeast	82 (37.9%)	201 (18.6%)
South	33 (19.7%)	339 (37.3%)
Midwest	26 (13.7%)	223 (24.0%)
West	53 (28.7%)	185 (20.2%)
Urban/Rural Zip Code		
≤ 90% urban	18 (11.6%)	245 (28.0%)
> 90% urban	171 (88.4%)	669 (72.0%)
Immigration History		
Born in the US	137 (77.9%)	673 (79.8%)
Immigrated to US at any age	56 (22.1%)	266 (20.2%)
Religious Affiliation		
No Religion	33 (22.2%)	85 (10.4%)
Hindu	21 (3.7%)	70 (2.5%)
Jewish	68 (26.5%)	90(6.7%)
Muslim	7 (2.1%)	47 (1.2%)
Roman Catholic/Eastern Orthodox	23 (16.8%)	238 (28.7%)
Evangelical Protestant	1 (0.8%)	89 (11.5%)
Non-evangelical Protestant	31 (22.9%)	268 (34.5%)
Other Religion	8 (5.0%)	39 (3.7%)
Religious Motivation		
High	54 (25.7%)	485 (51.7%)

Variable	Provide Abortions (N=194) N(%)*	Do Not Provide Abortions (N= 950) N(%)*
Medium	65 (30.0%)	254 (26.6%)
Low	75 (44.4%)	194 (21.7%)
Works in Religious Facility		
Non-religious facility	164 (86.2%)	715 (76.2%)
Other religious facility	16 (7.5%)	85 (9.5%)
Catholic facility	10 (6.3%)	136 (14.4%)

* N does not sum to 1144 for all variables due to item non-response. Columns do not all sum to 100% due to rounding. Percents are adjusted for survey sampling design and response rates to produce population estimates for all currently practicing obstetrician-gynecologists in the United States.

Table 2
Likelihood Among U.S. Obstetrician–Gynecologists of Providing Abortion by Physician Characteristics

Variable	Bivariate Analyses		Multivariate Analyses Odds Ratio (95% Confidence Interval)
	%	<i>P</i> (χ^2)	
Sex			
Male	10.6	<.001	Reference
Female	18.6		2.54 (1.57–4.08)*
Age (y)			
26–35	22.0	.116	Reference
36–45	12.0		0.40 (0.19–0.84)*
46–55	14.1		0.57 (0.27–1.18)
56–65	15.4		0.84 (0.38–1.85)
Race or ethnicity			
White, non-Hispanic	14.6	.266	Reference
African American, non-Hispanic	12.5		2.18 (0.86–5.53)
Hispanic or Latino	8.4		0.91 (0.31–2.69)
Asian	19.2		1.25 (0.51–3.07)
Other	10.8		0.60 (0.14–2.56)
Geographic region			
Northeast	25.5	<.001	Reference
South	8.2		0.37 (0.21–0.66)*
Midwest	8.8		0.40 (0.21–0.74)*
West	19.3		0.91 (0.52–1.59)
Urban or rural postal code			
90% or less urban	6.5	<.001	Reference
More than 90% urban	17.0		3.20 (1.68–6.07)*
Immigration history			
Born in the United States	15.5	.596	Reference
Immigrated to United States at any age	14.1		1.06 (0.51–2.18)
Religious affiliation			
No religion	26.5	<.001	Reference

Variable	Bivariate Analyses			Multivariate Analyses Odds Ratio (95% Confidence Interval)
	%	<i>P</i> (χ^2)		
Hindu	20.0			0.70 (0.24–2.06)
Jewish	40.2			3.27 (1.54–6.93)*
Muslim	15.6			0.35 (0.09–1.41)
Roman Catholic or Eastern Orthodox	9.0			0.41 (0.19–0.91)*
Evangelical Protestant	1.2			0.08 (0.01–0.73)*
Non-Evangelical Protestant	10.1			0.46 (0.23–0.94)*
Other religion	18.7			0.50 (0.16–1.60)
Religious motivation				
High	7.8	<.001		Reference
Medium	16.1			2.04 (1.16–3.61)*
Low	25.9			2.72(1.46–5.08)*
Works in a religious facility				
Non-religious facility	15.9	.019		Reference
Other religious facility	11.7			0.88 (0.41–1.90)
Catholic facility	6.8			0.32 (0.16–0.68)*

Table presents survey design-adjusted percentages followed by odds ratios with 95% confidence intervals from logistic regression analyses that include all variables in the table. n counts for analyses vary from 1,118 to 1,144 because of partial nonresponse.

* *P*<.05.

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Original research article

Estimating abortion provision and abortion referrals among United States obstetrician-gynecologists in private practice^{☆,☆☆}

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Abstract

Objective: The objective was to examine the provision of abortion by obstetrician-gynecologists in private practice in the United States (U.S.) and their willingness to provide referrals for abortion services.

Study design: We conducted a cross-sectional national survey of 1961 U.S. obstetrician-gynecologists to estimate the frequency with which abortions and referrals for abortion care were provided in private practice settings. Key measures included whether respondents had provided any abortions in 2013 or 2014, type of abortions provided and willingness to provide abortion referrals. Facility location by region was the only measured correlate of abortion provision.

Results: We received a total of 988 surveys for a response rate of 65%. Sixty-seven (7%) obstetrician-gynecologists reported providing at least one abortion in 2013 or 2014, though this result ranged from 4% ($n=23$) to 13% ($n=44$) of obstetrician-gynecologists depending on survey response type. Among physicians practicing in the Northeast and West, 14% and 10%, respectively ($n=24$ in each region) were abortion providers compared to 4% ($n=9$) and 3% ($n=10$) of physicians in the Midwest and South, respectively. Twenty-three (42%) providers indicated only performing surgical abortions, 14 (25%) indicated only medication abortions, and 18 (33%) reported providing both. Among respondents who did not provide abortions, just over half ($n=415$, 54%) indicated that they referred patients to a facility or practice where they could obtain an abortion, but 271 (35%) said they would not provide a referral.

Conclusions: Only a small proportion of all obstetrician-gynecologists in private practice settings provide abortions. Among nonproviders, a substantial minority do not offer abortion referrals.

Implications: Particularly in geographic areas with few abortion providers, continued efforts are needed to equip medical professionals with information and training to make direct referrals.

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Keywords: Abortion; Service provision; Referrals; Private practice; OB/GYNs

1. Introduction

In 2014, 926,190 abortions were performed in the United States (U.S.); the overwhelming majority, 95%, of these procedures were provided in outpatient clinics [1]. Physicians in private practice were estimated to have provided only 1% of these abortions, though they accounted for 15% of known

abortion providers [1]. However, many physicians who provide abortions in a private practice setting do not advertise their services and may not be captured in large surveys used to estimate U.S. abortion incidence. For example, the Guttmacher Institute's Abortion Provider Census (APC) provides the most comprehensive abortion counts for the U.S.; yet, information from a national sample of obstetrician-gynecologists in 1992 estimated that as much as 3% of abortions in that year were not captured in APC because they occurred in private practices [2]. The increased use of medication abortion, which occurred following FDA approval of mifepristone in 2000, could have further increased the undercount of abortions if substantial numbers of obstetrician-gynecologists (and other physicians) began providing them.

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Published data suggest that 14% of obstetrician-gynecologists provided abortions in 2008, and this estimate may be increasing [3,4]. Obstetrician-gynecologists in private practice may be the first point of contact for some women who have an unintended pregnancy, particularly those with private health insurance. Even when physicians do not provide abortions, they can serve as a resource by connecting patients to care.

This study examines the provision of abortion among obstetrician-gynecologists in private practice. Additionally, we examine their willingness to provide referrals for abortion services and explore regional variation in these patterns.

2. Materials and methods

2.1. Study design and procedures

This observational study uses data from a national survey of U.S. obstetrician-gynecologists to estimate the frequency with which abortions and referrals for abortion care are provided in private practice settings. The survey was a supplement to the Guttmacher Institute's 2015 APC [1], which surveys all facilities known to provide abortion care. The 2015 APC replicated Henshaw's 1994 methodology to estimate the number of abortion-providing obstetrician-gynecologists and abortions missed by the most recent APC [2]. We used the American Medical Association's (AMA's) Physician Masterfile, which included 42,700 AMA member and nonmember obstetrician-gynecologists. We obtained a random sample of 2000 physicians who identified their specialty as obstetrics and gynecology and provided a phone number to the AMA; the latter was necessary so that we could conduct phone follow-up. Email addresses were not provided with the Masterfile. Notably, 49% of all obstetrician-gynecologists in the Masterfile did not provide a phone number, and our strategy assumed that these physicians did not differ from those who did with regard to abortion provision.

The study sample was restricted to actively practicing obstetrician-gynecologists who worked in private practice, which we defined as facilities that were not obviously affiliated with a larger health care entity and had names suggesting that they were physician owned. Physicians who were clinic based, retired or deceased, or did not provide accurate contact information were excluded from the sample. Prior to mailing the survey, 29 physicians were identified as clinic based and removed from the sample. Ten physicians from the sample were in private practice, but they were already surveyed in the APC. These physicians were not resurveyed; instead, their data were based on information provided in the APC.

We mailed the survey to the 1961 remaining physicians and followed with another mailing to nonrespondents after 4 weeks. A team of four trained research assistants conducted up to three rounds of phone follow-up with remaining

nonrespondents between February and May 2016. Information obtained during phone follow-up was often provided by office staff rather than the physician as surveyors were seldom, if ever, connected to the physician via phone.

2.2. Survey instrument

The survey instrument adapted items from the 2015 APC questionnaire and was evaluated by clinical experts for accuracy and clarity. The survey was offered only in English and included 13 questions. An introduction to the survey included its purpose and reminded respondents that participation was voluntary. Respondents were asked to provide information only on their individual practice at the facility the survey was mailed to. The study procedures were approved through expedited review by the Guttmacher Institute's federally registered institutional review board.

2.3. Measures

The key measures examined in this study include abortion provision, referral practices and region of facility. Abortion provision was measured using the survey question: "Did you provide any abortion at this office between January 1, 2013, and December 31, 2014?" Those who responded positively were subsequently asked "How many abortions (including surgical and medical) did **you** provide in this office in 2013 and 2014?" To understand type of abortion provision, the survey then asked: "What types of abortion procedures did you provide at this office in 2013 and 2014" with response categories including (1) ONLY surgical abortions, (2) ONLY early medical abortions and (3) BOTH surgical and early medical abortions.

All respondents were asked "Are there other physicians who provide abortions at this office?" in order to identify facilities that provided abortions, even if not by the respondent physician.

To assess referral practices, survey respondents were asked: "If a patient requests an abortion, do you ever refer them to a facility or practice where they can obtain an abortion?" Response categories were (1) Yes, (2) No and (3) It depends on the circumstances. Those who reported "Yes" were identified as making direct referrals. Those who reported "No" were asked to identify their reason(s) from a preset list, indicated in Table 1. Respondents who selected the reason "I refer patients to alternative information sources (e.g., the Planned Parenthood website)" were identified as making indirect referrals.

Finally, a measure of facility region was constructed using census categorizations based on the state in which the practice was located [5]. This was the only provider characteristic collected on the survey.

2.4. Analysis

We report the frequency with which respondents reported providing abortions and type of procedures performed. We also examine the prevalence of abortion referrals among

Table 1

Percent distribution of reasons cited for not providing abortion referrals among obstetrician-gynecologists who do not perform abortions, by type of survey response

Reasons for not providing referrals	All respondents <i>N</i> =271		Initial respondents <i>n</i> =58		Follow-up respondents <i>n</i> =213	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
I refer patients to alternative information sources instead (e.g., Planned Parenthood website)	81	30	22	38	59	28
My office has a policy specifically against discussing abortions	46	17	5	9	41	19
I have a moral or ethical objection to abortion	44	16	19	33	25	12
N/A, I have not encountered a patient seeking and abortion at this office	39	14	9	16	30	14
Other reasons	29	11	1	2	28	13
My office staff is against abortion	24	9	6	10	18	8
I do not know of any abortion providers in my area	22	8	9	16	13	6
My community is against abortion	5	2	4	7	1	0
I believe an abortion will harm my patient's health	4	1	2	3	2	1

Percentages may not add up to 100 because respondents were able to select multiple reasons.

All respondents include initial respondents and follow-up respondents.

Initial respondents are those who responded to the initial request and completed a paper survey.

Follow-up respondents are those who provided information during telephone follow-up.

nonproviders and the distribution of reasons for not referring. Abortion provision and referral practices are examined by region and compared using bivariate logistic regression. These analyses are then repeated separately for responses provided by mail to our initial request (initial respondents) and those responses provided over the phone during follow-up (follow-up respondents) in order to examine response variation between these two groups. Among abortion providers, 11 (16%) did not provide data on number of abortions, and 12 (18%) did not report the types of abortions provided; among nonabortion providers, 148 (16%) did not report their referral practices. These respondents are excluded from analyses of these three variables; our analysis assumes that these obstetrician-gynecologists were similar to those who provided this information. All analyses are conducted using Stata 14 software (Stata Corporation, College Station, TX, USA).

3. Results

Of the 1961 obstetrician-gynecologists who were mailed surveys, 432 were removed from the sample because they had incorrect contact information or were deceased or retired. Our analytic sample consisted of 988 physicians' practices, resulting in an overall response rate of 65%. Among these completed surveys, 339 (34%) were returned by mail, and 649 (66%) were completed during follow-up phone calls with clinic receptionists, office managers or other frontline staff.

From the sample, 67 (7%) obstetrician-gynecologists reported providing at least one abortion in 2013 or 2014, and of these, 36 (54%) reported that other physicians at the practice also provided abortions. Among physicians in the

Northeast and West, 14% and 11%, respectively ($n=24$ in each), were abortion providers; these proportions were significantly higher than those in the South and Midwest, where 3% ($n=10$) and 4% ($n=9$) of the surveyed physicians, respectively, were providers ($p<.01$).

Those obstetrician-gynecologists who were abortion providers reported performing a median of 10 abortions (range: 0–300) per year in 2014, though 33 (59%) providers reported performing 10 or fewer. Some 23 (42%) respondents indicated that they only provided surgical abortions, 14 (25%) only provided early medication abortion, and 18 (33%) provided both types.

Among the 921 (93%) respondents who did not provide abortions, 415 (54%) indicated that they referred patients to a facility or practice where they could obtain an abortion, 271 (35%) said they would not provide a referral, and 87 (11%) indicated that it would depend on the circumstances. We found variation in the regional distribution of the 271 respondents who reported not providing referrals. In the Northeast and West, 27% ($n=34$ and $n=42$, respectively) of the regions' physicians reported that they would not provide referrals, whereas 36% ($n=69$) and 42% ($n=126$) of the physicians from the Midwest and South, respectively, would not refer for abortion (Fig. 1). Compared to the Northeast and West, the South had a significantly higher proportion of physicians who would not provide abortion referrals ($p<.01$).

The most common reason for not providing direct referrals was because indirect referrals were provided, with 81 (30%) respondents citing this reason (Table 1). Some 46 (17%) physicians indicated that their practice had a policy against providing referrals for abortion, and 44 (16%) indicated that they had a moral or ethical objection to abortion; minimal overlap existed between these latter two groups of respondents (data not shown). Some 39 (14%) respondents who did not provide referrals also related that

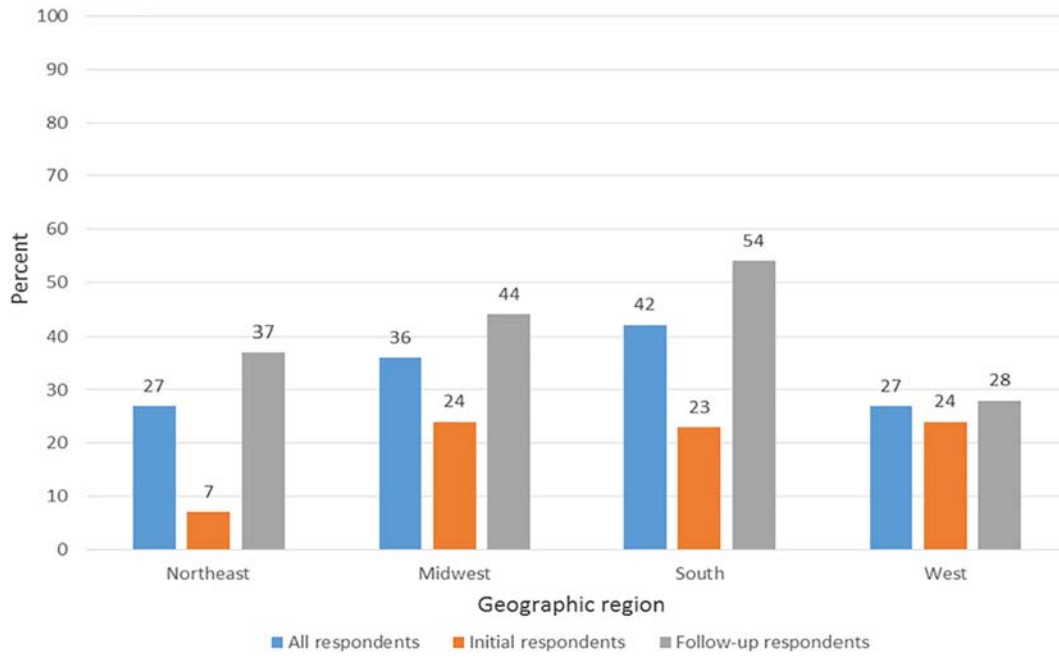


Fig. 1. Percent distribution of obstetrician-gynecologists who neither perform abortions nor provide abortion referrals, by region and type of survey response. All respondents include initial respondents and follow-up respondents. Initial respondents are those who responded to the initial request and completed a paper survey. Follow-up respondents are those who provided information during telephone follow-up.

they had not encountered a patient seeking an abortion at that office. All other response categories were indicated by less than 11% of respondents.

We found variation in abortion provision and referral practices by type of survey response. For example, 44 (13%) initial respondents indicated that they had provided an abortion in 2013 or 2014 compared to 23 (4%) follow-up

respondents (not shown). Among initial respondents who were not abortion providers, a higher proportion ($n=198$; 71%) indicated referring for abortion compared to follow-up respondents ($n=217$; 44%); this comparison was inverted when examining the proportion of physicians who did not refer by survey response type (Fig. 2). The reasons referrals were not provided were relatively similar regardless of

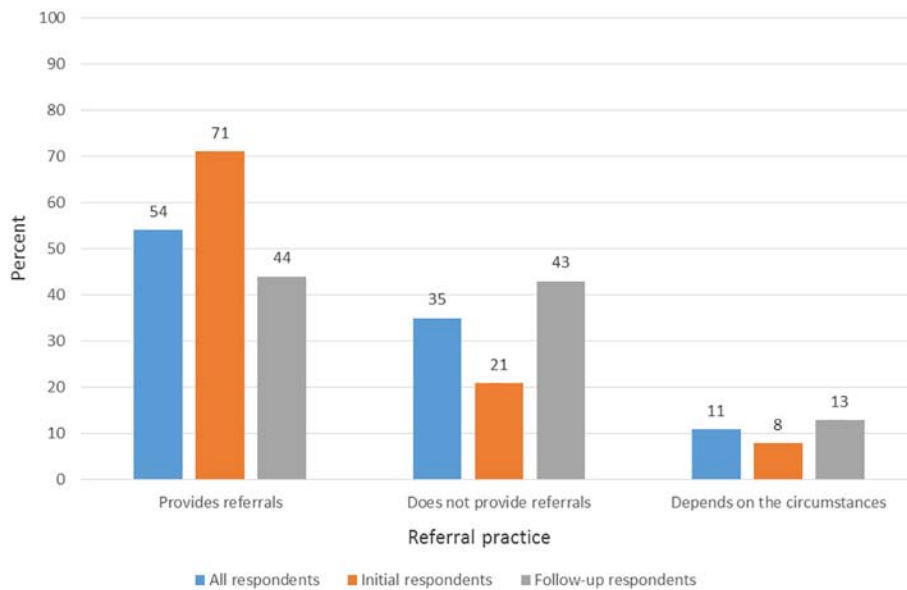


Fig. 2. Percent distribution of abortion referral practices among obstetrician-gynecologists who do not provide abortion, by type of survey response. All respondents include initial respondents and follow-up respondents. Initial respondents are those who responded to the initial request and completed a paper survey. Follow-up respondents are those who provided information during telephone follow-up.

survey response type (Table 1) with the exception that a significantly higher proportion of initial respondents ($n=19$; 33%) compared to follow-up respondents ($n=25$; 12%) reported that moral or ethical objections were a reason they did not provide referrals ($p<.01$).

