



SUPPORT STATEMENT

HB1101/SB901 Maryland Maternity Care Access Program
Laura Bogley, JD, Executive Director
Maryland Right to Life

On behalf of our Board of Directors and members across the state, we strongly support this bill to appropriate public funds to ensure that women have greater access to maternity care in Maryland. We extend our appreciation to the sponsor of this important bill that will save countless lives.

The state of Maryland should empower women to choose life for their children. But 73% or nearly 3 in 4 women report that they had abortions because they felt they had no other choice. Women should never feel pressured into abortion because of their inability to financially provide for their children. The state of Maryland can and must do more.

81% of people participating in the 2023 Marist poll favor laws that protect both the lives of women and unborn children. Public funds should not be diverted from but prioritized for maternal health programs which have the objective of saving the lives of both mothers and children, including services for improving maternal health and birth and delivery outcomes.

Funding Prioritization is 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.*"

MDH Must Meet the Needs of Pregnant Women - The Maryland Department of Health must do more to meet the needs of pregnant women who choose to parent their children.

- The Department must provide women with information and access to lifesaving alternatives to abortion, including the Maryland Maternity Care Access Program, 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 Department must provide medically accurate information on pregnancy and abortion.
- The Department must collect, aggregate and report complete and accurate data about maternal health and birth and delivery outcomes including any correlation between

abortion and maternal mortality, maternal injury, subsequent pre-term birth, miscarriage and infertility.

- The Department must protect the Constitutionally-guaranteed rights of freedom of conscience and religion for health care workers to retain trained medical personnel.
- The Department must enforce existing state health and safety regulations of abortion clinics to protect women from injury and death.
- The Department must protect women and girls from sexual abuse and sex trafficking by enforcing mandatory reporter requirements for abortionists and other providers

For these reasons, we respectfully urge your favorable report on this lifesaving legislation. We appeal to you to prioritize the state's interest in human life and restore to all people, our natural and Constitutional rights to life, liberty, freedom of speech and religion.

Respectfully Submitted,

Laura Bogley, JD

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Updates

1. 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. Women eligible for Medicaid solely due to a pregnancy do not currently qualify for a State-funded abortion.

Exhibit 33 provides a summary of the number and cost of abortions by service provider in fiscal 2018 through 2020. **Exhibit 34** indicates the reasons abortions were performed in fiscal 2020 according to the restrictions in the State budget bill.

Exhibit 33
Abortion Funding under Medical Assistance Program*
Three-year Summary
Fiscal 2018-2020

	Performed under 2018 State and Federal Budget Language	Performed under 2019 State and Federal Budget Language	Performed under 2020 State and Federal Budget Language
Abortions	9,875	9,676	9,864
Total Cost(\$ in Millions)	\$6.3	\$6.1	\$6.5
Average Payment Per Abortion	\$636	\$626	\$660
Abortions in Clinics	7,644	7,490	7,545
Average Payment	\$434	\$433	\$466
Abortions in Physicians' Offices	1,720	1,773	1,903
Average Payment	\$982	\$972	\$986
Hospital Abortions - Outpatient	506	409	416
Average Payment	\$2,417	\$2,592	\$2,677
Hospital Abortions - Inpatient	**	**	0
Average Payment	\$13,228	\$6,443	\$0
Abortions Eligible for Joint Federal/State	0	0	0

* Data for fiscal 2018 and 2019 includes all Medicaid-funded abortions performed during the fiscal year, while data for fiscal 2020 includes all abortions performed during fiscal 2020, for which a Medicaid claim was filed through November 2020. Since providers have 12 months to bill Medicaid for a service, Medicaid may receive additional claims for abortions performed during fiscal 2020. For example, during fiscal 2020, an additional 16 claims from fiscal 2019 were paid after November 2019, the date of the report used in the fiscal 2021 Medicaid analysis and explains differences in the data reported in that analysis to that provided here.

** Indicates a dataset of less than 10 cases.

Source: Maryland Department of Health

Exhibit 34
Abortion Services
Fiscal 2020

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 2020 State budget.)

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.	181
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.	9,642
4. Within a reasonable degree of medical certainty that the fetus is affected by genetic defect or serious deformity or abnormality.	39
5. Victim of rape, sexual offense, or incest.	*
Total Fiscal 2020 Claims Received Through November 2020	9,864

* Indicates a dataset of less than 10 cases.

Source: Maryland Department of Health
