

## **Opposition Statement SB404**

Hospitals - Financial Assistance - Medical Bill Reimbursement Process  
Deborah Brocato, Legislative Consultant  
Maryland Right to Life

### **We Oppose SB404**

On behalf of our 200,000 followers across the state, we respectfully object to SB404. This bill expands the Maryland Medical Assistance Program through reimbursement to hospitals for services paid for by a patient in cash for which the patient is reimbursed. We oppose funds for this program being used for abortion services. We oppose expanding the Maryland Medical Assistance Program without excluding funding for abortion.

**The Maryland Medical Assistance Program and the Maryland Children's Health Program (MHCP) are the two primary programs used for publicly funded reimbursements to abortion providers in Maryland.** The Maryland Department of Legislative Services, in their *Analysis of the FY 2022 Maryland Executive Budget*, shows that Maryland taxpayers are forced to fund elective abortions. For the years 2018, 2019 and 2020, over \$6 million was spent each year for almost 10,000 abortions each year. In that same report, we see that for Fiscal 2020, less than 10 of the almost 10,000 abortions were due to rape, incest or to save the life of the mother.

Medical Assistance Expenditures on Abortion Language attached to the Medicaid budget since 1979 authorizes the use of State funds to pay for abortions under specific circumstances. Specifically, a physician or surgeon must certify that, based on his or her professional opinion, the procedure is necessary. Similar language has been attached to the appropriation for MCHP since its advent in Fiscal 1999. Without language to prohibit abortion funding, hospitals will be reimbursed for providing abortion services.

**Abortion is about revenue.** The state of Maryland forces taxpayers 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.

**Caring for pregnant women and girls costs money.** Maryland is failing pregnant women and girls by favoring the funding of the abortion industry over access to abortion alternatives, including the Maryland Safe Haven Program (see Department of Human Services), affordable adoption programs or referral to quality prenatal care and family planning services that do not promote abortion. The Assembly promotes legislation that funds the killing of unborn children instead of legislation that respects and protects life. According to the Guttmacher Institute, a pro-abortion research organization, a baby is killed by abortion every 97 seconds, about 2,700 babies killed by abortion every day.



**Opposition Statement , pagSB404e 2 of 2**

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**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.

**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).

**Americans oppose taxpayer funding of abortion.** Taxpayers should not be forced to fund elective abortions, which make up the vast majority of abortions committed in Maryland. 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.

**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.*"

Maryland urges the addition of an amendment to exclude any funding for this bill to be used for abortion purposes. Without this amendment, we ask that you oppose this **SB404** in its entirety.