4. Discussion

Our study suggests that, overall, approximately 7% of obstetrician-gynecologists in a private practice setting have recently provided abortion care. Based on this result, with approximately 21,000 active obstetrician-gynecologists working in private practices [6,7], our findings suggest that up to an estimated 1500 of these physicians recently provided an abortion. This estimate is substantially higher than the 245 practices documented in the 2015 APC [1].

Stulberg et al. [3] found that 14% of obstetrician-gynecologists provided abortions in 2008. Similar to our study, they relied on a sample of obstetrician-gynecologists from the AMA Masterfile, with a comparable sample size and response rate. However, our analysis is limited to physicians who provided abortions in private practice, whereas Stulberg et al. included providers who worked in an array of settings, including hospitals and clinics. Both studies found the same regional variations: a higher proportion of obstetrician-gynecologists in the Northeast and West provide abortion care than in the Midwest and the South.

Early medication abortion is considered to be well-suited for practices with a low volume of procedures because it does not require training, sedation or special equipment. However, we found that obstetrician-gynecologists in our study were more likely to provide surgical than medication abortions. Despite its safety record, Mifeprex remains subject to a set of restrictions for drugs that are known to cause serious side effects [8]. Furthermore, physicians must register to obtain mifepristone, and some may prefer to maintain “anonymity” [9]. Together, these hurdles may discourage physicians from providing medication abortion.

A majority of respondents provided referrals for abortion care, but 21%–43% clearly indicated they did not. Here, too, we found regional differences. Because there are fewer facilities providing abortions in the Midwest and the South, health care professionals in these regions may not know where to refer patients. Still, it was more common for respondents to indicate that moral issues or office policies prevented them from providing referrals than lack of knowledge.

Our study has several shortcomings. The practices of obstetrician-gynecologists who are in the AMA may not be representative of all such private practices in the U.S., especially since not all obstetrician-gynecologists are included in the Masterfile. We were unable to isolate whether the reasons for the different responses between initial and follow-up respondents were due, in part, to survey type (e.g., mailed survey versus telephone follow-up), typical respondent (e.g., physician versus front office

staff), actual variation in abortion provision or a combination of these and other factors. For example, physicians who provide abortions may be more familiar with the Guttmacher Institute or more motivated to respond to the survey than nonproviders. Alternately, front office staff may be reluctant to provide sensitive information to an organization unfamiliar to them, or they may be unaware that abortion services are available if physicians are discrete about their provision. Had we anticipated this variation by survey response type when designing the study, we could have called the frontline staff in the offices of physicians who returned a mailed survey to assess any differences between phone and mailed responses among the initial responders. We failed to obtain information on 40% of the obstetrician-gynecologist practices in our original sample, and we assume that these practices are similar to those that responded by phone. As a result, our overall abortion prevalence (7%) may be an overestimate, and the true estimate may be closer to that found among follow-up respondents.

Despite these challenges, this study addresses critical gaps in research. Estimating the share of obstetrician-gynecologists in private practice who are abortion providers contributes to a more complete understanding of abortion provision and access in the U.S. Furthermore, our study provides data on abortion referral practices, which can guide ongoing and future referral training efforts.

Overall, our study suggests that only a small proportion of obstetrician-gynecologists provide abortion care in private practice settings. This could be due to a variety of factors including inadequate training, office or organizational policies, stigma and (perceived) lack of demand. That private practices in the Midwest and South were less likely to provide abortion care could also be due to the relatively high number of abortion restrictions, such as mandated counseling and waiting periods, in many of the states in these regions [10]. Physicians may determine that adapting and adhering to these mounting laws are not economically feasible.

Where office policies, community attitudes or state laws discourage or prevent provision of abortion care in private practice settings, obstetrician-gynecologists have a professional obligation to refer patients for care [11]. Our study suggests that a majority of private practices provide direct referrals, although those in the Midwest and the South are less likely to do so. Indirect referrals, while perhaps better than no referral, are likely inadequate; without a direct contact for care, women seeking an abortion may encounter misinformation regarding their pregnancy options or the availability of abortion care. Furthermore, our findings suggest that office staff may also be in a position to provide abortion referrals to patients. To this end, education and training on referrals may have the most impact when an entire clinic team is included [12,13]. Continued efforts by clinical training programs and organizations such as *Provide* are needed to equip all health care professionals with information and training to make direct referrals, particularly in areas with fewer abortion clinic facilities [13].

Acknowledgments

The authors thank Emma Pliskin, Rachel Schwab and Hannah Whitehead for their support in fielding this study, and Isaac Maddow-Zimet and Jennifer Frost for their review of and comments on earlier versions of this manuscript.

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SB 798, Dr. Kathryn Quinn, Unfavorable.pdf

Uploaded by: Kathryn Quinn

Position: UNF

Abortion Amendment, Senate Bill 798 - Unfavorable Declaration of Rights - Right to Reproductive Liberty

My name is Dr. Kathryn Quinn. Thank you for reading my testimony. I am a Maryland resident and an Emergency Medicine resident physician. I submit this testimony on my own behalf and not on behalf of my employer. Along with many other liberal leaning initiatives, I support universal healthcare, improved maternity leave, prison reform, immigration justice, and strengthening education.

And as your constituent I strongly urge this committee to vote down amendment SB798 on the basis of democratic principles. I don't expect us to agree today on when human life begins, but I do appreciate that we share a concern for the health and empowerment of women.

My Clinical Experience Providing Healthcare to Women

Each month, women walk into our ER suffering sepsis following a dilation and curettage abortion. Others come to us seeking the full range of alternatives that the abortionist would not discuss. One woman asked me to perform an ultrasound simply to show her the baby as the person at the abortion facility—I word-for-word quote—“would not show me the screen.” Time and again, women state that based on race, age, and socioeconomic class, they felt coerced by providers into an abortion, leaving them with the opposite of a free choice.¹ And on the worst day, I explained to a woman that her uterus was ruptured by the abortion and had to be removed. She will never be able to bear children again. This is not a first for our department.

I have watched my pro-choice colleagues react with indignation each time another patient arrives following reckless treatment by the abortion industry. Do no harm, a foundational commitment of our profession is betrayed by abortion providers not only by taking the life of the preborn child but by damaging the health of the mother. Women are being lied to when they are told that “abortion is healthcare”—when abortions are not held to the standards of healthcare. Codifying something that not only kills children but is an unregulated, manipulative attack on women's bodies goes against Democratic and Republican principles alike. This amendment will result in a significant increase in the numbers of women's health issues across Maryland.

Important Distinction Between Elective and Indicated Abortions

As a woman and a physician, I would like to speak to the distinction between elective abortions and medically indicated abortions. Many abortion advocates impune this distinction, but as a physician I can assure you that it is real, commonsensical, important, and valuable for the highest quality healthcare.

¹ One Black woman told me that she had undergone seven abortions, none of which she wanted, because her doctors had pressured her to do so, arguing that in her poverty she would not be a competent parent. For my patients to be treated that way is racist, classist, and unacceptable.

The distinction between elective and medically indicated abortions is also essential for building a bridge of dialogue and mutual understanding between the advocates and critics of abortion. I have always considered myself “pro-life,” I have lived and worked with many fellow “pro-lifers,” and I have often been called upon to explain the pro-life position to people who decidedly do not identify with it. It is with I can assure you that when the pro-life community criticizes abortion, they primarily have elective abortion in mind. To listen to the pro-life community with this in mind is to better understand our concerns, and be able to dialogue with us.

Life-Affirming Medicine

I am proud to support the [American Association of Pro-Life Obstetricians and Gynecologists](#) (AAPLOG). AAPLOG is the leading center for medicine which affirms the life of the mother and her preborn child, for medicine which does everything in its powers to preserve the life of both patients. Unfortunately, contemporary medicine is not always able to save both lives in every situation. In those circumstances, we do what is necessary to preserve the life we can (including what could be called medically-indicated “abortions”) and we mourn the life that is lost. There is no need for a “right to abortion” to protect true healthcare. 86% to 93% of practicing OBGYN’s in the United States do not perform elective abortions (see attached studies). This is a powerful indication that healthcare does not include elective abortion.

Conclusion

I oppose abortion violence as a violation of the Hippocratic oath and the sacred duty of the doctor to serve all her patients, both those born and preborn. No one has a right to do violence to another person; there should not be a right to abortion in the Maryland Constitution. Please vote “no” on SB 798. If nothing else, I beg of you, please let my testimony disabuse you of the delusion that women want this.

Dr. Kathryn Quinn
4512 37th St.
Brentwood, MD 20722

*Equality and
Justice for ALL!*

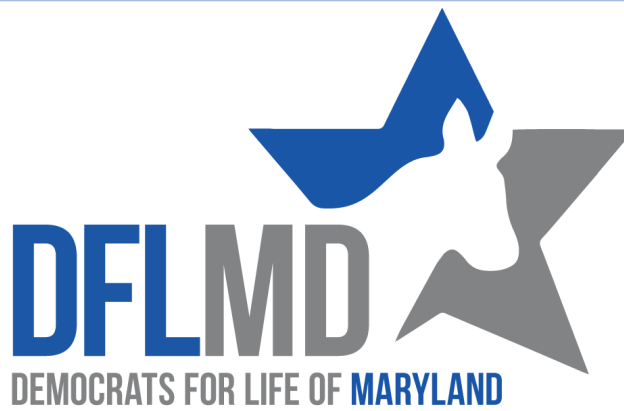


NO ON HB705
**ABORTION
AMENDMENT**

SB 798 Kelly Written Testimony, Democrats for Life

Uploaded by: Kathy Kelly

Position: UNF



**Abortion Amendment, Senate Bill 798 – Unfavorable
Declaration of Rights – Right to Reproductive Liberty**

As director of Democrats for Life of Maryland, I stand firmly against SB798. Along with many other pro-life Democrats in our state and our nation, I stand against legislative acts of abortion extremism, such as this attempt to enshrine abortion in our state Constitution. This action is a threat to the conscience rights of medical professionals and medical institutions, and it poses threats to freedom of pro-life speech – including the right to work for future legislative restrictions on abortion, such as prohibiting partial-birth abortions or measures to protect the safety of women from unregulated, unlimited abortion.

As a Montgomery County resident, I already pay for abortion at all 3 levels of government – through federal government grants to Planned Parenthood; through state funding for training of non-physician abortion providers through the Abortion Care Access Act; and lately through my county’s supplemental appropriation to put \$1 million into abortion. In addition, the Maryland Department of Health has recently proposed putting an additional \$11 million into Medicaid abortions. But SB798, by declaring abortion a fundamental right, would result in more funding of abortion over time, despite strong taxpayer opposition to funding the violence of abortion.

Where is the balance on this issue? Where is the concern about Maryland’s high abortion rate? Maryland is one of only a handful of states which neglect to report abortion data to the CDC, and it now protects abortionists from civil and criminal liability through the Abortion Care Access Act. Where is the attention to and funding for substantive pregnancy aid, such as grants for pro-life pregnancy aid centers and services? Democrats for Life is Pro-Life for the Whole Life, and we invite you to resist abortion extremism and to support real justice for women and their preborn children instead. Prioritize removal of barriers to parenthood faced by women with unexpected pregnancies. Vote no on the euphemistically named Reproductive Liberty bill.

Kathy Kelly

Director, Democrats for Life of Maryland

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DFLMD
DEMOCRATS FOR LIFE OF MARYLAND



***Equality and
Justice for ALL!***



NO **ON HB705**
**ABORTION
AMENDMENT**

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Oppose SB798.pdf

Uploaded by: kim chambers

Position: UNF

Written Testimony of Kim Chambers
Submitted to the Senate Finance Committee
On SB798
Declaration of Rights – Right to Reproductive Freedom

Members of the Finance Committee,

Thank you for giving me the opportunity to submit my written testimony to this committee in opposition to SB798, the “Declaration of Rights – Right to Reproductive Freedom.”

This bill will open the door for abortion through birth, which in and of itself possess some legal ramifications and wrong from the commandments of our Creator.

Abortion on demand is murder. The Sixth Commandment in the KJV Bible states, “Thou shalt not kill.” Exodus 20:13. Abortion IS NOT a medical procedure; it is a taking of a life. The child, however conceived has a right to life.

Taking of a life is illegal and is subject to trial and conviction. In Maryland, is there not a law on the books which states if an individual kills a pregnant woman, and the baby dies, is not the guilty party charged with two lives and not just one? “If men strive, and hurt a woman with child, so that her fruit depart from her, and yet no mischief follow: he shall be surely punished, according as the woman’s husband will lay upon him; and he shall pay as the judges determine. And if any mischief follow, then thou shalt give life for life,” Exodus 21:22-23.

SB798 infers that a women has the right to play God as well as any doctor or person who performs such procedures.

For these reasons, I strongly encourage the members of this committee to stop this bill.

Thank you for your time,

Kim Chambers

Opposed to SB 798.pdf

Uploaded by: Kimberly Hicks

Position: UNF

PLEASE VOTE NO ON SB798.

I am a pro life Democrat who respects human life at all stages.

Our state and country have made good, valuable and gradual progress in protecting the rights of groups of people who had previously been considered unworthy: women, Black Americans, people with disabilities, people of varying sexual and gender identities. It is good that we are able to change our laws as needed to protect and promote the rights of people who have not been protected in the past. Likewise, I want Maryland to be able to progress to protect people of all ages and not be trapped in a situation in which the human dignity of a child who is still in the womb cannot be protected like we have protected so many others. In time people who understand science will recognize that human life deserves dignity and protection at all stages of human development whether fetus, infant, adolescent, or elder.

I know you believe that you are defending the right to abortion to protect women, but there is no need for a Constitutional amendment. Abortion is already protected by Maryland law.

I beg you not to support the effort of SB 798 to add abortion to the State of Maryland Constitution. It is short sighted and potentially will confine Marylanders to laws that they later decide need to be changed.

Kim Hicks
Silver Spring

230228 Written Testimony HB705 - SB798 2023 CAFLIA

Uploaded by: Kristen Holt

Position: UNF

Maryland Senate Finance Committee Testimony
March 1, 2023

SB 798 - “Declaration of Rights – Right to Reproductive Liberty”

Cross-filed HB 705

Oppose

Witnesses

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Christians Advocating for Life in Annapolis 2023

Working to foster God's vision for human flourishing

Participating Organizations

Asociación Evangélica de Ministros Hispanos DMV (AEMH of DMV)

Hispanic Evangelical Ministers Association of DMV

President

Pastor Joel Galan

Represents over 200 pastors in the DMV area.

Life Source International Churches

Executive Pastor

Michael Herzog

Life Source International Churches are a network of churches throughout the United States and internationally. The main campus is located in Rosedale, Maryland.

Maryland Bible Society

Executive Director

Pastor Dave Moyer

The Maryland Bible Society has strengthened a host of interdenominational churches and their communities across the state for 210 years.

Somebody Cares Baltimore

President

Pastor Matt Stevens

Somebody Cares Baltimore exists to let people know that because Jesus cares, we the Church care. Through grassroots serving and development communities are being transformed and the Church is uniting.

The Christian Business Network, LLC

President

Michael W. Chetelat

We are a network of Christ-followers seeking to prosper in our professions, establish trustworthy connections, serve people with excellence, and maximize our God-given potential. We have online regional chapters for every county in MD with the highest representation in the DMV and Baltimore areas.

Christians Advocating for Life in Annapolis 2023

Working to foster God's vision for human flourishing

Dear Honorable Chair Griffith:

Christians Advocating for Life In Annapolis is a grassroots alliance of nonpartisan, multicultural, and interdenominational Christian Ministry Leaders networked across Maryland. We are united by a common evangelical faith. We work to foster God's vision for human flourishing in diverse ministry settings. As ministry leaders, we are grateful for this opportunity to submit testimony based on professional experience, research, and meaningful relationships within our spheres of influence.

We are supportive of Maryland government aims to promote "Life, Liberty, and the Pursuit of Happiness" and believe the guiding principles of Judeo-Christian ethics are an enduring basis for these outcomes. We have dedicated ourselves to research Biblical insights from antiquity to overcome our common human challenges, to promote human flourishing, and restore right relationships. We prioritize empathy for the least of these and diverse perspectives.

We understand SB 798 "Declaration of Rights – Right to Reproductive Liberty", proposes a constitutional amendment to make termination of pregnancy a constitutional right and to limit government restrictions. This committee is tasked to decide if this is consistent with the founding principles of our state constitution and whether this initiative would promote flourishing for our citizens for generations to come.

The individuals testifying today have diverse perspectives but are aligned in agreement on these responses. In service to your decision we are providing this information for your consideration with citations for you to further examine the evidence for yourselves.

We believe to make a fully informed decision there are a number of perspectives you will be weighing. We would like to introduce insights from our study of God's perspective in the Bible and the perspective of the people we serve.

Based on our research, we are **opposed to the addition of SB 798**.

We are convinced that

1. Beyond commonsense health complications, abortion is preventable harm to a child authorized by parents and a just government should regulate this strictly.
2. Abortion disproportionately impacts vulnerable, disadvantaged populations such as the disabled and minorities which is concerning.

Thank you for your thoughtful approach to the legacy of these policies.

Sincerely,

Joel Galan Columbia, MD	Juin Killingsworth Silver Spring, MD	Kristen Holt, Pharm.D., MPH Bel Air, MD	Jason Van Bommel Bel Air, MD	Cheryl Winterton Severn, MD
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Christians Advocating for Life in Annapolis 2023

Working to foster God's vision for human flourishing

Joel Galan

President

Hispanic Evangelical Ministers Association of DMV

Definition – Should we consider a child in the womb as a unique person with civil rights independent of the desirability to the parent? When should the rights of “all men were created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty, and the pursuit of Happiness” begin to be protected?

According to Scripture, children in the womb were not a class of humanity without protections. The legal code from [Exodus 21:22-25](#) reveals the Divine perspective that an unborn child had the same protections under law as an adult when injured by preventable harm.

Scripture like [Jeremiah 1:5](#) ascribes the creative act and “rights” to the divine Creator. “Before I formed you in the womb, I knew you, and before you were born I consecrated you”. This child’s consecration occurred before birth.

Similarly, Divine purpose is behind the unborn child’s intended destiny. In [Psalm 139:13-16](#) it reads, “For you formed my inward parts; you knitted me together in my mother’s womb...in your book were written, every one of them, the days that were formed for me, when as yet there was none of them.” Similar statements are made in [Isaiah 44:24](#), [Galatians 1:15](#).

