



### **Opposition Statement HB988**

Family and Medical Leave Insurance Program - Modifications

Deborah Brocato, Legislative Consultant

Maryland Right to Life

#### **We oppose HB988**

On behalf of our 200,000 followers across the state, we respectfully object to **HB988**. The bill expands the benefits of the Family and Medical Leave Insurance Program as well as those who are included under "family member(s)" thereby increasing the funding for abortion services. Maryland taxpayers should not be forced to expand the funding of the abortion industry. We oppose the modification of the Family and Medical Leave Insurance Program without an amendment to excluding abortion funding.

**Maryland is one of only 4 states that forces taxpayer funding of abortion.** Maryland taxpayers are forced to subsidize the abortion industry through direct Maryland Medicaid reimbursements to abortion providers, through various state grants and contracts, and through pass-through funding in various state programs. Health insurance carriers are required to provide reproductive health coverage to participate with the Maryland Health Choice program. Programs involved in reproductive health policy include the Maryland State Department of Education, Maryland Department of Health, Maryland Family Planning Program, maternal and Child Health Bureau, the Children's Cabinet, Maryland Council on School Based Health Centers, Maryland for the Advancement of School Based Health, Community Health Resource Commission, Maryland Children's Health Program (MCHP) and Maryland Stem Cell Research Fund.

**Americans oppose taxpayer funding of abortion.** The 2023 Marist poll shows that 60% of Americans, pro-life and pro-choice, oppose taxpayer funding of abortion. 81% of Americans favor public funds being prioritized for health and family planning services that save the lives of mothers and their children including programs for improving maternal health and birth and delivery outcomes, well baby care and parenting classes.

**Abortion is not healthcare and abortion is never medically necessary.** A miscarriage is the ending of a pregnancy *after* the baby has died; an ectopic pregnancy is not a viable pregnancy and the baby cannot continue to develop. Abortion is the destruction of a developing human being and often causes physical and psychological injury to the mother. In the black community, abortion has reached epidemic proportions with half of pregnancies of Black women ending in abortion. The abortion industry has long targeted the Black community with 78% of abortion clinics located in minority communities. **Abortion is the leading killer of black lives.** See [www.BlackGenocide.org](http://www.BlackGenocide.org).

The state is also neglecting the fact that as much as 65% of abortions are not by choice, but by coercion. The increasing use of the chemical abortion drugs is making coercion easier. Potential for misuse and coercion is high when there is no way to verify who is consuming the medication and whether they do so willingly. Sex traffickers and other abusers welcome the easy availability of chemical abortion drugs via telehealth.



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The **Abortion Care Access Act of 2022** took away any semblance of abortion as healthcare by removing the physician requirement. Abortion is not healthcare. Abortion is the violent destruction of a developing human being. Abortion always kills the unborn child and often causes physical and psychological injury to women and girls. Abortion exploits women and girls and enables sexual abusers and sex traffickers to continue their crimes and victimization.

**Funding restrictions are constitutional.** The Supreme Court of the United States, in *Dobbs v. Jackson Women's Health* (2022), overturned *Roe v. Wade* (1973) and held that there is no right to abortion found in the Constitution of the United States. As early as 1980 the Supreme Court affirmed in *Harris v. McRae*, that *Roe* had created a limitation on government, not a government funding entitlement. The Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that "*no other procedure involves the purposeful termination of a potential life*", and held that there is "*no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds.*"

Without exclusion of abortion services and abortion funding, we oppose **HB988**.