



SUPPORT STATEMENT
House Bill 641 – Income Tax – Pregnancy Options Tax Credit
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On behalf of our Board of Directors and members across the state, we gladly support House Bill 641. We thank Delegate Wivell for introducing this bill to ensure that pregnant women may continue to have options for quality care and counseling. We respectfully urge you to enact this legislation to empower women of all socio-economic groups to choose life for their children.

Women have better options for family planning and well woman care, in fact there are 4 pregnancy centers and 14 federally qualifying health centers for each Planned Parenthood in Maryland. The bill seeks no public funding for pregnancy centers but instead allows a tax credit for taxpayers who choose to donate to pregnancy centers in Maryland. Pregnancy centers receive no public funding from the state and save state taxpayers millions of dollars by utilizing private donations to provide services to women in need at little to no cost.

This bill in no way infringes on a woman's legal right or access to abortion. Instead the bill *expands the choices available to women* by ensuring they have access to lifesaving alternatives. 64% or nearly 2 in 3 women say they had abortions because they felt they had no other choice. This bill says the state trusts women to make their own reproductive decisions and the best choices for their families.

Pregnancy Centers offer quality care at no cost

Pregnancy Centers are local, nonprofit organizations that provide compassionate support to women and men faced with difficult pregnancy decisions. Many pregnancy centers are medical pregnancy centers that retain licensed medical staff and operate under a licensed medical director, who is either a licensed physician or nurse practitioner.

Services provided through pregnancy centers may include consultation with a licensed medical professional, limited ultrasound services to confirm pregnancy, testing for sexually transmitted diseases, free pregnancy tests, information about pregnancy options, material resources like diapers and baby formula, counseling by trained advocates, post-decision counseling and support including parenting education and abortion recovery groups.

Pregnancy centers typically affiliate with a national professional membership organization such as Care-Net. Affiliated centers are uniquely positioned to operate according to the highest standards of care and integrity. They receive expert best practice advice on operations, client care, medical services, marketing, board leadership and more. Clients can feel confident in the information they receive because it is backed by research from caring professionals.

By offering practical, compassionate support, Maryland pregnancy centers remove the barriers that cause people to choose abortion and empower them to make positive choices for themselves and their families.

Love them both

81% of people surveyed in a January 2023 Marist poll favor public programs that protect both women and preborn children. Public funds should be prioritized to fund health and family planning services which have the objective of saving the lives of both mother and children, including pregnancy centers, programs for improving maternal health and birth and delivery outcomes, well baby care, parenting classes, foster care reform and affordable adoption programs.

Funding prioritization is constitutional

The Supreme Court of the United States affirmed in *Harris v. McRae* (1980) 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 is failing pregnant women

The Maryland Department of Health has consistently failed to meet the needs of pregnant women and families in Maryland and must do better.

- The Department has routinely failed to provide women with information and 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 Department has demonstrated systemic bias in favor of abortion providers, engaging in active partnerships with Planned Parenthood and other abortion organizations to develop and implement public programs, curriculum and training. In doing so the Department is failing to provide medically accurate information on pregnancy and abortion.
- The Department systemically discriminates against any reproductive health and education providers who are unwilling to promote abortion and in doing so, suppresses pro-life speech and action in community-based programs and public education.
- The Department has routinely failed to enforce existing state health and safety regulations of abortion clinics, even after two women were near fatally injured in botched abortions.
- The Department fails to collect, aggregate and report data about abortion and the correlation between abortion and maternal mortality, maternal injury, subsequent pre-term birth, miscarriage and infertility.
- The Department is failing to protect the Constitutionally-guaranteed rights of freedom of conscience and religion for health care workers, contributing to the scarcity of medical professions and personnel in Maryland.
- The Department is failing to protect women and girls from sexual abuse and sex trafficking by waiving reporting requirements for abortionists, waiving mandatory reporter requirements for

abortionists, and failing to regulate abortion practices.

Pregnancy is not a disease

The fact that 85% of OB-GYNs in a representative national survey will not participate in abortions is glaring evidence that abortion is not an essential part of women's healthcare. Women have better options for family planning and well woman care, in fact there are 4 pregnancy centers and 14 federally qualifying health centers for each Planned Parenthood in Maryland.

Abortion is never medically necessary to save the life of a woman - In the rare case of severe pregnancy complications, hospitals, not abortion clinics, may decide to separate the mother and child and make best efforts to sustain the lives of both. This is different from an abortion, which involves the purposeful termination of fetal human life. Prior to the Supreme Court's imposition of their decision in *Roe v. Wade* in 1973, the Maryland legislature had enacted a ban on abortion and only would allow exception for the physical life of the mother, if two physicians agreed that termination of the pregnancy was necessary to avoid the imminent death of the mother. Science has advanced beyond this point to support that both lives can be saved.

We appeal to you to recognize the state's interest in human life and women's right to choose life for their children by issuing a favorable report on House Bill 641.

Respectfully Submitted,

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