

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.

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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 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.

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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