Nowhere does Scripture indicate that the desirability of another person to an authority is a justified basis for lethal force. Rather it speaks to the protections of vulnerable classes including children, pre-born, orphan, disabled, and more which should be treated with equity. [Matthew 18:10-14](#), [Exodus 21:22-25](#), [Deuteronomy 10:18](#), [Leviticus 19:14](#),

It then establishes parents are the steward of the lives they are given. Parents are to be honored but are also accountable to God for the stewardship of their children. [Ephesians 6:4](#). [Ezekiel 18:20](#), [Deuteronomy 6:6-7](#)

Jesus felt such solidarity with the vulnerable that he stated: “as you did it to one of the least of these...you did it to me”. Also he declared, “Let the little children come to me and do not hinder them, for to such belongs the kingdom of heaven”. [Matthew 25:40](#), [Matthew 19:14](#)

From our observation, when a baby in the womb is wanted it is recognized as a new innocent human life and a miracle maturing toward taking his or her place in the world. The baby is named and celebrated. Advancing lifesaving medical interventions have evolved to effectively support children in utero earlier and earlier over time. When unwanted by the parents, the name changes to fetus and in Maryland all protections to the baby cease.

SB 798 would codify an enduring framework of a subclass of humanity by age and parental disposition. Effectively parental disposition would be the ultimate authority that grants an effective right for children to live. This is in contrast to a Judeo-Christian framework.

Christians Advocating for Life in Annapolis 2023

Working to foster God's vision for human flourishing

Jason Van Bommel

Pastor

Forest Hill Presbyterian Church

Restrictions to lethal force – Should parents have a constitutional right to use lethal force on a child in the womb with limited restrictions and why?

In the Judeo-Christian law the 10 commandments were foundational to govern the continuity of societal trust. It clarified rules for right relationship with God and with others. It limited practices of the day that were harmful.

Consider what they were intended to promote and protect.

- [Exodus 20:12](#) Honoring Father and Mother and not disrespecting appropriate parental authority (when consistent with the other laws).
- [Exodus 20:13](#) In favor of protecting life, not lethal force ending life.
- [Exodus 20:14](#) In favor of marital faithfulness and chastity not promiscuity. [Matthew 5:27-28](#)
- [Exodus 20:17](#) In favor of contentment and trusting God's care for the essentials, including the reproductive years, rather than operating on perceptions from comparison, envy, selfish ambition, or fear.
- [Exodus 20:15](#) In favor of generously giving of oneself toward the common good, not stealing or forcibly re-appropriating a neighbor's livelihood and finances to oneself. [Ephesians 4:28](#)
- [Exodus 20:16](#) In favor of telling the truth and not stating misleading or false testimony.
- [Exodus 20:3-4](#) Recognizing God as the pre-eminent authority. Not making a god in our image to fit our tastes as though we define his scope of authority in life and he is accommodating to our passions whatever they may be.

In the 10 commandments, honor for parental authority was upheld but constrained by the other 9 laws. Together they are the biblical foundation of reproductive liberty as set forth by the Creator of life.

The framers of the constitution understood that the more closely we came to these principles the more enduring the social contract and the more lasting the benefit to pass on to future generations. To stray into the prohibitions as a foundation for a social contract is a path to perceptions of injustice, division, and broken social bonds. A house divided against itself cannot stand. Furthermore, Scripture asserts that after death we will all be held accountable to our Creator for our stewardship in these areas. [2 Corinthians 5:10](#)

In the New Testament it is revealed that the intention of the law is to point us to the person of Jesus. We have all broken these laws in the course of our lives. Christ's flawless life was offered as payment for the penalty of our brokenness. [Romans 3:5](#). This is the message of salvation that has been the crux of the Christian faith for millennia. Jesus stated, "If you hold to my teaching, you are really my disciples. Then you will know the truth, and the truth will set you free." [John 8:31-32](#).

Should then lethal force that harms at least one vulnerable life and potentially two lives not have strict oversight by the state? With public health mandates like seatbelts, smoking regulations, and other government measures that feel restrictive to public freedoms, policy makers recognized there is a balance to strike. We believe it would be heading in the direction of flourishing to have some reasonable restrictions along with practical supports.

Christians Advocating for Life in Annapolis 2023

Working to foster God's vision for human flourishing

Juin Killingsworth

Faith Community Leader & Volunteer

Racial Disparities – Should we be concerned that abortion is disproportionately represented in African American women? (See Table 1 and 2). Should we be concerned about the health outcomes to minority women after abortion? Should we investigate measures that could improve supports to vulnerable moms and maternal fetal outcomes?

Through our relationships with minority women, we have heard from them a concern about the messages, societal pressures, and economic incentives that prioritize abortion over birth. The national data demonstrates racial disparities with notably higher rates of abortions among minorities.

In 2019, Caucasian women (non-Hispanic) accounted for 33% of abortions as 73% of the population (see Table 1 and 2). In contrast African American women (non-Hispanic) accounted for 38% of abortions as 16% of the population. CDC data includes all states except for Maryland which does not report.

“Non-Hispanic White women had the lowest abortion rate (6.6 abortions per 1,000 women) and ratio (117 abortions per 1,000 live births), and non-Hispanic Black women had the highest abortion rate (23.8 abortions per 1,000 women) and ratio (386 abortions per 1,000 live births).”¹

Not only is this disproportionately impacting the next generation, AAPLOG testimony² outlines the considerable international scientific literature base to suggest on a population basis there are multifaceted ramifications to the health of moms that choose to abort.

Scrutiny on the underlying contributors to disparities have periodically been reported to Congress nationally and we encourage further similar policy research in Maryland to understand the impact locally as well.³

¹ CDC Abortion Surveillance US 2019 <https://www.cdc.gov/mmwr/volumes/70/ss/ss7009a1.htm> November 26, 2021.

² American Association for Pro-life Obstetricians and Gynecologists. (AAPLOG) Maryland Health and Government Operations Committee Testimony. https://mgaleg.maryland.gov/cmte_testimony/2022/hgo/13P4CEHV4Gld5e3vvEk3cYkTCm1YAP6KI.pdf February 22, 2022.

³ Policy Report: The Effects of Abortion on the Black Community. Center for Urban Renewal and Education. June 2015. <https://docs.house.gov/meetings/JU/JU10/20171101/106562/HHRG-115-JU10-Wstate-ParkerS-20171101-SD001.pdf>

Christians Advocating for Life in Annapolis 2023

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Kristen Holt, Pharm.D., MPH
Health System Pharmacist
Faith Community Leader & Volunteer

Expansion of Medically Unnecessary and Preventable Harm – Should abortion be more prevalent than any other leading cause of death except heart disease (Based on National CDC data not including Maryland which does not report). (See Table 3,4, and 5).

We believe a compelling reason not to put this to a constitutional amendment is because the average citizen has not been fully informed of the data or their full range of options. We believe given the prevalence and women's feedback to us, reasonable measures for improving informed consent are warranted but may be prohibited by SB 798 as a "restriction".

Empirical Evidence

First, the public has not been fully informed by data in Maryland. In 2000, the Institute of Medicine released the landmark report "To Err is Human" documented medical errors lead to an estimated 98,000 deaths annually.⁴ The transparency of this data galvanized the patient safety movement in hospitals to reduce preventable harm. According to CDC data provided in 2019, the top two leading causes of death were diseases of the heart (659,000) and cancer (600,000).⁵ In 2019, there were approximately 630,000 abortions in the US, according to the CDC for 47 states excluding Maryland which does not report.⁶ (See Table 3 and 4). Similar trends were observed in 2020.^{7,8}

Should abortion be more prevalent than any other leading cause of demise except heart disease? It depends on our definition of human flourishing for the metrics of success to align accordingly. Should Maryland continue as the exception to abortion reporting when 47 other states do submit data for stewarding responsible medical outcomes?

We believe government leadership informed by public health data is essential to wisely steward health outcomes. International studies where data collection is more robust suggests multifaceted population impact to women that abort. The AAPLOG report describing this data needs to be further evaluated and we encourage giving this testimony with the supporting white paper links a read.⁹

⁴ Kohn LT, Corrigan JM, Donaldson MS. Institute of Medicine US Committee on Quality of Health Care in America. To Err Is Human: Building a Safer Health System. Washington DC: National Academies Press; 2000.

<https://pubmed.ncbi.nlm.nih.gov/25077248/>

⁵ Heron M, Deaths: Leading Causes for 2019. National Vital Statistics Reports: 70 (9).

<https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-09-508.pdf>

⁶ CDC Abortion Surveillance US 2019 <https://www.cdc.gov/mmwr/volumes/70/ss/ss7009a1.htm> November 26, 2021.

⁷ CDC Abortion Surveillance US 2020 https://www.cdc.gov/mmwr/volumes/71/ss/ss7110a1.htm?s_cid=ss7110a1_w November 25, 2022.

⁸ Ahmad F, Cisewski J, Minino A, et al. Provisional Mortality Data – United States 2020. Centers for Disease Control and Prevention. <https://www.cdc.gov/mmwr/volumes/70/wr/mm7014e1.htm> April 9, 2021. 70 (14); 519-522.

⁹ American Association for Prolife Obstetricians and Gynecologists. (AAPLOG) Maryland Health and Government Operations Committee Testimony. https://mgaleg.maryland.gov/cmte_testimony/2022/hgo/13P4CEHV4Gld5e3vvEk3cYkTCm1YAP6KI.pdf February 22, 2022.

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Based on Maryland Medicaid data, reasons cited for abortion necessity such as medical complications, genetic abnormalities, and rape or incest scenarios are miniscule compared to the total. Rather, of the 10,163 cases 95% were elective attributed to the impact of pregnancy to mental health.¹⁰ (See Table 5). These instances are a subset of the actual number of abortions in Maryland which the total is unknown because Maryland does not report to the CDC.

Informed Consent

More personally, because of the prevalence, we have had many private conversations with moms from all backgrounds in Maryland who seriously considered this option. In addition to the narratives of support for SB 798 you hear today, the following experiences illustrate types of scenarios we regularly encounter.

One friend, had unthinkable health complications with her pregnancy. She had the full support of her faith community in her decision and needed it because the parents are still grieving the loss of the child.

In a second scenario, a college friend confided she was considering abortion as an option for her unplanned pregnancy. She knew she was carrying a child, but another driver made this reality less important. It was the disruption, the perceived setback, and the feeling of being alone. It was the emotional fear of the economic pressures and educational sacrifices. It seemed insurmountable.

In that moment, voices of support, affirmation of God's life-giving purpose for this child, and practical solutions like government financial assistance for health care changed her outlook and she decided, on her own, to carry the baby to term. Recently her child graduated high school. The mom has a successful career, is happily married, and has no regrets. Her story is not unique to us. We minister to countless heroic single moms, dads, and couples who choose a challenging path to carry their child to term. Their inspirational courage rallies our communities to support them.

Can we prioritize with the same fervor support that gives moms in crisis a moment to evaluate all options and resources available during this critical time? Would SB 798 limit these measures as "restrictions"?

Conversely, another mom reflected on her choice of abortion several times earlier in life. Privately she has had lasting regret for decades but has found peace in a relationship with Jesus Christ. This is a message we have heard repeatedly too. They wish they could go back to have counsel that could have helped them see the way through and the opportunities that could have been.

What is the driver behind obscure metrics and powerful lobbying voices for abortion in Maryland? Maryland is in the top 5 states for education, wealth, political power, entrepreneurial women, and cost of living. We are also [ranked 3rd](#) in the nation for abortion access. There is a drive to succeed in Maryland as a working-class woman. There is also a reinforced message that sacrifices to children are necessary to obtain it.

Yet another friend and her husband waited 3 years to adopt their little girl along with nearly 50 prospective families. Thrilled to be parents and now longing for their second child, it has been 4 years in the waiting. They still hope along with 25 other prospective families for a child even though only 4 placements were made during a previous year.

The truth is, a long-term sacrifice by the biological mom is not needed.

¹⁰ Medical Care Programs Administration. Maryland Department of Health. FY2023 Operating Budget Analysis. P 46. <https://mgaleg.maryland.gov/pubs/budgetfiscal/2023fy-budget-docs-operating-M00Q01-MDH-Medical-Care-Programs-Administration.pdf>

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When the public is uninformed or misinformed by powerful community voices as to the impact of their options, government leadership and protections are necessary.

Give parents and their children a moment to succeed without misleading them in the definition of liberty. Do not perpetuate this message with SB 798.

No, a sacrifice is not needed. In the words of Micah 6:7-8 "Shall I offer my firstborn for my transgression, the fruit of my body for the sin of my soul? He has shown you, O mortal, what is good. And what does the LORD require of you? to act justly and to love mercy and to walk humbly with your God." Let's work to empower these virtues.

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National and State Data

Table 1. Racial Disparities and Abortion.

[Abortion Surveillance — United States, 2019 | MMWR \(cdc.gov\)](#)

Among the 30 areas that reported race by ethnicity data for 2019, non-Hispanic White women and non-Hispanic Black women accounted for the largest percentages of all abortions (33.4% and 38.4%, respectively), and Hispanic women and non-Hispanic women in the other race category accounted for smaller percentages (21.0% and 7.2%, respectively) (Table 6). Non-Hispanic White women had the lowest abortion rate (6.6 abortions per 1,000 women) and ratio (117 abortions per 1,000 live births), and non-Hispanic Black women had the highest abortion rate (23.8 abortions per 1,000 women) and ratio (386 abortions per 1,000 live births).

Table 2. [National Population by Characteristics: 2010-2019 \(census.gov\)](#)

Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States: April 1, 2010 to July 1, 2019		
Sex, Race, and Hispanic Origin	Population Estimate (as of July 1)	Percentage
	2019	
FEMALE	166,582,199	
One Race:		
White	126,329,875	76%
Black or African American	22,961,746	14%
American Indian and Alaska Native	2,079,286	1%
Asian	10,197,257	6%
Native Hawaiian and Other Pacific Islander	397,979	0%
Two or More Races	4,616,056	3%
Race Alone or in Combination: ¹		
White	130,421,046	78%
Black or African American	25,077,581	15%
American Indian and Alaska Native	3,489,730	2%
Asian	11,874,906	7%
Native Hawaiian and Other Pacific Islander	802,936	0%
NOT HISPANIC	136,580,999	
One Race:		
White	99,996,749	73%
Black or African American	21,473,076	16%
American Indian and Alaska Native	1,236,537	1%
Asian	9,897,070	7%
Native Hawaiian and Other Pacific Islander	296,133	0%
Two or More Races	3,681,434	3%
Race Alone or in Combination: ¹		
White	103,256,223	76%
Black or African American	23,147,716	17%
American Indian and Alaska Native	2,257,593	2%

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Asian	11,317,035	8%
Native Hawaiian and Other Pacific Islander	614,551	0%
HISPANIC	30,001,200	
One Race:		
White	26,333,126	88%
Black or African American	1,488,670	5%
American Indian and Alaska Native	842,749	3%
Asian	300,187	1%
Native Hawaiian and Other Pacific Islander	101,846	0%
Two or More Races	934,622	3%
Race Alone or in Combination: ¹		
White	27,164,823	91%
Black or African American	1,929,865	6%
American Indian and Alaska Native	1,232,137	4%
Asian	557,871	2%
Native Hawaiian and Other Pacific Islander	188,385	1%

¹ "In combination" means in combination with one or more other races. The sum of the five race groups adds to more than the total population because individuals may report more than one race.

Note: The estimates are based on the 2010 Census and reflect changes to the April 1, 2010 population due to the Count Question Resolution program and geographic program revisions. Hispanic origin is considered an ethnicity, not a race. Hispanics may be of any race. Responses of "Some Other Race" from the 2010 Census are modified. This results in differences between the population for specific race categories shown for the 2010 Census population in this table versus those in the original 2010 Census data. For more information, see <https://www2.census.gov/programs-surveys/popest/technical-documentation/methodology/modified-race-summary-file-method/mrsf2010.pdf>. For population estimates methodology statements, see <http://www.census.gov/programs-surveys/popest/technical-documentation/methodology.html>.

Suggested Citation:

Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States: April 1, 2010 to July 1, 2019 (NC-EST2019-SR11H)

Source: U.S. Census Bureau, Population Division

Release Date: June 2020

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Table 3. In 2019, The top two leading causes of death were diseases of the heart (659,000) and cancer (600,000). [National Vital Statistics Reports Volume 70, Number 9 July 26, 2021 Deaths: Leading Causes for 2019 \(cdc.gov\)](#)

Table C. Deaths and percentage of total deaths for the 10 leading causes of death: United States, 2018 and 2019

[An asterisk (*) preceding a cause-of-death code indicates that the code is not included in the *International Classification of Diseases, 10th Revision (ICD-10)*]

Cause of death (based on ICD-10)	Rank ¹	2019		2018	
		Deaths	Percent of total deaths	Deaths	Percent of total deaths
All causes. . . . .	...	2,854,838	100.0	2,839,205	100.0
Diseases of heart (I00–I09,I11,I13,I20–I51)	1	659,041	23.1	655,381	23.1
Malignant neoplasms. (C00–C97)	2	599,601	21.0	599,274	21.1
Accidents (unintentional injuries). (V01–X59,Y85–Y86)	3	173,040	6.1	167,127	5.9
Chronic lower respiratory diseases (J40–J47)	4	156,979	5.5	159,486	5.6
Cerebrovascular diseases (I60–I69)	5	150,005	5.3	147,810	5.2
Alzheimer disease (G30)	6	121,499	4.3	122,019	4.3
Diabetes mellitus (E10–E14)	7	87,647	3.1	84,946	3.0
Nephritis, nephrotic syndrome and nephrosis (N00–N07,N17–N19,N25–N27)	8	51,565	1.8	51,386	1.8
Influenza and pneumonia. (J09–J18)	9	49,783	1.7	59,120	2.1
Intentional self-harm (suicide). (*U03,X60–X84,Y87.0)	10	47,511	1.7	48,344	1.7

... Category not applicable.

¹Based on number of deaths.

SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

Table 4. In 2019, there were approximately 630,000 abortions in the US, according to the CDC. [Abortion Surveillance — United States, 2019 | MMWR \(cdc.gov\)](#)

Total Abortions Reported to CDC by Occurrence

Among the 49 reporting areas that provided data for 2019, a total of 629,898 abortions were reported. Of these abortions, 625,346 (99.3%) were from 48 reporting areas that provided data every year during 2010–2019. In 2019, these continuously reporting areas had an abortion rate of 11.4 abortions per 1,000 women aged 15–44 years and an abortion ratio of 195 abortions per 1,000 live births (Table 1). From 2018 to 2019, the total number of reported abortions increased 2% (from 614,820 total abortions), the abortion rate increased 0.9% (from 11.3 abortions per 1,000 women aged 15–44 years), and the abortion ratio increased 3% (from 189 abortions per 1,000 live births). From 2010 to 2019, the total number of reported abortions decreased 18% (from 762,755), the abortion rate decreased 21% (from 14.4 abortions per 1,000 women aged 15–44 years), and the abortion ratio decreased 13% (from 225 abortions per 1,000 live births) (Figure).

In 2019, a considerable range existed in abortion rates by reporting area of occurrence (from 0.3 to 27.2 abortions per 1,000 women aged 15–44 years in Wyoming and New York City) and abortion ratios (from 5 to 501 abortions per 1,000 live births in Wyoming and the District of Columbia) (Table 2). The percentage of abortions obtained by out-of-state residents also varied among reporting areas (from 0.5% in Arizona to 68.7% in the District of Columbia). Overall, 0.9% of abortions were reported to CDC with unknown residence.

