

Favorable Statement HB1101
Maryland Maternity Access Program, Fund, and
Income Tax Checkoff - Establishment
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On behalf of all of our followers across the state of Maryland, Campaign to Protect Women strongly supports HB1101. I am also the mother of 4 daughters and a retired intensive care nurse.

Since 1991, the Maryland Freedom of Choice Act has permitted abortion on demand for any reason through birth. Until last year, a physician was required to provide abortions and the decision was between “a woman and her doctor.” A physician also determined if parental notification for minor girls was necessary. Last year, the Assembly passed the Abortion Care Access Act which removed the physician requirement and now allows a “qualified provider” certified by the state, who may or may not have a medical background, to provide surgical and chemical abortions through birth. Both chemical and surgical abortions carry risk of injury up to and including death.

This Assembly has also expanded scope of practice for many healthcare practitioners including the authority to prescribe and dispense medications including the lethal chemical abortion drugs. Telehealth allows the dangerous abortion drugs to be prescribed without benefit of the physical exam to determine gestational age or gestational abnormalities such as ectopic pregnancy or molar pregnancy. Telehealth cannot determine who will be taking the prescription and if it will be taken voluntarily.

In addition to all these actions to expand abortion in Maryland, the Assembly has also used its legislative powers to publicly fund abortion in every way possible.

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.

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.

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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.

With that in mind, Campaign to Protect Women asks the committee to remember all the pregnant women and girls in need who are looking for the support that a crisis pregnancy center offers.

I volunteered at a crisis pregnancy center in Baltimore County for over 8 years. The majority of the women traveled from the city. Some of them had to take the Number 8 bus to get to our door. Those women wanted help for their pregnancies and their babies.

The pregnancy center offered material support, pregnant and parenting education, and emotional support. The young ladies scheduled weekly appointments to learn about their developing baby and how to take care of themselves and their babies. For every visit, they received the material support of maternity clothes, diapers, baby clothes and other items necessary for baby care. We developed relationships with the young women and encouraged them as they progressed.

The rent, the utilities, the material items and the educational supplies require money. These crisis pregnancy centers rely on the generous donations of caring Marylanders. As the polls continue to show, the majority of Americans would prefer taxpayer money be directed toward supporting a woman's pregnancy and providing a path from uncertainty to stability.

If the state of Maryland can spend millions of dollars on abortion services every year, the Assembly can certainly find money to fund maternity care access. Maryland state government should not be one sided when it comes to pregnant women and girls. The women and girls of Maryland deserve the freedom to choose motherhood, and Marylanders expect their state government to support the right of motherhood.

Campaign to Protect Women urges this committee to respect and protect a woman's right to motherhood. We urge you to remember the many women who cherish their pregnancy and seek support. We strongly recommend that you give a favorable report on HB1101.