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Table 5. Maryland Medicaid abortion services by reason during 2021. Note this is a subset of the total number of abortions in Maryland which is unknown as it is not reported to the CDC.

<https://mgaleg.maryland.gov/pubs/budgetfiscal/2023fy-budget-docs-operating-M00Q01-MDH-Medical-Care-Programs-Administration.pdf> pg 46.

Exhibit 17 indicates the reasons abortions were performed in fiscal 2021 according to the restrictions in the federal budget and State budget bill.

Exhibit 17 Abortion Services by Reason Fiscal 2021

I. Abortion Services Eligible for Federal Financial Participation

(Based on restrictions contained in the federal budget.)

<u>Reason</u>	<u>Number</u>
1. Life of the woman endangered.	0
Total Received	0

II. Abortion Services Eligible for State-only Funding

(Based on restrictions contained in the fiscal 2021 State budget.)

<u>Reason</u>	<u>Number</u>
1. Likely to result in the death of the woman.	0
2. Substantial risk that continuation of the pregnancy could have a serious and adverse effect on the woman's present or future physical health.	530
3. Medical evidence that continuation of the pregnancy is creating a serious effect on the woman's mental health and, if carried to term, there is a substantial risk of a serious or long-lasting effect on the woman's future mental health.	9,611
4. Within a reasonable degree of medical certainty that the fetus is affected by genetic defect or serious deformity or abnormality.	20
5. Victim of rape, sexual offense, or incest.	2
Total Fiscal 2021 Claims Received through November 2021	10,163

Source: Maryland Department of Health

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Cheryl Winterton

BILL: Senate Bill 798 / House Bill 705
TITLE: Declaration of Rights—Right to Reproductive Freedom
COMMITTEE: Senate Finance Committee
DATE: March 1, 2023 1:00 pm
WHO: **Cheryl Winterton**, Christians Advocating for Life in Annapolis 2023
POSITION: **OPPOSE**

Dear Honorable Chair Griffith:

I am writing in opposition of Senate Bill 798, which seeks to add the right to an abortion to the Maryland state constitution.

In 1985 when I was 19 years old, I chose to abort my unborn child. I thought that after terminating my pregnancy my life would go back to normal. It didn't. Psychologically, choosing to abort my unborn child impacted my life forever.

During my appointment with Planned Parenthood, they asked me if I was 100% sure that I wanted to abort my child. I said I was not. The intake nurse told me that I needed to decide because their waiting room was full and if I didn't decide right now it would impact their schedule for the day. I felt pressure from PP and I felt pressure from my boyfriend (the baby's father). I went through with it.

Months later I reflected that I wasn't myself. I didn't "get over it" like I thought I would. I used to be a happy person. Now I was depressed, and faking my happiness so others wouldn't see a change in me. I began suffering from decreased self-esteem, guilt, shame, loneliness, and sleep issues/nightmares that went on for years. After breaking up with that boyfriend, I found myself distrusting men. I also no longer trusted my closest girlfriends who told me to do it. I began displaying abnormal eating behaviors and would binge eat because it made me feel good. When I was 24 I sought counseling with a licensed psychologist. She confirmed that my bouts of depression, binge eating, sleep issues were a dominant psychological consequence of my decision to choose abortion.

As time passed, I worried about not being able to conceive or deliver a child in the future. This fear eventually became reality. I had infertility challenges. When I did finally conceive, I conceived twins, but lost one at 18 weeks. A few years after the birth of my only son, I went through infertility treatments in my attempt to conceive a second child. I miscarried again due to a blighted ovum. When I needed a procedure later to correct these challenges, the OB/GYN confirmed abortion was likely a contributing factor leading to a host of severe reproductive complications including a partial hysterectomy.

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To this day, 37 years later, I dream of the child that I will never meet. Every December I think about him/her turning another year older. I imagine by now they would have been married and I would be a grandmother. I imagine he/she would be making a positive impact in our society.

Eventually I sought Christian counseling to process these experiences and now volunteer to support unwed pregnant teens. I have found peace through my relationship with Jesus. However, my choice had a profound impact on me that has lasted decades. If I could go back I wish there had been a resource for me to have heard the pros and cons of choosing to end my child's life. I only received the resource through Planned Parenthood which was "come pay us money and we will erase your mistake". They didn't tell me how the consequence of my choice would last for the rest of my life. I desired truth. I desired love.

I plead with Maryland Legislators, to consider my experience and that these physiological and psychological health effects do occur. I now believe my child and my health was worth protecting. I regret my decision. I believe better support for pregnant moms and informed consent are important issues not addressed by SB 798 and this amendment would make it hard to add these measures seen as "restrictions". This is unacceptable.

Thank you for considering how to better serve women in their reproductive years in Maryland.

Sincerely,

Cheryl T Winterton
Severn, MD

UNFAVORABLE.SB798.HB705.MDRTL.L.Bogley.pdf

Uploaded by: Laura Bogley

Position: UNF



Unfavorable
SB798/HB 705– Declaration of Rights – Right to Reproductive Liberty
 Laura Bogley, JD
 Executive Director, Maryland Right to Life

*“...The judgments of the Supreme Court were never meant to be infallible or eternal. **And what if we’ve been wrong?** If the Court should soon reverse itself on the abortion issue in the light of changing times and/or new scientific evidence, what an **incalculable injustice** will have been perpetrated. What an immeasurable, irretrievable loss will have been suffered.”*

– **Dr. Bernard N. Nathanson, M.D., the “Abortion King”, Co-Founder
 National Abortion Rights Action League (NARAL)**

On behalf of the Board of Directors of Maryland Right to Life, and pro-life citizens across the state of Maryland, I write in defense of the Constitution of the State of Maryland and of the inalienable right to life which it guarantees for all, born and preborn. Senate Bill 798/House Bill 705 is regressive, oppressive and coercive and we urge your unfavorable report. Through this legislation, a fundamental right to abortion could easily deteriorate into abortion coercion and forced abortions in Maryland.

After nearly fifty years and 64 million lives lost, the states have been freed from federal judicial abortion mandates under *Roe v. Wade* (1973). In *Dobbs v. Jackson Women’s Health Organization* (2022), the Supreme Court of the United States held:

“The Constitution makes no reference to abortion, and no such right is implicitly protected by any constitutional provision.” [\[1\]](#)

The Constitution of the United States, echoed by the Constitution of the State of Maryland, is clear that the right to life is **unalienable** and **shall not be infringed** by government. The operable question this bill asks is whether the Constitution authorizes the government to limit or qualify that unalienable right to life to accommodate a parent’s desire to kill her offspring. Clearly the state does not have and cannot secure that authority on Constitutional grounds.

We urge Governor Wes Moore and the Maryland General Assembly to take this opportunity to change course to lead Maryland families toward a more just and prosperous future. The state must put the health and safety of women and children before divisive abortion politics and profit, by prioritizing public policy and funding for services that empower women of all socio-economic groups to choose life for their children.

AN ABORTION AMENDMENT IS REGRESSIVE

Abortion is big business in the state of Maryland. Abortion blood money is buying elections and suppressing opposition. But abortion is a failed public policy that puts abortion profits before the health and safety of women and children. Maryland's radical abortion policies and millions of dollars in public abortion funding have failed to end childhood poverty, prevent unplanned pregnancies or cure the socio-economic ills that women face in raising their families.

Senate Bill 798 is a desperate attempt by an antiquated movement to enslave women in a perpetual state of war against their own children. This regressive policy would be a death sentence for Black babies and a blood sacrifice at the altars of misogyny and hedonism.

Prior to the Supreme Court's imposition of their federal abortion mandate in *Roe*, the Maryland legislature had enacted a ban on abortion as a crime against the person and only would allow exception for the physical life of the mother, if two physicians agreed that termination of the pregnancy was necessary to avoid the imminent death of the mother. Advances in medical science have made it possible to now spare the lives of both mother and child by 22 weeks gestation.

Advances in science since 1973, including ultrasound technology, have firmly established the humanity of the preborn child. 95% of biologists agree that a unique human life begins at fertilization, when 46 chromosomes are present. By the time a woman discovers she is pregnant, she already has reproduced. This is not a matter of opinion or religious dogma- but of *scientific fact*.

Pregnancy is not a disease and abortion is never medically necessary. The fact that abortion is not healthcare as evidenced by the fact that 85% of obstetricians and gynecologists in a national survey refuse to participate in abortion practices.

But because of Abortion Distortion, the state of Maryland is rejecting the science and failing to provide for the legitimate reproductive health needs of Maryland Women. The state is failing to ensure that women have access to quality health care through a licensed physician. The state is failing to ensure that abortion clinics are safe and in compliance with existing health regulations. The state is failing to address incidents of abortion-related maternal injury and death or risks of future miscarriage, pre-term birth or loss of fertility. The state is failing to ensure that reproductive health education in our K-12 public education system is medically accurate or age appropriate. The state is failing to protect women and girls from abortion coercion, sexual abuse and sex trafficking. The state is failing to invest in and promote lifesaving alternatives to abortion like quality prenatal care, the Maryland Safe Haven Program, affordable adoption programs and foster care reform.

ABORTION IS UNSAFE IN MARYLAND

Abortion activists occupying the Maryland General Assembly only care that abortion is legal and lucrative. The state is derelict in its duty to provide for the public health and welfare, and must put patient safety before abortion politics.

Recent radical abortion enactments by the state legislature have completely removed abortion from the spectrum of "healthcare". As a result of these pernicious policies, the practice of abortion in

Maryland has become the “red light district” of medicine, populated by dangerous, substandard providers.

Maryland is one of only four states that forces taxpayers to pay for other people’s abortions. Maryland is one of only three states that shield abortionists from liability by refusing to report abortion data to the CDC.

The state legislature has repealed all criminal penalties and statutory restrictions on abortionists and abortion practices. Regulations on abortion clinics and practices are not routinely enforced. Physicians now serve only a tangential role on paper *if at all*, either as remote medical directors for abortion clinics or as remote prescribers of abortion pills.

Under the *Maryland Freedom of Choice Act* of 1991, abortion is legal in Maryland through birth, for any reason. Women in Maryland have unlimited access to abortion and may obtain free abortions at taxpayer or insurer’s expense. Minor girls can obtain abortions without parental notice or consent, even during the school day with excused absences. There are no criminal penalties for a woman seeking abortion and doctors are not prohibited from providing medical intervention in the case of miscarriage or ectopic pregnancy.

The *Abortion Care Access Act* of 2022 deprives poor women access to quality care through licensed physicians. The law repealed the last remaining safeguard in law for women, which was the requirement that only a licensed physician may perform abortion. It reduced the standard of medical care, allowing non-medical workers to be certified to provide both chemical and surgical abortion through birth. Finally the law forces insurance carriers to fully fund elective abortions and forces Maryland taxpayers to subsidize the abortion industry by committing \$3.5 annually to develop the new substandard abortion workforce.

Through “**telabortion**”, interstate compacts and the unregulated proliferation of “**Do-It-Yourself**” chemical abortion pills, the Maryland General Assembly has enabled the abortion industry to subject women to “back alley” style abortions, where they bleed alone without medical supervision or assistance, then flush their babies down toilets. This is not progressive, but regressive.

ABORTION AMENDMENT IS COERCIVE

Abortion extremism in the Maryland General Assembly **actively deprives women their freedom to reproduce** by denying them access to lifesaving alternatives to abortion. The Assembly’s current package of abortion bills, including House Bill 705 will make Maryland a safe harbor for profit-minded abortionists but a hostile environment for women and children. The legislation shields abortionists from any liability to women for injury or death and shields sexual predators who utilize abortion to cover their crimes.

Nearly ten years before *Dobbs*, Supreme Court Justice Ruth Bader Ginsburg, champion of the women’s equality movement, admitted that *Roe* never conferred a right to women, but only rights to abortionists. “*Roe isn’t really about the woman’s choice, is it? It’s about the doctor’s freedom to practice*” said Ginsburg in 2013. [\[2\]](#)

Nearly 3 of 4 women said that they did not choose, but felt pressured into their abortions. Sound abortion regulatory policies serve women by promoting a high standard of medical care, protecting women's right to give informed consent to procedures and protecting women from abortion coercion at the hands of abortionists, abusive partners and sex traffickers.

Currently, all 50 states have laws requiring healthcare professionals and others to report the suspected sexual abuse of minors including statutory rape. The federal government also mandates that Title X healthcare facilities comply with state criminal reporting laws. However, there is substantial and developing evidence that many family planning and abortion clinics are not reporting all instances of suspected abuse and are, in some cases, advising minors and their abusers on how to circumvent the law. As a result, sexual predators are free to continue to abuse their victims, scarring them for life.

ABORTION AMENDMENT IS OPPRESSIVE

By fear mongering and fabricating a state constitutional right to abortion on demand, abortion activists occupying the Maryland General Assembly could use the full force of state government to enshrine the abortion industry's monopoly over women's health care and to discriminate against pro-life organizations and medical providers who offer women better options.

House Bill 705 is anti-democratic and anti-American. It seeks to silence the voices of everyday Marylanders who have the right to engage in a meaningful public discussion and debate over the availability, safety, and even desirability of abortion. By enacting this bill, state lawmakers will relinquish their legislative authority to the courts, denying representation to their pro-life constituents and evading accountability to voters.

By making abortion a "fundamental right" the state infringes on citizens' rights of free speech, conscience and religious exercise and denies citizens their rights to due process and equal protection. The Amendment would compel physicians, hospitals and other healthcare and insurance providers to participate in abortion. Enactment would bar any future attempts to pass lifesaving legislation such as partial birth abortion or dismemberment bans. Any individual or organization that is deemed to have discriminated against a woman's "fundamental right" to abortion could face litigation and prosecution.

ABORTION IS LEADING KILLER OF BLACK LIVES

Abortion is the greatest human and civil rights abuse of our time and as a civilized people we cannot continue to justify or subsidize this genocide. The state of Maryland cannot succeed in stopping the violence in our streets, while it sanctions violence in the womb.

Abortion has reached epidemic proportions among people of color with half of all pregnancies of Black women ending in abortion. The Black population has long been targeted for elimination through sterilization and abortion. Even today, 78% of abortion clinics are located in minority communities. As a result abortion has become the leading killer of Black lives.

There were only two other times in our nation's history when the government so egregiously denied the very humanity of a class of human beings to justify depriving them of basic human rights. First with the brutal annihilation and subjugation of the Native American people. Then by the inhumane enslavement

and segregation of African American people. In both instances the American people stood up to resoundingly reject these crimes against our human brothers and sisters.

The Maryland Democrat Party recently led the charge to tear down the statue of Supreme Court Justice Roger Taney who abused his authority to deprive African Americans their freedom and prohibited the states from outlawing slavery on the basis that African Americans do not have the rights of citizens. Justice Taney's abhorrent decision in *Dred Scott v. Sanford*, was met with public disdain and propelled Congressional Republicans to legislative victory in passing the 13th, 14th and 15th Amendments to the Declaration of Rights and re-election.

But now these same Democrats erect this monument of a bill to deny the humanity of preborn human beings and forever enslave Maryland children in their mother's wombs. Our children are NOT CHATTEL to be disposed of as we see fit.

By denying any class of persons, including fetal human beings, the unalienable right to life that exists in nature independent of government, the government actively infringes on the rights of the people in violation of the Constitution and of your oath of office to defend the Constitution.

As Maryland's own Frederick Douglas said in response to the Supreme Court in *Dred Scott*: "*The Constitution knows all the human inhabitants of this country as "the people". It makes no discrimination in favor of or against any class of the people, but is fitted to protect and preserve the rights of all, without reference to color, size or any physical peculiarities.*"

But because of abortion extremism, abortion is having a genocidal effect on Black lives – as it was intended to do from the start. 22 million Black children have been killed legally by abortion in this nation. Abortion is now the leading killer of Black lives - more than gun violence and the top 20 causes of death combined. At least half of all children conceived by Black women in Baltimore City are killed by abortion violence.

If we are to live together as a civilized people and a just society, Democrats and Republicans must stand together to proclaim the humanity of unborn children and guarantee to them, the Equal Protection of our Constitution and laws.

FORCED ABORTIONS AND "BROKEN BRANCHES"

The United States is one of only six countries that permit abortion through birth, including China, North Korea, South Korea, Vietnam and Canada. With this amendment, Maryland will be only one-step removed from China's forced abortion policy- which nearly annihilated the Chinese people until its repeal in 2016.

China's one-child policy restricted most couples to only a single offspring and was enforced by China's National Health and Family Planning Commission. Women who had more than one child could be subjected to forced abortion, have their children confiscated by the government or be fined millions of dollars. Couples were forced into sex-selective abortions and infanticide. The Nobel economist Amartya

Sen estimated there were about 100 million missing women, women that were never born or killed or aborted across Asia. [3]

After 35 years of this one-child policy, the birth rate in China had dropped to 1.3 children per woman, below the level of 2.1 needed for stable population growth. The government had no choice but to curtail the policy after it has resulted in a severe workforce shortage and gender imbalance.

Because of sex selective abortion, China had 30 million more men than women. The Chinese refer to these single men as “broken branches” because their family tree dies with them. Aging parents who lose their only child have no means of financial support and are rejected by nursing homes.

ABORTION FUNDING RESTRICTIONS ARE CONSTITUTIONAL

The *Maryland Medical Assistance Program* and the *Maryland Children’s Health Program* (MCHP) are the two primary programs used for publicly funded reimbursements to abortion providers in Maryland.

According to the Maryland Department of Legislative Services in their *Analysis of the FY2022 Maryland Executive Budget*, Maryland taxpayers, through the Maryland Medical Assistance Program, are being forced to pay for *elective* abortions. Last year we spent at least \$6.5 million for 9,864 abortions, less than 10 of which were due to rape, incest or to save the life of the mother.

But the state of Maryland has no legal obligation, nor moral authority to use public funds for abortion. 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.*”

Despite the fact that the Maryland General Assembly enacted a liberal abortion statute in 1991, the law itself *allows* but *does not require* public funding for abortion, nor reimbursement to abortion providers. Language attached to the Medicaid budget since 1979 and MCHP since 1999 only allowed the use of state funds to pay for abortion in certain circumstances, specifically if a physician or surgeon certified that the procedure is medically necessary.

ABORTION IN MARYLAND- A CONSTITUTIONAL PRIMER

The Constitution is silent on abortion but clear on the right to Life.

The Constitution affirms that no one can “be deprived of life, liberty or property” and deliberately echoes the Declaration of Independence’s proclamation that “all” are “endowed by their Creator” with the unalienable right to Life. The 5th Amendment prohibits the federal government from infringing on the right to life. The 14th Amendment prohibits state and local governments from infringing on the right to life.

The members of the Maryland General Assembly understood this when you repealed the Death Penalty but seek to empower mothers to be executioners of their own children.

MARYLAND DECLARATION OF RIGHTS

A right to abortion cannot be found in the text or structure of the Maryland Constitution. The Declaration of Rights of the Constitution of Maryland likewise affirms the right to life.

Article 2 of the Maryland Declaration of Rights states “**The Constitution of the United States**, and the Laws made, or which shall be made, in pursuance thereof, and all Treaties made, or which shall be made, under the authority of the United States, are, and **shall be the Supreme Law of the State**; and the Judges of this State, and all the People of this State, are, and shall be bound thereby; anything in the Constitution or Law of this State to the contrary notwithstanding.”

Article 24 of the Maryland Declaration of Rights establishes that “no man ought to be taken or imprisoned or disseized of his freehold, liberties or privileges, or outlawed, or exiled, or, in any manner, destroyed, or **deprived of his life**, liberty or property, but by the judgment of his peers, or by the Law of the land” (amended by Chapter 681, Acts of 1977, ratified Nov. 7, 1978).

COMMON LAW ON ABORTION

Abortion was a crime at common law in Maryland at all stages of pregnancy without regard to quickening or viability, except to save the life of the mother (*Lamb v. State*, 1887 Md Court of Appeals). There is no evidence that the framers of the Maryland Constitution of 1867 intended the Declaration of Rights to limit the legislature’s authority to prohibit abortion. In fact, several months earlier the legislature enacted its first abortion statute, prohibiting abortion at any stage of pregnancy except when three practitioners confirmed it was necessary for the safety of the mother.

Prior to 1968, in *Worthington v. State* (1901), the Maryland Court of Appeals, the highest court of Maryland, characterized abortion as an “abhorrent crime”. The Court recognized that the abortion statutes were intended to protect unborn children and that legal rights were extended to unborn children outside the issue of abortion, including wrongful death and inheritance.

For these reasons, we respectfully urge you to denounce abortion extremism that exploits women and destroys families, by issuing an unfavorable report on Senate Bill 798/House Bill 705. We appeal to you to prioritize the state’s interest in human life and restore to all people, born and preborn, the natural and Constitutional right to life.

Respectfully Submitted,
Laura Bogley, JD
Executive Director, Maryland Right to Life

SB798.pdf

Uploaded by: Lauren Daigle

Position: UNF

OPPOSE SB798 : Declaration of Rights – Reproductive Freedom

To whom it may concern,

I oppose this bill because everyone deserves a chance at life. Killing an innocent pre-born child is murder not reproductive rights.

Thank you,

Lauren Daigle

20751

Testimony MCFRW Abortion Amendment .pdf

Uploaded by: Laurie Halverson

Position: UNF

Montgomery County Federation of Republican Women

February 27, 2023

The Honorable Senator Melony Griffith
And Members of the Judicial Proceedings Committee
Maryland Senate
Annapolis, Maryland

Dear Chairman Griffith and Members,

RE: **SB798** – Declaration of Rights — Right to Reproductive Freedom -- **OPPOSE**

The **Montgomery County Federation of Republican Women** which includes 400 members oppose this proposed amendment to the Maryland Constitution.

Maryland has one of the most liberal abortion laws in the country. Roe vs Wade's reversal does not change the laws in Maryland, so it is not necessary to go to the expense and time to include an abortion amendment in the Maryland Constitution.

We are **concerned of the vagueness of the language** in the bill. It appears as though the abortion laws in Maryland could be changed with this amendment, to include abortion for any reason up to the birth. "INCLUDING BUT NOT LIMITED TO THE ABILITY TO MAKE AND EFFECTUATE DECISIONS TO PREVENT, CONTINUE, OR END ONE'S OWN PREGNANCY" does not sound as though there will be any restrictions after the point of viability. If this bill passes with the intent to change the law to allow abortions for any reason up until birth, we expect to see clear language that explains this on the ballot so people know what they will be voting for at the voting booth. Voters need to know clearly what they are voting for or against.

By making it a "fundamental right" in the amendment, we are concerned that the cost of abortions will go to tax payers. Many who pay taxes have religious beliefs of protecting life, so forcing them to pay for abortions would not be protecting their religious beliefs.

And, if this "reproductive freedom" amendment covers all persons, what about the freedom of our most young and vulnerable persons? Humans in the womb don't have a voice, but their lives deserve protection too.

For all of these reasons, please give **SB798** an **UNFAVORABLE** report.

Sincerely,
Laurie Halverson, President
Montgomery County Federation of Republican Women
lsh2727@verizon.net

Opposition to Declaration of Rights - Right to Rep

Uploaded by: Leonardo Marino-Ramirez

Position: UNF

I am writing to oppose the inclusion of SB0798 - Declaration of Rights - Right to Reproductive Freedom in the state constitution, as this amendment would enshrine abortion as a "fundamental right" and would require Maryland taxpayers to fund all abortions, regardless of whether a majority of Marylanders support this or not. The amendment would also force healthcare providers to participate in abortions, which could violate their rights of conscience and religious freedom. Additionally, if this bill passes, it could infringe on the freedom of speech guaranteed by the U.S. Constitution by preventing future attempts to pass legislation that could save lives, such as partial-birth abortion or dismemberment bans.

The right to reproductive freedom undermines the sanctity of human life. Life begins at conception and every human life should be protected and valued from that moment forward. Therefore, I believe that the right to reproductive freedom, including access to abortion, is morally wrong and should be restricted or prohibited altogether.

The right to reproductive freedom can have negative societal consequences, such as a decline in birth rates or a breakdown in family structures. I believe that promoting reproductive freedom can lead to a culture of individualism, where personal desires and goals are prioritized over the greater good of society. I believe that policies that promote traditional family values and encourage procreation are better for the long-term stability and well-being of society.

Maryland's current laws on abortion are already very permissive. The Maryland Freedom of Choice Act of 1991 allows for abortion-on-demand up until birth, which is extreme compared to other states. Additionally, Maryland is one of only four states that requires taxpayers to pay for other people's abortions, and one of only three states that shields abortion providers from liability by refusing to report abortion data to the CDC. As a result, Maryland is not addressing important issues related to women's reproductive health, such as the risks of abortion-related maternal injury or death, future miscarriage, pre-term birth, or loss of fertility.

If this amendment were to be enacted, it could threaten the existence of pro-life pregnancy centers and could take away medical providers' rights of conscience. However, Maryland lawmakers still could pass laws to protect women's health during pregnancy, to restrict abortion after viability, and to ban public funding for abortion. This proposed Abortion Amendment would remove the ability of elected representatives to regulate abortion and would force taxpayers to fully fund all abortions, which is extreme and should not be included in the state constitution. Therefore, I urge you to issue an unfavorable report on SB0798.

Leonardo Marino
11129 Schuylkill Rd
Rockville, MD 20852
marino@marino-johnson.org

Testimony against House Bill 0798 2-27-23.pdf

Uploaded by: Marco Colombini

Position: UNF

I am opposed to Senate Bill 0798 titled "Right to Reproductive Freedom". This bill is deceptively named because no one in the country is prohibited from reproducing. The bill is designed to place into the Maryland Constitution the right to kill a child before birth. These scientific facts are well established and beyond question: the child is a human being, the child is distinct from the mother, the child grows and develops following instructions from its own genetic information, the child feels pain at least in the last trimester, etc. By this bill, the most vulnerable human beings in our society are denied the right to continue to live but rather are allowed to be killed in the most inhuman ways...commonly, torn apart limb from limb. These children are treated as property that can be discarded. Thus, the intrinsic value of each and every human being is diminished. This bill sends the message that if one is too weak or considered of low value to society, then that person can be killed. That was the intention of Margaret Sanger who started Planned Parenthood. The intent, which she expressed both verbally and in writing was to eliminate the undesirables in society: the weak, the cripple, those of an inferior race... By voting for this bill, you are building on what she started. Shame on anyone who votes for this bill and shame on all the co-sponsors.

Professor Marco Colombini
17520 Doctor Bird Road
Sandy Spring, MD

2023 SB798 oppose.pdf

Uploaded by: Maria Hayden

Position: UNF

SB798

Declaration of Rights – Right to Reproductive Freedom

Oppose

I am writing to firmly urge you to oppose SB798. It is dangerous for the health of women in Maryland.

The title of the bill is an oxymoron since women are and always will be (I hope) free to reproduce. This bill wants to make women free to NOT reproduce, indeed, free to be harmed and barren. It will not protect their health physically or emotionally.

The fact that the bill says “every person”, not every woman has this right, leaves the door open to coercion by men to force women to either bear children or to not bear them. By not saying that *women* have this right, what’s to stop a man from forcing a woman to abort his baby and state that it is his right under this law to have compete “reproductive freedom?”

The sponsors of this bill know that it will allow abortion through all nine months, and force taxpayer funding for them. That is not liberty and equality for the unborn certainly, and it tramples the rights of citizens who abhor the thought of paying for countless gruesome deaths.

If this amendment comes to referendum the public certainly will not be made aware of its extreme nature - that the General Assembly will no longer have the ability to pass laws that would “deny, burden or abridge.” But those are the laws that could protect women from incompetent practitioners, from unsafe

facilities, from the abuse of minors, coercion of sex trafficking, or from any new dangerous method of abortion. Without the ability to enact protections, Maryland will be the hub of these criminal activities and women in Maryland will be immeasurably harmed.

Abortion law in Maryland is already as liberal as it gets, for practitioners have been performing risky late-term abortions for many years with impunity. The complications have become so numerous and serious (women showing-up in emergency rooms with hemorrhaging and infections) that it is too difficult now for those doctors to get malpractice insurance. Maryland needs to be able to regulate and curtail abortions like it does any other procedure or surgery. This amendment would expand beyond anything you could describe as women's rights. It will deform Maryland into an alarmingly dark place.

Maria Hayden

Ellicott City

I strongly oppose proposed amendment, Senate Bill

Uploaded by: Marianne Sibal

Position: UNF

I strongly oppose proposed amendment, Senate Bill 798, to the State's Constitution.

Normally people reproduce by unitive sexual action leading to pregnancy, leading to birth, leading to infancy, leading to childhood, leading to adolescence, leading to adulthood. Once an individual has become pregnant, they are carrying another life which must be recognized as a distinct human being who has by their personhood the right to life. Ending the natural outcome of any stage of human life is murder.

'Reproductive freedom' cannot be used as a synonym or justification for murder when applied to the end of life of a person whether that life is within the body of another or not. Do not put the 'right to murder' into law.

Beaudoin - Opposed to SB798 Abortion Amendment.pdf

Uploaded by: Mary Beaudoin

Position: UNF

I am a woman, a long-time registered Democrat, a longtime resident of Montgomery County, and a long-time feminist. SB798, the Abortion Amendment, clearly promotes abortion and would be used to strike down any reasonable limits on abortion. It makes abortion the norm, thus distracting society and policy makers from advancing maternity leave, prenatal care, wrap-around pregnancy support, and other policies that promote and empower women. Women, especially poor women, deserve better. Abortion, overall, hurts women, and continues the sexist oppression women have experienced for millennia.

This Abortion Amendment could be a part of Maryland's Constitution for decades, even centuries, and trap Maryland in our 2023 frame of mind. It would continue to promote the fallacy that children are a problem to be solved, rather than a gift to one's family and to society.

I am proud of many of the progressive laws in Maryland. SB798 is bad for Maryland women, families, and citizens. Good laws are those that support racial and economic equality, provide for the needs of pregnant women and their children, and make medical care and child care affordable for all.

I am strongly opposed to the Abortion Amendment.

-Mary Beaudoin, Silver Spring MD

Abortion Amendment.pdf

Uploaded by: Mary Jo Witte

Position: UNF

I strongly oppose SB0798/HB0705 as these pieces of legislature would force Maryland taxpayers to pay for ALL ABORTIONS when most Marylanders believe there should be at least some reasonable restrictions on abortion. The *Maryland Freedom of Choice Act* (1991) already allows abortion-on-demand, for any reason and up until birth. Maryland is also failing to address women's reproductive health and the incidents of abortion-related maternal injury and death by refusing to report abortion data to the CDC.

These bills would also require physicians and other healthcare providers to participate in abortion, in violation of their rights of conscience and free exercise of religion.

In passing this legislation, the Maryland government will be infringing on the Freedom of Speech guaranteed by the Constitution of the United States, by barring all future attempts to pass lifesaving legislation such as partial birth abortion or dismemberment bans SB798/HB705, if enacted would threaten to close pro-life pregnancy centers and deny medical providers their rights of conscience. Under Supreme Court precedent, Maryland lawmakers still have the right to pass laws to protect women's health throughout pregnancy, to restrict abortion after viability, and to ban ALL public funding for abortion. But this proposed Abortion Amendment would take the power to regulate abortion away from our elected representatives and force Maryland taxpayers to fully fund ALL ABORTIONS.

This extreme legislation has no place in Maryland, I beg you to OPPOSE SB798/HB705.

MD Senate Testimony.pdf

Uploaded by: Michael New

Position: UNF

Testimony against SB 798 “Declaration of Rights – Right to Reproductive Freedom”

by Michael J. New Ph.D.

I appreciate this opportunity to offer testimony in opposition to SB 798 “Declaration of Rights – Right to Reproductive Freedom.” I am a resident of Hyattsville, MD and testifying in my capacity as a concerned citizen. I am also an Assistant Professor of Practice at The Busch School of Business at The Catholic University of America. I am also an Associate Scholar at the Charlotte Lozier Institute, the research and education arm of the Susan B. Anthony List in Shirlington, VA. I have a Ph.D. in Political Science and a Master’s Degree in Statistics, both from Stanford University. I have authored 11 articles which have appeared in various peer-reviewed journals, four of which have been on the topic of the impact of state-level pro-life legislation. Two articles of mine on this topic were published in *State Politics and Policy Quarterly* (New 2011, 2014) which is the top state politics journal in the country.

During my testimony, I would like to make three points.

1) This piece of legislation would enshrine constitutional right to an abortion for all nine months of pregnancy in the state constitution. This is a policy outcome that is very unpopular in the United States and in the state of Maryland

There is a considerable body of polling data which shows that supermajorities of Americans reject late term abortions. Seven Gallup polls since July 1996 have included a question about whether abortion should be “generally legal” “or “generally illegal” in the last three months of pregnancy. On average, only 12.57 percent of respondents said third trimester abortions should be “generally legal”, while a strong supermajority – 81.43 percent – said that third trimester abortions should be “generally illegal.”

¹Similarly, a June 2021 Associated Press/NORC Center for Public Affairs Research poll found that only 19 percent thought that abortion should be either legal in all cases or legal in most cases during the last trimester. Conversely 80 percent thought that third trimester abortions should either be “illegal in most cases” or “illegal in all cases.”²

HB 705 would enshrine an extremely unpopular public policy position in the Maryland state constitution where it would be difficult to change.

¹ <https://news.gallup.com/poll/1576/abortion.aspx>

² <https://apnews.com/article/only-on-ap-us-supreme-court-abortion-religion-health-2c569aa7934233af8e00bef4520a8fa8>

**2) Making abortion a fundamental right would requires Maryland taxpayers to pay for abortion.
HB 704 represents a massive abortion tax increase**

SB 798 would not only legalize abortion, but place a fundamental right to an abortion in the Maryland's state constitution. Many legal analysts have concluded that a fundamental right to an abortion requires taxpayers to pay for abortions.

In Alaska, where the state constitution recognizes abortion is a fundamental right, the state Medicaid program was required to pay for all elective abortions starting in 2001 (*State v. Planned Parenthood of Alaska, Inc.*).³

In Minnesota, the state Supreme Court has recognized that multiple provisions in the Minnesota Constitution protect abortion as a privacy right more broadly than the U.S. Constitution. As such, by a 1995 court ruling (*Women of Minnesota v. Gomez*), Minnesota's Medicaid program was required to cover elective abortions.⁴

Right now, the Maryland Medicaid program covers abortion in one of five specific circumstances.⁵

- 1) Risk to life of the mother
- 2) Risk to mother's current or future somatic health
- 3) Risk to mother's current or future mental health
- 4) Fetal genetic defect or serious deformity or abnormality
- 5) Mother was a victim of rape or incest

These are broad circumstances, but still limited circumstances. According to the most recent data from the Guttmacher Institute, Maryland taxpayers paid \$5,000,000 for 6,866 abortions in 2015.⁶ That represents about 23 percent of the total.⁷

Taxpayers typically pay for a much larger fraction of abortions in states where the Medicaid program covers (or is required to cover) all elective abortions. This figure is often around 40 percent and can be even higher.

³ <https://reproductiverights.org/wp-content/uploads/2022/07/State-Constitutions-Report-July-2022.pdf>

⁴ <https://reproductiverights.org/wp-content/uploads/2022/07/State-Constitutions-Report-July-2022.pdf>

⁵ https://health.maryland.gov/mmcp/Documents/Factsheet6_Abortion%20Services.pdf

⁶ https://www.guttmacher.org/sites/default/files/report_pdf/public-funding-family-planning-abortion-services-fy-1980-2015.pdf

⁷ Maryland Abortion totals for 2015 estimated from Guttmacher Institute data from 2014 and 2016.

In Alaska, where the court required the Medicaid program to pay for all elective abortions, taxpayers paid for approximately 43 percent of the abortions performed in 2015.⁸

In Minnesota, where the court required the state Medicaid program to pay for all elective abortions, taxpayers paid for approximately 40 percent of the abortions performed in 2015.⁹

If the percentage of abortions paid for by Maryland taxpayers increased from 23 percent to 40 percent, that would represent a tax increase of over \$3.6 million dollars on already overburdened Maryland taxpayers.¹⁰

Keep in mind, this is a conservative estimate. Abortion costs have likely increased since 2015. The number of abortions performed in Maryland has also likely increased since 2015. Furthermore, a substantial body of public health and economics research shows that when abortions are subsidized or paid for by taxpayers, abortion rates increase. Overall, SB 798 represents a tax increase of more than tens of millions of dollars for hardworking Maryland taxpayers.

3) A strong body of research shows that late-term abortions pose serious health risks to women

Multiple studies show that second and third trimester abortions have higher maternal mortality rates than first trimester abortions. One CDC study found that the risk of maternal mortality increases by 38 percent for each week an abortion is performed after eight weeks, reaching a 15-fold increase early in the second trimester, 30-fold increase in the mid-second trimester, and 76-fold increase after viability.¹¹ Similarly, another Centers for Disease Control (CDC) study found a 2.5-fold increase in mortality risk beyond 18 weeks' gestation compared with an earlier dilation and extraction abortion.¹²

⁸ https://www.guttmacher.org/sites/default/files/report_pdf/public-funding-family-planning-abortion-services-fy-1980-2015.pdf (Calculation by author)

⁹ https://www.guttmacher.org/sites/default/files/report_pdf/public-funding-family-planning-abortion-services-fy-1980-2015.pdf (Calculation by author)

¹⁰ Calculation by author using 2015 data.

¹¹ Linda Bartlett et al., "Risk Factors for Legal Induced Abortion-Related Mortality in the United States," *Obstetrics and Gynecology* 103, no. 4 (2004): 729-37, doi: 10.1097/01.AOG.0000116260.81570.60.

¹² Suzanne Zane et al., "Abortion-Related Mortality in the United States: 1998-2010," *Obstetrics and Gynecology* 126, no. 2 (2015): 258-265

Furthermore, one study that supporters of legal abortion claim debunks the abortion breast cancer link, actually shows that abortions that are performed after 18 weeks gestation result in a statistically significant increase in the risk of breast cancer.¹³

Overall, placing a legal right to an abortion throughout all nine months of pregnancy will be fatal to countless preborn children, but also adversely affect the health of many Maryland women.

Conclusion

In conclusion, SB 798 “Declaration of Rights – Right to Reproductive Freedom.” would place a right to an abortion throughout all 9 months of pregnancy in the Maryland state constitution. Such a policy would be very unpopular. Multiple polls conducted by reputable polling organizations find that strong supermajorities of Americans reject late-term abortions. Additionally, placing a fundamental right to an abortion in the state constitution would require Maryland taxpayers to pay for abortions and represent a tax increase of millions of dollars on hardworking Maryland taxpayers. Finally, a body of academic research shows that late term abortions pose significantly greater health risks than earlier abortions. In particular second and third trimester abortions have much higher maternal mortality rate than first trimester abortions.

As such, I encourage you to vote against SB 798 “Declaration of Rights – Right to Reproductive Freedom.”

Thank you for your consideration.

Michael J. New, Ph.D.
Associate Scholar, Charlotte Lozier Institute
Assistant Professor of Practice, The Catholic University of America

¹³ <https://www.nejm.org/doi/full/10.1056/nejm199701093360201>

Right to Reproductive Freedom 2023 Senate.pdf

Uploaded by: Paige Burns

Position: UNF

Bill SB798 "Declaration of Rights – Right to Reproductive Freedom"

Position – Opposed

Paige Burns

3032 Eutaw Forest Drive, Waldorf, MD 20603

February 28, 2023

This testimony is written in opposition to SB798. Abortion is already protected in Maryland state law. Currently, Maryland has some of the most permissive, extreme and barbaric laws in place which are not affected by the recent Supreme Court ruling. Incidentally, abortion is not healthcare, has nothing to do with reproductive rights, nor is it a human right; it is indefensible, as it takes the life of a child.

Pregnancy centers across the country provide free and confidential resources and supplies to anyone in need. They typically offer most, if not all, of the following: pregnancy tests, limited ultrasounds, abortion pill reversals, abortion recovery programs, maternity clothes, prenatal vitamins, baby essentials and supplies, referrals for community and social services, childbirth and parenting classes and fatherhood mentorship programs. They provide counseling and complete information to anyone who is pregnant regarding the choices available to them and the ramifications of each of those choices. Pregnancy centers do not charge clients for services or assistance.

Women should be provided with real choices, not coerced into doing what they believe will be an easy way out, only to find that their choice led to more devastation and pain than they could have imagined. Abortion kills children and hurts women. Women should be provided with all the facts empowering them to make informed decisions for themselves and their families.

Do lawmakers not see the irony in the fact that by supporting the "right to reproductive freedom" the government is sanctioning the intrusion into a woman's body to end a person's life, who also has rights? A person with their own unique DNA, separate from the mother's DNA. Do we not, as citizens of this state, have a moral obligation to protect children? Are they not citizens, too? Does the state really not understand that a baby in the womb is also an individual worthy of protection? How can anyone ignore the fact that, on average, 77 individual humans are slaughtered each day in Maryland due to abortion?

We need our elected leaders to support a more reasonable, informed and humane position on abortion restrictions. Please stand with your voters against this unnecessary and extreme bill.

Maryland Legislature SB0798.pdf

Uploaded by: Pamela Thornton

Position: UNF

As a voting resident in Maryland, I oppose the creation of a state constitutional right to and I defend the God-given right to life that should be guaranteed by the Maryland constitution. The unalienable right to life belongs to unborn children who reside in their mothers' wombs. Abortion hurts families, including children, mothers and fathers, and destroys unborn babies' human rights. If this passes, you are allowing the killing of future Maryland citizens. Why not support the hard-working families in this state by protecting these lives?

Testimony against Senate Bill 0798 02282023 6 pbm.

Uploaded by: Patrick Murray

Position: UNF

SB0798-“Right to Reproductive Freedom” would enshrine in the MD constitution the right to kill a child before birth. We are OPPOSED to this bill for the following reasons: 1)It denies the TRUTH that the baby within the mother’s womb is a distinct human person, with its own distinct genetic make up. 2)It ignores science that the baby actually feels pain. 3)It denies the child the right to life and establishes the right to kill human beings however and whenever one chooses. 4)It treats unborn babies as chattel, and adopts Margaret Sanger’s eugenics approach, which was emulated by the Nazis, that one considered weak or valueless has no right to life. Sanger established Planned Parenthood to rid society of the “undesirable,” meaning the weak, crippled, and those of “an inferior race.” 6)No one in MD is prohibited from reproducing. Abortion is the opposite of reproducing. It is the cruel cause of non-production of human life. By supporting this bill, you embrace Sanger’s views, deny the intrinsic dignity of human life, and are no better than the slave owners of the pre-Civil War South.

Mr. & Mrs. Patrick B. and Michelle T. Murray
7401 White House Lane
Laytonsville, Maryland 20882

Unfavorable testimony SB798.pdf

Uploaded by: Rachel Ullmann

Position: UNF

Committee: Senate Finance Committee
Bill: SB798 – Declaration of Rights – Right to Reproductive Freedom
Position: **UNFAVORABLE**

Dear Senator Griffith and fellow members of the Finance Committee,

Claiming that abortion access needs to be expanded is outrageous when Maryland has **some of the highest abortion rates in the nation** due to the **permissive language** used in our state laws and a **lack of regulation**. Maryland is one of only three states that does not report any abortion data to the Centers for Disease Control and Prevention. Abortion is already “enshrined” in Maryland and the argument that abortion is a fundamental right is offensive when healthy full-term babies are aborted at will. When preborn life is so easily discarded, we are not working in the best interest of ALL Marylanders. All human life is equal and worthy of protection.

As a mother of three young children, I know how difficult pregnancy can be and that the impact ultimately falls upon women. For decades, I have proudly supported women in unplanned pregnancies by donating items to local pregnancy centers that offer women the choice of LIFE for their preborn babies. About three years ago, I walked into my home after a long day at work and was a bit perturbed that my babysitter was talking on the phone instead of watching my children. When she got off the phone, I gruffly asked her what that was all about. She told me that her friend from high school called to tell her she was unexpectedly pregnant and didn’t know what to do. It dawned on me the potential impact of my selfish reaction to her phone call, and I knew I had to suddenly change gears. I told my babysitter to call her back and that I would help her friend.

I knew in that brief, yet powerful, conversation that I had an opportunity to do something and was determined not to lose the life of this preborn baby. My babysitter shared with me the difficult situation her friend faced including homelessness and unemployment. I explained to her about the many resources available to her. She could get an ultrasound, she could get clothes and diapers, and these would be **free** resources! I said I knew of shelters where she could live leading up to the pregnancy and even after giving birth. These young women (around age 18) had never heard of these potential supportive opportunities.

I began making calls and found out that Mary’s Home in Ellicott City had some room and could help house this young woman. We were able to secure a free ultrasound for her at Women’s Care Center on Belair Road the very next day. So fast-forward to today, I am happy to share that the young lady chose LIFE and was able to live in Mary’s Home and give birth to her beautiful daughter. She now works at the shelter as “house-mom” to care for other women who face similar difficulties that she overcame.

Please offer the voiceless preborn child a chance at life and a future here in Maryland. Abortion only hurts women and does not empower them or offer them so-called “freedom”. The greatest gift and asset to our communities is human life, and it must be protected from the violence of abortion.

Respectfully submitted by Rachel Ullmann of District 7A in Kingsville, Maryland.

Oppose SB 798.pdf

Uploaded by: Rebekah Kuk

Position: UNF

My name is Rebekah Kuk, and I live in Baltimore City. I am submitting my testimony to oppose SB 798.

It is my firm belief and conviction that life begins at conception. This truth is backed by science:

"Almost all higher animals start their lives from a single cell, the fertilized ovum (zygote)... The time of fertilization represents the starting point in the life history, or ontogeny, of the individual."
[Carlson, Bruce M. *Patten's Foundations of Embryology*. 6th edition. New York: McGraw-Hill, 1996, p. 3]

"The development of a human being begins with fertilization, a process by which two highly specialized cells, the spermatozoon from the male and the oocyte from the female, unite to give rise to a new organism, the zygote."
[Langman, Jan. *Medical Embryology*. 3rd edition. Baltimore: Williams and Wilkins, 1975, p. 3]

SB 798 seeks to make legal the dismemberment and death of a baby inside the uterus. It is barbaric and abominable that the state of Maryland should expand abortion, an act already immoral, to now include the dismemberment and death of full term babies inside the womb. This should not be done. This is wrong. Humans want to use logic and selfishness to redefine right from wrong, but the killing of innocent lives is always wrong.

Proverbs 24:11-12 says "Rescue those who are being taken away to death; hold back those who are stumbling to the slaughter. If you say, "Behold, we did not know this," does not he who weighs the heart perceive it? Does not he who keeps watch over your soul know it, and will he not repay man according to his work?"

Please oppose SB 798.

SB0798 R Murray Written Testimony.pdf

Uploaded by: Robert Murray

Position: UNF

SB0798 – Declaration of Rights – Right to Reproductive Freedom - AGAINST

Submitted by:

Robert Murray

706 Cypress Road

Severna Park, MD 21146

202.368.0114 robert.i.murray@hotmail.com

As a Marylander, I strongly oppose SB0798/HB0705. Why? –

- Maryland law already is extreme on abortion. The Maryland Freedom of Choice Act (1991) allows abortion-on-demand, for any reason and up until birth. Sadly Maryland is already an ‘abortion destination’ even for late-term abortions.
- Maryland is one of only four states that forces taxpayers to pay for other people’s abortions. I don’t force someone to pay for my medical or lifestyle choices and so why do I have to fund abortions?
- Maryland is one of only three states that shield abortionists from liability by refusing to report abortion data to the CDC. As a result, Maryland is failing to address women’s reproductive health and the incidents of abortion-related maternal injury and death or risks of future miscarriage, pre-term birth or loss of fertility.
- Under this proposed legislation physicians, hospitals and other healthcare providers will be compelled to participate in abortion, in violation of their rights of conscience and free exercise of religion.
- And if all of the above is not horrid enough, this proposed bill will infringe on the Freedom of Speech guaranteed by the Constitution of the United States, by barring all future attempts to pass lifesaving legislation such as partial birth abortion or dismemberment bans.
- Finally, pro-life pregnancy centers will be put in jeopardy. Even if you want to abort your baby, shouldn’t there be options available for those who need assistance and support to choose life for their baby?

As legislators, you should be representing and protecting the rights of all Marylanders to the very best of your ability and not further creating an abortion mecca here in Maryland. We all deserve better! Please oppose this horrid, deadly and oppressive legislation.

Robert Murray

Robert Nelson Testimony SB0798 030123.pdf

Uploaded by: Robert Nelson

Position: UNF

SB 798– Opposition
Testimony by Robert Nelson
to the Senate Finance Committee
March 1, 2023

My name is Robert Nelson, Minister of Pastoral Care at Living Word International Christian Church in Silver Spring.

I'm here today to testify because in my county very late-term abortions are continuing to be performed a decade after the tragic death of a 29-year old woman who was 33 weeks pregnant. Numerous other women have been rushed to the hospital by ambulance.

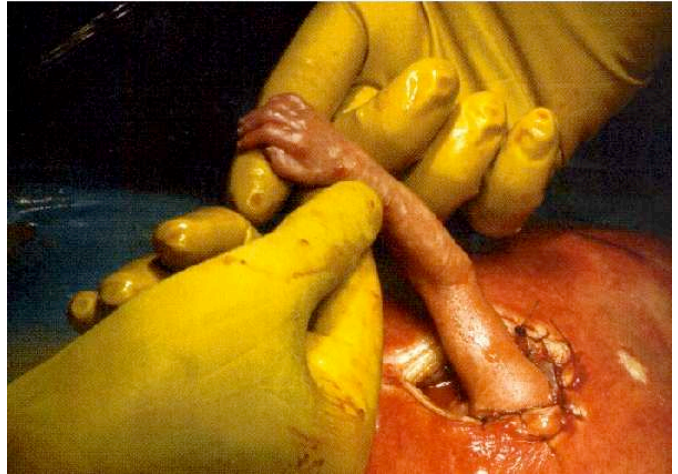
In searching the scriptures, one can many find many citations to a mother's womb and pregnancies. In the book of Luke there is an account of Mary carrying Jesus going to see Elizabeth who is carrying John the Baptist. The Bible says, "When Elizabeth heard Mary's greeting, the baby in her womb leaped." Two millennia later, science is now confirming that babies in the womb indeed have sensations and can feel pain.

In a quote attributed to the American Academy of Pediatrics Fetus and Newborn Committee, "Prevention or treatment of pain is a basic human right regardless of the age, and the human care given to premature babies needs to be extended to the fetus." Almost 13,000 American unborn babies who are 19 weeks post-fertilization and older die each year due to late abortion.¹ Currently, commercial livestock in a slaughterhouse and animals in a laboratory have more legal protection from pain than do unborn children.

Dr. Ben Carson has performed surgery on babies in the womb and has recognized that the baby experiences pain and needs anesthesia. There is a photo taken during a surgical operation in the womb by another doctor that shows an unborn baby's hand being raised to touch the surgeon's finger.

That's the image in my mind of an unborn child saying, "I can feel this! Remember me!"

What parent when seeing their child crying and writhing in pain would not immediately come to the child's aid? No one wants to see a child in pain.



For many years during my career at NASA, employees of Melwood would come each morning and clean my office. Melwood is a non-profit that creates opportunities for people with disabilities at the Naval Academy and many other organizations. Some Melwood employees may have mental and physical limitations, but if their mothers had the resources for prenatal diagnosis, they might have come to the unfortunate conclusion that terminating their pregnancy was the answer. These dedicated Melwood employees are a blessing to all of us. They are all God's children!

During the pandemic we kept hearing the phrase, "Follow the Science." In this bill you can call it a "fetus," but that simply is another term for "baby." The DNA of the unborn baby is different than the mother's, so this bill is not protecting the life of a unique individual.

"The truth always comes out in the end, no matter how hard you try to hide or stop it." You have heard the truth, now it's time to see that justice is done.

Please vote in opposition to Senate Bill 798.

*Bob Nelson
Minister of Pastoral Care
Living Word International Christian Church
16819 New Hampshire Avenue
Silver Spring, MD 20905
bnelson@lwicc.org*

SB0798 Testimony pdf.pdf

Uploaded by: Rochelle Kane

Position: UNF

I oppose SB0798 and this is most definitely an unfavorable testimony!!

Dear Senators,
Please oppose SB0798

First, The United States Constitution guarantees each human the right to life, liberty and the pursuit of happiness, the first of which is the right to LIFE. Maryland is a constituent member of our Constitutional Republic whose laws should be duly reflected in the Maryland State Constitution: consequently, enshrining abortion would be against the fundamentals of American law.

This bill will undoubtedly open up a Constitutional crisis that will wend its way to the Supreme Court of the United States of America, wherein 6 conservative judges will strike a blow to the malevolent and fictitious facade that killing innocent defenseless human beings at any stage of development will not stand long cloaked in the guise of health care or a “woman’s right to choose.”

This satanic practice is forcing Americans to fund murder with their sacred labor; yet another egregious a-front to American citizens, ie: Taxation without Representation, in that no self- respecting, decent person with a conscience would ever willfully pay to murder a baby.

Lastly, and most poignantly, Mother Theresa said it best: “The fruits of abortion is nuclear war.”

Read the headlines and stop this insanity while you have the chance, or be held to account in the day of judgement!!

Have a good day...if you’re able,

Mr and Mrs. Kane

MLLL 2023 Testimony SB 798 Abortion Constitutional

Uploaded by: S. Wharam

Position: UNF

Maryland Legislative Lobby for Life, Inc.

P.O. Box 16662

Essex, Maryland 21221

Speaking up for life since 1982

Unfavorable

Senate Bill 798 Wednesday, March 1, 2023

Constitutional Amendment

Finance Committee

Senator Griffith, Senator Klausmeier, Members of the Committee, good afternoon. My name is Sheila Wharam, Secretary of Maryland Legislative Lobby for Life speaking in opposition to putting killing and mutilation into the state constitution.

On page 1, line 2 and with lines 19 and 20, the bill speaks about the right to end one's pregnancy. Every pregnancy ends; there is no pregnancy that does not end. The point of the bill is not to end a pregnancy. It is to kill a child and to put child killing into the most fundamental document which holds us together in a union, our Constitution. The original authors of our Constitution began this state with a declaration of rights:

DECLARATION OF RIGHTS.

We, the People of the State of Maryland, grateful to Almighty God for our civil and religious liberty, and taking into our serious consideration the best means of establishing a good Constitution in this State for the sure foundation and more permanent security thereof, declare:

Article 1. That all Government of right originates from the People, is founded in compact only, and instituted solely for the good of the whole.

Killing children is not for the good of the whole. It violates that original compact, takes away any idea of permanent security and safety of everyone else's life, and is contrary to the high ideals of the Maryland Constitution's Declaration of Rights, "**Article 16- Avoidance of sanguinary laws; cruel and unusual punishment.**

"That sanguinary Laws (the death penalty) **ought to be avoided as far as it is consistent with the safety of the State;** and **no Law to inflict cruel and unusual pains and penalties ought to be made in any case, or at any time, hereafter."**

A newborn baby does not threaten the safety of the state, and abortion, which barbarically tears him limb from limb or scalds him to death with a salt solution, or

starves him to death, inflicts cruel and unusual pains, violating the Constitution's Article 16.

In addition to putting the killing of the innocents into the Constitution, the "Reproductive Freedom" of "Persons" could include minors consenting for their own freedom from ever reproducing and having their healthy body parts surgically removed or chemically damaged (puberty blockers at least one of which is a strong anti-cancer medicine or cross sex hormones, boys on estrogen, girls on testosterone.)

Note: 1. **Person** and **individual** includes males

2. Nothing here about those who have reached the age of majority

3. **Right to Reproductive Freedom** is **not limited** to aborting a child

4. The state would not consider self or other mutilation by minors a matter of state interest since the Comprehensive Health Education Framework adopted by the Department of Education in 2021 includes acceptance of the possibility that a boy can be born inside a girl's body or a girl can be born inside a boy's body. This is taught in the Comprehensive Health Education Framework every year from the kindergarten year and up.

5. Therefore this amendment would protect the right of minors to destroy their reproductive capacity under the "right to reproductive freedom" found in this Constitutional Amendment.

We ask you to give an unfavorable vote to this amendment which would open our youth to such harm both those who are born, and those who are unborn.

Our Constitution thanks Almighty God for our civil and religious liberties. Let us do the same and renew that original compact so that, as children of the same Father, we support each other in our joys and in our hardships so that every woman knows she is valued and supported, and so is her baby and every troubled child is helped. We ask you to vote against this amendment which would put cruel killing and mutilation, into the Constitution, violating both the spirit and the letter of our Constitution.

Thank you,
Sheila Wharam,
Secretary, MLLL



SB 798 Written Testimony_Unfavorable_2023.pdf

Uploaded by: Sandy Christiansen

Position: UNF

SB 798

February 28, 2023

Declaration of Rights-Right to Reproductive Freedom
Finance Committee
Unfavorable

I'm Dr. Sandy Christiansen, a board-certified ob/gyn licensed in the state of Maryland. I am opposed to the passage of SB 798. I stand in solidarity with a majority (80%) of obstetricians who are not in favor of abortion on demand and who do not perform abortions. I represent Care Net, a non-profit organization that supports one of the largest networks of pregnancy centers in North America. With 1,200 affiliates and 30,000 volunteers, we provide immediate support to women and men considering abortion, to equip them for a life decision. Last year alone, our pregnancy centers provided clients with more than \$62 million in free services.

Maryland doesn't need stronger abortion laws

With the Food and Drug Administration decision to permanently remove the in-person requirement from the mifepristone label, every woman in Maryland has ready access to abortion services via telemedicine. Maryland ranks third in the Nation for best reproductive rights and abortion access with an A- rating.

The fall of Roe has had zero impact on access to abortion in Maryland. In fact, we are now an "abortion destination" state.

The deregulation of abortion will harm women: FDA & REMS

The impetus for the passage of Roe v. Wade was to make abortion "safe, legal, and rare." It was supposed to end "coat hanger" abortions. The abortion industry's push to make abortion available everywhere has led to the removal of nearly all the safeguards surrounding the distribution of the abortion pill. Women are now faced with a "chemical coat hanger" abortion.

The FDA's Risk Evaluation & Mitigation Strategy (REMS) is reserved for drugs where the risks may outweigh the benefits if certain safety measures aren't followed to reduce the risk of complications. Out of the 19,000 current FDA approved drugs, only 62 have a REMS requirement and mifepristone is one of them.

The abortion pill, mifepristone, didn't have REMS at first, it took women dying before it was added. And now, the FDA is dismantling it. In the case of mifepristone, the FDA required the following for physicians who wished to dispense mifepristone:

1. Prescribers to be trained and certified by Danco Labs
2. Must follow FDA approved use guidelines: which originally included 3 visits, drugs directly handed to the patient
3. Patient must be counseled about the risks, must sign Agreement Form, and be given a copy

When mifepristone was first approved by the FDA, **three in-person visits were required:**

1. First visit:
 - a. Confirm/diagnose an intrauterine pregnancy: this is a critical step. Without performing an ultrasound exam, there is no way to know for sure if:
 - i. Is she even pregnant? Pregnancy tests can be wrong
 - ii. Does she have a living pregnancy? If she's miscarrying, she doesn't need an abortion, nor does she need to live with the falsehood that she ended her baby's life.
 - iii. Does she have an intrauterine pregnancy? If she has a pregnancy outside the uterus (termed "ectopic", usually in the Fallopian tube), she is at risk for life-threatening internal bleeding. Ectopic pregnancies are not ended by the abortion pill.
 - iv. Is she expecting twins? The abortion pill regimen is for a single pregnancy. With multiple gestations, the risk of abortion failure is increased, as is the risk of hemorrhage.
 - b. Abortion provider collects a health history, checks vital signs, screens for contraindications to the abortion pill regimen
 - c. Abortion provider hands her the first drug, mifepristone, and observes her swallowing it.
 - i. Mifepristone is a potent progesterone blocking drug. Progesterone is necessary for the embryo to remain attached to the uterus, receiving nutrients. Mifepristone causes breakdown of the embryo's attachment to the uterus, eventually resulting in the embryo's death.
2. Second visit: she returns two days later and is assessed for complications. Then, she is given the second drug, misoprostol, in the abortion pill regimen. This causes the uterus to contract, resulting in cramping and bleeding and expulsion of the embryo and pregnancy tissues.
3. Third visit: return two weeks from the first visit to make sure the procedure was complete and to check for complications.

As of December 2021, the FDA succumbed to pressure from abortion lobbyists and made the following changes to the mifepristone label:

- Eliminated the in-person requirement. This is a HUGE change. Not only did it pave the way for "telehealth" abortions, but it required the involvement of pharmacists and pharmacies to dispense the drug.
- There are **ZERO** required in-person visits!

How is less care better for women? It isn't. There are no shortcuts in the delivery of good medical care.

What's so bad about no in-person requirement to get the abortion pill?

Now, the woman seeking an abortion can schedule a telemedicine visit, which is either a video visit, a phone call, a text or via email. Think about it. No face to face interaction is required. When I went to medical school, the cornerstone of diagnosis was observation, followed by the medical interview. Next, the physical exam to add clues. A monitor screen is not a substitute for a direct examination where nuances may be observed such as pallor, weakness and hands-on evaluation of well-being may be properly assessed. But in many cases, there is not even a visual visit—just a phone call, or chat room online. If you had told me when I began my residency in Ob/Gyn that doctors would give people they've never met in person advice over the phone, much less prescribing and inducing abortion, it would have hands down been considered malpractice. Here's the reality: **it still is malpractice. The "self managed abortion" is the modern day chemical coat hanger abortion and it will be the women of Maryland (and those who cross state lines) who will suffer.**

How does the telemedicine abortion work?

1. Proof of positive pregnancy test not required. Over the counter pregnancy tests can be wrong. She may not even be pregnant, but will pay hundreds of dollars to be exposed to risky drugs and spend her life believing she aborted a living pregnancy. No in person visit means no easy opportunity to perform a physical exam—a pelvic exam which can provide an estimate of gestational age, no testing for STIs and if there are risk factors for ectopic pregnancy. These telemed clinics don't require proof of a positive PT!
2. Incorrect Dates: Gestational age based on LMP: When the abortion provider interviews the patient on the phone, they will determine her pregnancy dating based on her last menstrual period (LMP) which may be wrong, she may be further along. Ordering an ultrasound exam is optional and will cost the patient more. Abortion providers are going off-label and offering the Abortion Pill past 10 weeks LMP, women will be taking these abortive drugs further in pregnancy. There is a greater risk of complications due to incorrect dates: the risk of incomplete abortion, failed abortion, more surgeries and death increases with increasing gestational age.
3. Missed ectopic pregnancy: Further, if an ultrasound is not done, then there is no definitive assessment for ectopic pregnancy. Verbally screening for an ectopic pregnancy is inadequate...plus, patients may not reveal symptoms such as pain or bleeding for fear that they won't be given the pill. The abortion pill won't abort an ectopic pregnancy. A missed ectopic could be life-threatening if it burst and caused internal bleeding.
4. Missed twins or other unusual ultrasound finding: if the patient had a pelvic exam done and the uterus is larger than expected, any reputable obstetrician would perform an ultrasound to determine if the baby is further along or if the mother is carrying twins or a molar pregnancy. If she has undiagnosed twins or a molar pregnancy and takes abortive pills, she is more likely to suffer complications like severe hemorrhage, incomplete abortion and infection.
5. Missed nonviable pregnancy (miscarriage): Women will undergo abortions for nonviable pregnancies and spend the rest of their lives believing they had aborted their baby.

6. Increased risk of future pregnancy complications: without blood testing for the Rh factor, women face potential complications with future pregnancies.
7. No exam to verify completion of the procedure or assess for complications. The abortion kits contain a urine PT with instructions to test 4 weeks after taking mifepristone, That's a long time to wait to know if it's done.
8. Complications? She's essentially on her own—will likely be instructed to go to the ER. Abortion providers are telling women to lie to the ER doctors and not disclose they have taken the abortion pill. This is shocking to me that a “healthcare” person would care so little for the safety of their patient that they would not want the treating physician to have all the facts in order to take the best care possible of their patient.

In summary, if the woman has regular menses, knows her LMP and has never had an IUD or pelvic infection, she will be prescribed the abortive pills without a physical exam or ultrasound exam, assuming the risk of missed ectopic, nonviable pregnancy, and more.

I can't stress enough how the practice of medicine is being eroded to the detriment of the patient. Less care, worse care. Women receive substandard care in the name of unrestricted access to abortion.

Direct medical oversight is critical when going through a procedure that involves significant risks-hemorrhage, severe infection, and pain. Telemedicine has its application, but abortion should not be one of them.

Analysis of Adverse Event Reports for Mifepristone

Induced abortion is associated with very real risks. But, in the U.S. we have incomplete data on abortion complications. The CDC collects voluntary reports with no enforcement arm. A recent study analyzed the adverse event reports to the FDA about mifepristone abortions between 2000-2019. From data of previous studies of complications following mifepristone abortions, there should have been over 180,000 adverse event reports—there were only 3000. Clearly the FDA is only receiving the tip of the iceberg.

From the year that mifepristone was FDA approved in 2000, until 2016, the FDA collected all adverse event reports: blood transfusions, hospitalizations, surgeries for—incomplete or failed abortion, hemorrhage, ectopic pregnancy; infections, and death. In 2016 the FDA stopped collecting data on the morbidity associated with mifepristone, and only collects maternal mortality. Wow. If you had to take your teenage daughter to the ER because she was hemorrhaging from a mifepristone abortion, wouldn't you expect our government to be concerned about that? Abortion harms women, men, and families, and ends the life of an individual who does not have representation.

Medication abortion riskier than surgical abortion

In a population-based study in Finland from 2000-2006, 42,619 women at 63 days or less of gestation underwent medication or surgical abortions and were followed up for 42 days. 20% of women who underwent medication abortion suffered complications, while only 5.6% of women who underwent surgical abortion suffered complications (p value of < 0.001, unlikely to be attributable to chance and statistically significant). In the words of the authors: “The overall incidence of adverse events was fourfold higher in the medical compared with the surgical abortion cohort.”¹

Simply put, medication abortion is higher risk in every category:

- The risk of hemorrhage is 15.6% (1 in 6) in medication abortion and 2.1% (1 in 50) for surgical abortion.
- The risk of incomplete abortion is 6.7% (1 in 15) in medication abortion and 1.6% (1 in 60) for surgical abortion.
- The risk of emergency surgery is 5.9% (1 in 15) in medication abortion and 1.8% (1 in 60) for surgical abortion.

Putting these statistics in perspective 20% of women who undergo medication abortion have a serious adverse event, including hemorrhage (15%), incomplete abortion (tissue left inside, 7%), and need for repeat procedure (6%, overlaps with incomplete abortion for total 20%).

In the second trimester, after 13 weeks, the rate of surgical evacuation in one study was as high as 30.8%, meaning that one-third of women who underwent medication abortion required surgical completion.[\[9\]](#)

Induced abortion is not health “care”

If abortion is necessary for women’s health and well-being, how have the nearly 63 million abortions performed since the passage of Roe v. Wade advanced and improved women’s lives? The answer: they haven’t. There is no proven health benefit to induced abortion. However there is a lot of data pointing to negative health outcomes.

Abortion is not healthcare, it is the taking of an innocent life in the name of privacy. It should not be a right codified into the constitution. Please don’t let this be the legacy you leave your grandchildren.

Laws like this one tramples on the physician’s right to practice medicine according to their conscience. It is a breach of a physician’s oath to first do no harm and to do what is in her patient’s best interest.

¹ Maarit Niinimäki, MD, Anneli Pouta, MD, PhD, Aini Bloigu, Mika Gissler, BSc, PhD, Elina Hemminki, MD, PhD, Satu Suhonen, MD, PhD, and Oskari Heikinheimo, MD, PhD, Immediate Complications After Medical Compared With Surgical Termination of Pregnancy. (Obstet Gynecol 2009;114:795-804).

Maryland taxpayers would choose reducing maternal mortality over unleashed access to abortion

The maternal mortality rate in the U.S. (in 2018- 17.4 for every 100,000) ranks the highest compared to nations such as the U.K. (6.5), Canada (8.6), Sweden (4.3), and France (8.7). The U.S. maternal mortality ratio is comparable with Romania, the Russian Federation and Tajikistan and worse than Iran's (16). The maternal mortality ratio in Maryland is 14. This is where the state of Maryland should be investing time, effort and taxpayer's money, not on advancing abortion.

MATERNAL MORTALITY & ABORTION STATS

What do we know about later term abortion risks?

Available data confirm that the further along in pregnancy a woman seeks an abortion, the greater the risk to her health and life.²

1. At or below 8 weeks gestation: the risk of death is 0.3 woman per 100,000 abortions
2. From 14-17 weeks gestation; the risk of death is 2.5 women per 100,000 births.
3. By 18 weeks gestation: the risk of dying is 6.7 women per 100,000 women.
- 4.

Gestational age is the strongest risk factor for abortion-related mortality. There are approximately 13,000 abortions annually in the U.S. past 21 weeks gestation.³

Cause of death in second trimester abortion⁴:

- 38% hemorrhage
- 19% embolism
- 19% anesthesia
- 14% infection
- 11% other (includes cardiac and cerebrovascular)

A later term abortion is riskier than a first trimester abortion because:

- Baby larger: The cervix must be stretched open much wider because the baby is much larger. This increases the risk that the cervix will be torn and hemorrhage.
- Uterus soft and full of blood vessels: The uterus is large, soft and highly vascular, and is more at risk for being punctured by abortion instruments, which can cause massive hemorrhage-internally and externally.
- Lethal injections given to end the baby's life to prevent a live birth could get into the mother's bloodstream and cause complications.
- Damage to organs: A D&E abortion is a destructive procedure that involves grasping, tearing, and pulling fetal parts out through the opened cervix. Bony fragments can cut or tear maternal tissue causing damage and hemorrhage.

² Zane S et al., Abortion-related mortality in the United States, 1998–2010, *Obstetrics & Gynecology*, 2015, 126(2):258–265, doi:10.1097/AOG.0000000000000945.

³ <https://www.guttmacher.org/fact-sheet/induced-abortion-united-states>

⁴ Barlett LA, Berg CJ, Shulman HB, Zane SB, Green CA, Whitehead S, Atrash HK. Risk factors for legal induced abortion-related mortality in the United States. 2004;Obstet Gynecol 103:729-37.

- Retained tissue & Infection: abortion provider keeps track of fetal parts to avoid leaving parts behind that could cause infection.
- Need for Anesthesia: increasing degrees of sedation and general anesthesia further increase the risks inherent with later term abortions.

There are additional long term risks associated with surgical abortion that increase maternal morbidity and mortality beyond any risk associated with childbirth that are not included in available databases.

There is evidence in the literature that women who undergo later term abortions experience a statistically significant increase in symptoms consistent with PTSD, such as disturbing dreams, reliving the abortion, and trouble falling asleep⁵.

In the National Abortion Federation approved textbook on induced abortion, “advanced stage of pregnancy” is listed as a “risk factor for negative emotional sequelae” following induced abortion⁶.

Placenta previa^{7, 8, 9, 10}: the risk of having a pregnancy complicated by placenta previa is higher in women who have had an induced abortion. Placenta previa occurs when the placenta covers or partially covers the cervix. This can result in unpredictable massive bleeding that threatens the life of baby and mother, especially during labor. In addition to the risk of bleeding, it is associated with the risk of preterm birth and death early in infancy

Preterm birth¹¹: it is well established in the medical literature that induced abortion increases the risk of delivering prematurely with subsequent pregnancies.

Does removing later term abortion access increase maternal mortality?

A 2012 study¹² conducted in Chile compared maternal mortality rates during two different time periods in that nation’s history: one when induced abortion was legal, and a second time frame when it was illegal.

⁵ Coleman PK, Coyle CT, Rue VM. Late-Term Elective Abortion and Susceptibility to Posttraumatic Stress Symptoms. 2010; *J of Pregnancy*.

⁶ Baker, A., & Beresford, T. (2009). Informed consent, patient education and counseling. In *Management of Unintended and Abnormal Pregnancies* (p. 56-57). West Sussex, U.K.: Wiley-Blackwell.

⁷ Lowit, A., Bhattacharya, S., & Bhattacharya, S. (2010). Obstetric performance following an induced abortion. *Best Practice & Research in Clinical Obstetrics & Gynaecology*, 24(5), 667-82. doi:10.1016/j.bpobgyn.2010.02.015

⁸ Johnson, L. G., Mueller, B. A., & Daling, J. R. (2003). The relationship of placenta previa and history of induced abortion. *International Journal of Gynecology & Obstetrics*, 81(2), 191-8. doi:10.1016/S0020-7292(03)00004-3.

⁹ Faiz, A. S., & Ananth, C. V. (2003). Etiology and risk factors for placenta previa: an overview and meta-analysis of observational studies. *Journal of Maternal-fetal & Neonatal Medicine*, 13(3), 175-90. doi:10.1080/713605832.

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Behrman, R., Stith, B. (2006). *Preterm birth: Causes, consequences, and prevention*. Institute of Medicine of the National Academy of Sciences.

¹² Elard Koch, John Thorp, Miguel Bravo, Sebastián Gatica, Camila X. Romero, Hernán Aguilera, Ivonne Ahlers, “Women’s Education Level, Maternal Health Facilities, Abortion Legislation and Maternal Deaths: A Natural Experiment in Chile from 1957 to

The authors found that the maternal mortality rates went DOWN when abortion was made illegal. This data convincingly demonstrates that the 1989 law prohibiting abortion has not put women's lives at risk, effectively refuting the claims that abortion advocates routinely employ against most abortion restrictions.

Does induced abortion provide a health benefit?¹³

The majority of the published research to date has consistently shown that late-term abortion poses serious risks to women's mental and physical health very little to no evidence of established health benefits of the procedures.

Does induced abortion provide a health benefit in the context of adverse prenatal diagnosis?¹⁴

Based upon available research, the answer appears to be NO. A recent study looked at women who aborted and women who carried after learning their babies were diagnosed with severe abnormalities that would likely end in death before or soon after birth. The abortion group experienced more grief, depression, and emotional stress and had symptoms consistent with post-traumatic stress disorder (PTSD) for up to seven years after the abortion. In contrast, women who chose to carry also had symptoms of PTSD at the time of diagnosis, but their symptoms markedly decreased after the baby's birth. Further, these women deeply valued the time spent with their child both in utero and after the birth. They spoke of deriving meaning and positive insights and experienced personal growth as a result of allowing their babies to live as long as their natural lives allowed.

Is Induced Abortion Safer Than Childbirth?

The answer is no, but if you believe the findings in Grimes' 2012 article in *Obstetrics & Gynecology*, the answer would be a resounding yes! The authors found that childbirth was 14 times more likely to result in death than an induced abortion. A closer look at this study reveals a number of flaws which invalidate their conclusions.

The authors admit their conclusions are based on estimates and not actual data points: The total number of legal induced abortions was available or estimated from all reporting areas; however, not all of these areas collected information regarding some or all of the characteristics of women who obtained abortions.¹⁵

They excluded abortion-related deaths in later term abortions, and only looked at first trimester abortion related deaths. This misses at least 12% of the data.

They used data from the Centers for Disease Control (CDC) and Guttmacher to capture the number of deaths related to childbirth and induced abortion. The CDC admits that their system under-represents abortion morbidity and mortality because:

1. CDC collects data using two systems and only 54% of data shows up in both.
2. Voluntary abortion reporting: no federal law requires reporting and many states/counties within states don't report abortion-related deaths to the CDC. Only 26 states require providers to report.

2007," PLoS May 2012 7(5): e36613, available at <http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0036613> (last visited June 22, 2012).

¹³ <http://www.wecareexperts.org/sites/default/files/articles/Late-term%20abortion%20health%20consequences.pdf>.

¹⁴ <http://www.wecareexperts.org/content/coleman-pk-coyle-c-t-rue-vm-2010-late-term-elective-abortion-and-susceptibility-posttraumati>.

¹⁵ Raymond EG, Grimes DA. The comparative safety of legal induced abortion and childbirth in the United States. *Obstet Gynecol* 2012;119:215-219.

3. CDC notes that 40% of deaths occur in the other non-live birth category. This over-inflates the maternal mortality.

In calculating the abortion related mortality ratio, authors used CDC numbers for the abortion deaths in the numerator and Guttmacher numbers for the total number of abortions in the denominator, (which the CDC states is usually 30% more than their totals), yielding a much lower ratio (0.6 abortion deaths per 100,000) than what is actual.

The systems that the U.S. currently uses to capture maternal and abortion related mortality are woefully inadequate and are riddled with flaws.

[AAPLOG] A pregnancy question was added to the United States standard death certificate in 2003 in order to improve the identification of maternal deaths. The individual states were initially inconsistent in implementing a pregnancy checkbox on death certificates, rendering data so useless that the United States (U.S.) did not published an official maternal mortality report between 2007 and 2016.¹

[AAPLOG] Determining pregnancy-related deaths

The Centers for Disease Control and Prevention (CDC) relies heavily on death certificates to determine maternal deaths, but death certificates have been proven unreliable in accurately identifying all maternal deaths. Deaths due to live births are likely to be the most accurately recorded because most live births occur in a hospital setting or with the assistance of medical personnel. However, deaths from other pregnancy outcomes such as induced abortion are not accurately reported.³⁵ Information about abortion is often not recorded on death certificates for women of reproductive age. Inconsistent implementation of a pregnancy checkbox on death certificates and search engine failures to provide ICD-10 obstetric-specific codes for abortion-related deaths thwart this documentation.³⁶

[AAPLOG] Determining induced-abortion deaths

Published abortion mortality rates are inaccurate because the total number of legal abortions performed in the U.S. is not known.³⁹ Estimated numbers of abortions are voluntarily reported to the CDC by state health departments. California, the state with the largest volume, does not report any data.⁴⁰ The Guttmacher Institute also tracks these numbers, and it consistently reports higher numbers than the CDC. For example, the CDC reported 652,639 abortions in 2014 while the Guttmacher Institute reported 926,000.^{41,42} Twenty-seven states require abortion providers to report complications but there are no enforcement penalties for noncompliance. Only 12 states require coroners, emergency rooms and other health care providers to report abortion-related complications or deaths for investigation.⁴³ If an abortion initiates a cascade of events resulting in death, only the closest antecedent events may be listed on the death certificate due to space limitations and provider time constraints. Since most abortion providers lack hospital-admitting privileges, other health care providers are required to provide hospital care. The physician certifying the death may be unaware of the abortion or mistakenly believe that a miscarriage led to the complications. Furthermore, ideological commitments may lead a certifier to omit this information.^{44,45} Due to the social stigma surrounding abortion, families of women dying from complications are unlikely to initiate malpractice lawsuits. Correlating public documentation of malpractice cases with autopsy reports, an investigative reporter was able to document 30 %

more abortion-related deaths nationwide than the CDC. The reported death rate from abortion represents only the tip of the iceberg, a problem much larger than it appears.

Death certificates list the complication as the cause of death (i.e. infection) and NOT the procedure (i.e. abortion). Further, it is estimated that 50% of cases of maternal death certificates do not report pregnancy status.¹⁶ Bartlett in her 2004 paper writes: “On average, the Abortion Mortality Surveillance System reports more than twice as many deaths related to legal induced abortion than are reported on routine death-certificate data.” A Finnish study of pregnancy associated deaths reported 73% of deaths missed by relying solely on the death certificates¹⁷.

Suicide deaths are rarely linked back to the abortion in state reporting.

Most women (2/3's) never return to abortion clinics with complications-therefore not reported as abortion complications.¹⁸ Abortion clinics don't provide emergency follow-up: women go to the hospital with their post abortion complications and frequently, these deaths are not linked to the abortion.

What is Needed to Get Quality Data for Accurate Maternal Mortality Numbers?

Clearly, death certificates, alone are not sufficient. Large, population-based record linkage studies containing complete reproductive history data in conjunction with data related to deaths, provide the best opportunity to bypass many of the limitations of the currently available maternal mortality data in most countries.

- a. Data from these types of studies in the U.S. and abroad clearly show a statistically significant increased risk of death associated with induced abortion, as compared to carrying to term.
 - i. Gissler, post-pregnancy death rates within one year were reported to be nearly 4 times greater among women who had an induced abortion (100.5 per 100,000) compared to women who carried to term (26.7 per 100,000)¹⁹.
 - ii. Gissler and colleagues again found that mortality was significantly lower after a birth (28.2 per 100,000) than after an induced abortion (83.1 per 100,000)²⁰.

From this information, one can conclude that reliable record-linked data supports that abortion is riskier than childbirth.

It is clear that we do not have high quality statistics in the U.S. regarding pregnancy related deaths. Based upon what is available in the medical literature, it is clear that later term abortion is decidedly NOT safer than childbirth. Later term induced abortion (after 18 weeks gestation) is associated with 22 times increased risk of death when compared to an abortion performed at or below eight weeks from a woman's last menstrual period.²¹

¹⁶ Horon I, Underreporting of maternal deaths on death certificates and the magnitude of the problem of maternal mortality. *Am J of Public Health* 2005;95: 479.

¹⁷ Gissler, M., Berg, C., Bouvier-Colle, M. H., Buekens, P. (2004). Methods for identifying pregnancy-associated deaths: population-based data from Finland 1987-2000 *Paediatric and Perinatal Epidemiology*, 18(6), 448-55.

¹⁸ Picker Institute. From the patient's perspective-quality of abortion. 1999. Boston, MA.

¹⁹ Gissler, M., Kauppila R, Merilainen J, Toukoma H, & Hemminki E. (1997). Pregnancy associated deaths in Finland 1987-1994: Definition problems and benefits of record linkage. *Acta Obstetrica et Gynecologica Scandinavica*, 76, 651-657.

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²¹ Zane S et al., Abortion-related mortality in the United States, 1998-2010, *Obstetrics & Gynecology*, 2015, 126(2):258-265, doi:10.1097/AOG.0000000000000945.

Key Definitions from MARYLAND MATERNAL MORTALITY REVIEW 2018 ANNUAL REPORT

<http://healthymaryland.org/wp-content/uploads/2019/01/Health-General-Article-%C2%A713-1207-2018-Annual-Report-Maryland-Maternal-Mortality-Review.pdf>

- A maternal death is defined by the World Health Organization's (WHO's) International Classification of Diseases Ninth and Tenth Revisions (ICD-9 and ICD-10) as “the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by pregnancy or its management but not from accidental or incidental causes.”
- The maternal mortality ratio or rate (MMR) is the number of maternal deaths per 100,000 live births in the same time period.
- A pregnancy-associated death is defined by the Centers for Disease Control and Prevention (CDC) as “the death of a woman while pregnant or within one year or 365 days of pregnancy conclusion, irrespective of the duration and site of the pregnancy, regardless of the cause of death.”
- The pregnancy-associated mortality rate is the number of pregnancy-associated deaths per 100,000 live births in the same time period.
- A pregnancy-related death is defined by the CDC as “the death of a woman while pregnant or within one year of conclusion of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by her pregnancy or its management, but not from accidental or incidental causes.”
- The pregnancy-related mortality rate is the number of pregnancy-related deaths per 100,000 live births in the same time period.

The three terms “maternal death,” “pregnancy-associated death,” and “pregnancy-related death,” create a challenge when comparing data from different sources and reports for different jurisdictional entities.

The WHO monitors maternal deaths worldwide as a key indicator of population health, and of social and economic development. Maternal deaths are identified solely from information on the death certificate or similar registration of the occurrence and cause of death. Maternal deaths are limited in both the time period and causes considered. In more developed countries with improved medical care, many deaths related to pregnancy occur beyond 42 days after the end of pregnancy.

In 1986, the CDC and the American College of Obstetricians and Gynecologists (ACOG) collaborated to recommend the use of expanded definitions to more accurately identify deaths among women where pregnancy was a contributing factor. This collaboration led to the definitions for pregnancy-associated and pregnancy-related deaths. Enhanced surveillance

methods are necessary to determine pregnancy-associated and pregnancy-related deaths and will be discussed below.

The CDC uses a different measurement; it tracks pregnancy related deaths for up to one year after the end of the pregnancy. They collect data from states who voluntarily give it.

Finally, how comfortable will you be telling your grandchildren and great-grandchildren that you helped put Maryland on the map---for being one of the top per capita abortion producers in the Nation? Is that the legacy you want for your work and for the citizens of Maryland? I pray not.

I ask for an unfavorable report on SB 798

Sandy Christiansen, MD, FACOG
National Medical Director
Care Net
Frederick, MD

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SB0798-ACRWC-OPPOSE.pdf

Uploaded by: Sarah Reichert-Price

Position: UNF

Senator Melony Griffith, Chair
and Members of The Senate Finance Committee
Maryland State Senate
Annapolis, MD

RE: SB0798- Declaration of Rights- Reproductive Freedom- **OPPOSE**

Dear Chair Griffith and Members of the Committee,

I strongly urge your opposition against SB0798. If passed and the question on the ballot subsequently receives a "yes" vote from the majority of the voters, it will become a constitutional amendment that will be extremely difficult, if not impossible to reverse. The following viewpoints should be considered:

- First, and foremost, as previously stated, the passing of, and affirmative voting on the ballot, will establish a Constitutional Amendment that will be extremely difficult, if even possible, to change in the face of new evidence or mindset changes; consider Roe vs Wade and the overturn thereof.
- SB0798 guarantees the right to an abortion at any time during the pregnancy as well as perinatal which is considered, by most medical professionals, to be up to 28 days after birth. Perinatal death can occur as a result of starvation, dehydration or any other abuse which leads to the end of life. **THIS IS BLATENT MURDER** in the form of **INFANTCIDE**, in which the perpetrator would be protected by the Constitution! All other acts of murder are punishable by law. I fail to see the justice in allowing infanticide to occur unpunishable!
- In the case of surrogate mothers, the ambiguous and broad language in SB0798 could raise questions in regards to who has the decision-making rights for such pregnancy and dismisses the father's rights in the decision-making process.

I urge you to consider the above concerns and present an **UNFAVORABLE** report against SB0798.

Thank you for your attention to this matter.

Sarah Price (ACRWC)
Westernport, MD

MGA Written Testimony.pdf

Uploaded by: Shantel Gross

Position: UNF

Written Testimony

Greetings to you all. My name is Shantel Gross and I am a representative of Sidewalk Advocates for Life in Baltimore, Maryland.

I've witnessed and have engaged with many youth and young adults who are misguided in our current time. Many have felt the pressures of this world and the demands of society. Because of this overwhelming pressure, there have been numerous cases of drug addiction, human trafficking, abuse, and hopelessness, to name a few.

My mother could relate to that pressure, raising two children as a single parent. When she found out that she was pregnant with me, she considered all of her options. Being in an abusive relationship, she considered abortion. But when she got to that clinic, she felt that she could not go through with the procedure. In September of 1991 I was born, the same year that The Maryland Freedom of Choice Act was formed allowing abortion-on-demand, for any reason and up until birth. My mom chose life and because of her decision, I am standing here before you today. By the grace of God she has been married for over 20 years to my stepfather. She was given resources and aid to help her through the challenging times.

The SB0798 Abortion Amendment would risk the shutting down of pregnancy centers which support families and their babies, force the hands of physicians who are opposed to abortions, and violate the free exercise of religion.

There are future doctors, lawyers, lawmakers, pastors, teachers, scientists, and inventors with solutions to bring to our world whose lives are at stake. I stand here to say that every life is important and oppression of any form, including abortion, is not the answer. Let's change the narrative and show that we are capable of overcoming our obstacles. Thank you.

SB0798_Tom and Tina Wilson_Unfavorable.pdf

Uploaded by: Thomas Wilson

Position: UNF

Written Testimony of Thomas P. and Tina M. Wilson

RE: In Opposition to Senate Bill SB0798 - Declaration of Rights – Right to Reproductive Liberty

February 28, 2023

As citizens of the state of Maryland, we are vehemently opposed to **Maryland Senate Bill SB-0798** on both legal and moral grounds. This testimony seeks to express our concerns around **SB-0798**.

We reviewed the written testimony provided by the American Center for Law and Justice (ACLJ) as the previous version of this bill (HB1171) was being considered in the 2022 Legislative session. In that testimony dated February 18, 2022, the ACLJ pointed out that the *“full scope and repercussions of HB1171 (now Senate Bill 0798) are unclear and could severely impact the rights and freedoms of Maryland citizens. Because the radical measures that would be implemented should HB1171 (now Senate Bill 0798) be passed are relatively new, and because the language of HB1171 (now Senate Bill 0798) is both broad in scope, and vague, it is not possible to fully quantify the effects on law that HB1171(now Senate Bill 0798) would have if passed. Nonetheless, the proposed amendment would have significant effects, disrupting the many laws in place that currently protect life and conscience. Most notably, the passage of HB1171 (now Senate Bill 0798) would prohibit future legislative efforts to place even modest limits on abortion, thwarting those who value innocent life and seek to protect it, and would prohibit future legislation that protects life from being enacted.”*

In our minds, the purposeful use of broad and vague language conceals a potentially significant impact; many of the existing Maryland laws in place to protect the interests of all could be suddenly invalidated. As pointed out by the ACLJ testimony on HB1171 in last year’s legislative session, *“an abortion amendment would invalidate state abortion restrictions that are supported by the majority of the public, including the following common sense, protective laws: partial-birth abortion bans; infanticide bans; bans on selective abortion based on gender or disability; parental notification; informed consent; and many more. House Bill 1171 (now Senate Bill 0798) contains no saving provisions for already existing laws.”* The present language of SB 0798 seeks to conceal the true nature of the bill and its implications on Marylanders.

Of even greater concern to us, the ACLJ testimony points out a *“long list of laws that would likely be struck down, **without notice to the public**, by this proposed legislation. . . would appear to be intended to drive a stake into all of these laws, and more, and do so in a way that would **leave voters uninformed entirely on the scope of the issue** on which they are voting, including the surrender of their right to adopt protections for life in the future.”*

SB-0798, if enacted by ballot, would threaten to close pro-life pregnancy centers and deny medical providers their rights of conscience. By making abortion a “fundamental right” Maryland taxpayers will be forced to pay for ALL ABORTIONS. The Amendment also would compel physicians, hospitals and other healthcare providers to participate in abortion, in violation of their rights of conscience and free exercise of religion. Finally, by passing this bill, the Maryland legislature will be infringing on the Freedom of Speech guaranteed by the Constitution of the United States, by barring all future attempts to pass lifesaving legislation such as partial birth abortion or dismemberment bans.

Maryland law already is extreme on abortion. The Maryland Freedom of Choice Act (1991) allows abortion-on-demand, for any reason and up until birth. Maryland is one of only four states that forces taxpayers to pay for other people's abortions. Maryland is one of only three states that shield abortionists from liability by refusing to report abortion data to the CDC. As a result, Maryland is failing to address women's reproductive health and the incidents of abortion-related maternal injury and death or risks of future miscarriage, pre-term birth or loss of fertility. Finally, we are already an abortion destination, as women are coming across state lines for abortions in Maryland.

Under Supreme Court precedent, we recognize that lawmakers still have the right to pass laws to protect women's health throughout pregnancy, to restrict abortion after viability, and to ban ALL public funding for abortion. But this proposed Abortion Amendment would take the power to regulate abortion away and force Maryland taxpayers to fully fund ALL abortions. We do not want our state of Maryland to be the abortion capitol of the United States. Such extreme legislation has no place in our State Constitution.

Therefore, we believe it is paramount that voters understand the potential ramifications of this bill and be provided with the best available information to make an informed decision. *We seek your support* in the hope that this bill be withdrawn, or at least adequately amended in the Senate to provide greater insight and understanding as to the potential outcomes from passage of SB0798. Thank you once again for your consideration and action on our observations and suggestions.

Respectfully,

Thomas P. and Tina M. Wilson
Long-time residents of MD District 17

SB 798 Opposition Letter.pdf

Uploaded by: Tom Taylor

Position: UNF

I am writing to ask you to OPPOSE SB 798, which would submit an amendment to the voters of Maryland that attempts to ensure a fundamental right to abortion in our State constitution throughout all nine months of pregnancy.

A Marist Poll in 2022 showed that 81% of Americans prefer policies to protect the lives of both mothers and preborn children. This includes 79% of Democrats, 88% of Republicans, and 78% of Independents. The verbatim statement in the poll to which that 81% agreed reads as follows:

"It is possible to have laws which protect both the health and well-being of a woman and the life of the unborn."

Our state needs to support both women and their children, starting at conception. This includes life-affirming healthcare and practical resources to address basic needs such as food, housing, work and childcare that help them and us embrace the gift of life.

In a 2005 study, 73% of women undergoing an abortion said not being able to afford a baby now was a reason for the abortion. That number rose to 81% for women below the federal poverty line.

Rather than pushing for unregulated abortion at any stage of pregnancy, Maryland should enact laws that make pregnancy support and resources more affordable, available, and accessible in every community, particularly in those which are underserved and over-represented in abortion data and statistics.

I also want to add that I am a committed advocate for ecology, volunteer with ecology advocacy groups, and do an extensive amount of reading on environmental issues. As a result, I have come to believe that it is our responsibility as humans to be good stewards of everything in nature.

Developing life in the womb cannot be excluded from that responsibility, and requires excellent stewardship as well. I ask for an unfavorable report on SB798.

Testimony on senate bill 0798 feb 28 2023.pdf

Uploaded by: William Carlson

Position: UNF

I am opposed to Senate Bill 0798 titled "Right to Reproductive Freedom". This bill is incorrectly named because no one in the country is prohibited from reproducing. The bill is designed to place into the Maryland Constitution the right to kill a child before birth. These scientific facts are well established and beyond question: the child is a human being, the child is distinct from the mother, the child grows and develops following instructions from its own genetic information, the child feels pain at least in the last trimester, etc. By this bill, the most vulnerable human beings in our society are denied the right to continue to live. These children are treated as property that can be discarded. Thus, the intrinsic value of each and every human being is diminished. This bill sends the message that if one is too weak or considered of low value to society, then that person can be killed.

William Carlson
2812 Spartan Road
Olney, MD 20832

SB0798 Right to Reproductive Freedom.pdf

Uploaded by: William Lubas

Position: UNF

I am a pediatrician with three children of my own. Life is precious to me.

Reproductive freedom ends after conception.

At that point you have a live human being and terminating that life is murder.

Only God can choose to end a life.

Those who play God with other's lives will have to answer for their actions.

Testimony MD Abortion Const Amdt 2023-02-28 Senate

Uploaded by: William Samuel

Position: UNF

William S. (Bill) Samuel

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February 28, 2023

Testimony on SB798, Declaration of Rights-Right to Reproductive Freedom

I oppose this proposed legislation for several reasons:

1) The Amendment is dishonest.

- a) The bill proposes language to appear on the ballot before voters, but in doing so it intentionally omits the key phrase creating a right to abortion.
 - i) The language that would become part of Maryland's Constitution includes a right to "PREVENT, CONTINUE, OR END ONE'S OWN PREGNANCY" (page 2, lines 5-6). Yet the language that would go before voters omits that language (page 2, lines 24-27)!
- b) This kind of dishonesty undermines trust in democracy and government.

2) The Amendment would hurt the women of Maryland.

- a) Abortion is a poor substitute for the true advancement of women.
 - i) Promoting abortion distracts society and policymakers from advancing maternity leave, prenatal care, wrap-around pregnancy support, and other policies that promote and empower women.
 - ii) How can women truly be liberated if they are passing their oppression onto their children via abortion?
 - iii) Abortion hurts women. Women deserve better.

3) The Amendment violates the principle of nonviolence.

- a) No one has a right to do violence against another human being! Any embryology textbook will tell you that the unborn are human beings from the very beginning.
- b) Abortion is not only violence but terminal violence.
- c) Allowing violence against any members of society undermines democracy.

4) Maryland courts could use the Amendment to mandate taxpayer funding for abortion.

- a) In other state constitutions a right to privacy has been interpreted by state courts to mandate taxpayer funding for abortion.

5) Maryland courts could use the Amendment to strike down our parental notification law.

- a) In 1999, a Montana state District Court in *Wicklund v. State* overturned that state's parental consent law under Montana's constitutional "[right to individual privacy](#)" (which is more general than Maryland's Abortion Amendment).

- 6) **Maryland courts could use the Amendment to strike down other reasonable regulations on abortion** (if Maryland enacts them). Poll after poll shows that a substantial majority of Americans support some restrictions on abortion.
- 7) **The Amendment would trap Maryland law in 2023.**
- a) Our view of the abortion debate in 2023 is myopic, focused on the passions of this moment. The Amendment could be a part of Maryland's Constitution for decades, even centuries, and trap Maryland in our 2023 frame of mind.
 - b) Medical advances continue to push the point of viability, the time when a preborn child could survive outside the womb, earlier in pregnancy.

