

**BaltimoreCounty\_FAV\_SB1068.pdf**

Uploaded by: John Olszewski

Position: FAV

JOHN A. OLSZEWSKI, JR.  
*County Executive*



JENNIFER AIOSA  
*Director of Government Affairs*

AMANDA KONTZ CARR  
*Legislative Officer*

WILLIAM J. THORNE  
*Legislative Associate*

**BILL NO.:**           **SB 1068**

**TITLE:**               Human Services – 2-1-1 and 3-1-1 Systems – Nonemergency  
Information and Referrals

**SPONSOR:**           Senator Kagan

**COMMITTEE:**       Education, Energy, and the Environment

**POSITION:**         **SUPPORT**

**DATE:**               March 7, 2024

Baltimore County **SUPPORTS** Senate Bill 1068 – Human Services – 2-1-1 and 3-1-1 Systems – Nonemergency Information and Referrals. This legislation is intended to better serve underserved, disadvantaged communities by streamlining and maintaining quality 2-1-1 and 3-1-1 services.

Baltimore County’s 3-1-1 center provides assistance to callers looking for help with trash collection, road conditions, code enforcement complaints, property tax payments, and so many other situations. A study conducted in 2016 of Baltimore County’s center analyzed over 500,000 constituent phone calls and revealed that the average constituent inquiry was transferred over 5 times before being connected to the correct agency. This situation was a drain on county resources who were not equipped with the tools or knowledge to determine the correct resources for the constituent and obviously a major source of frustration for the constituent looking for information and help.

In April of 2020, Baltimore County opened a 3-1-1 enter to address this situation and provide constituents with easy access to information and county services. Since that time, the 3-1-1 center has handled over 250,000 calls. Baltimore County supports efforts to provide a greater standard of 3-1-1 service to residents across the State of Maryland- especially in the underserved communities who depend on it as a lifeline for public services.

Accordingly, Baltimore County urges a **FAVORABLE** report on SB 1068 from the Senate Education, Energy, and the Environment Committee. For more information, please contact Jenn Aiosa, Director of Government Affairs at [jaiosa@baltimorecountymd.gov](mailto:jaiosa@baltimorecountymd.gov).

# **Sen.KaganSB1068Testimony.pdf**

Uploaded by: Sen. Cheryl Kagan

Position: FAV

CHERYL C. KAGAN  
Legislative District 17  
Montgomery County

Vice Chair  
Education, Energy, and  
the Environment Committee

Joint Audit and Evaluation Committee  
Joint Committee on Federal Relations



Miller Senate Office Building  
11 Bladen Street, Suite 2 West  
Annapolis, Maryland 21401  
301-858-3134 · 410-841-3134  
800-492-7122 Ext. 3134  
Fax 301-858-3665 · 410-841-3665  
Cheryl.Kagan@senate.state.md.us

THE SENATE OF MARYLAND  
ANNAPOLIS, MARYLAND 21401

**SB1068: Statewide 2-1-1/3-1-1**

Education, Energy, Environment (& Elections!) Committee

March 7, 2024: 1:00 PM

Nationally, approximately 30-35% of 9-1-1 calls are for non-emergency situations, according to Brian Fontes, CEO of the National Emergency Number Association. In some areas, however, this figure can be much higher. As the [Baltimore Sun](#) reported in 2022, up to 80% of 9-1-1 calls in Baltimore City were for non-emergency services.<sup>1</sup> A 2022 nine-city survey found more than 62% of calls specifically for police assistance were not emergencies.<sup>2</sup> These calls delay our 9-1-1 Specialists from providing assistance to those with an urgent need for police, firefighters, or paramedics—endangering lives.

As introduced, [SB1068](#) would have created a combined, Statewide 2-1-1/3-1-1 system to lighten the load at our 9-1-1 Centers while serving as an information hub for government and nonprofit services, resources, and information. The Next Generation 9-1-1 Commission I chaired unanimously endorsed the creation of a statewide 3-1-1 system to relieve pressure on our 9-1-1 Centers. While I believe that Statewide 2-1-1/3-1-1 would have been a game-changer for how Marylanders interact with their government, it is clear that this program would be too expensive to implement in these fiscally challenging times.

After consultation with the Moore/Miller Administration and the Departments of Human Services (DHS), Emergency Management (MDEM), Information Technology (DoIT), and others, I believe there may be an effective and much less expensive solution: a statewide 3-1-1 portal.

A 3-1-1 portal could give our constituents information on state, county, and local government services, resources, and information. Currently, Anne Arundel, Baltimore, Montgomery, Prince George's, and St. Mary's Counties, as well as Baltimore City, provide 3-1-1 services. A Marylander's zip code should not determine access to information or government services. Although this bill will not move in its current form this session, I will continue to work to ensure that our 9-1-1 system is protected and that all Marylanders can find the services they need to thrive.

**I urge continued thought on the issues raised by SB1068. Our neighbors deserve nothing less.**

<sup>1</sup><https://www.baltimoresun.com/2022/05/18/80-of-baltimore-911-calls-are-non-emergencies-a-new-plan-will-make-the-department-more-efficient-officials-say/>

<sup>2</sup> <https://www.vera.org/news/most-911-calls-have-nothing-to-do-with-crime-why-are-we-still-sending-police>

**SB1068-EEE\_MACo\_SWA.pdf**

Uploaded by: Kevin Kinnally

Position: FWA



## Senate Bill 1068

*Human Services - 2-1-1 and 3-1-1 Systems - Nonemergency Information and Referrals*

MACo Position: **SUPPORT**  
**WITH AMENDMENTS**

To: Education, Energy, and the Environment  
Committee

Date: March 7, 2024

From: Kevin Kinnally

The Maryland Association of Counties (MACo) **SUPPORTS** SB 1068 **WITH AMENDMENTS**. This bill envisions a statewide 2-1-1 and 3-1-1 system for non-emergency government services, resources, and information to streamline service delivery for Maryland residents, businesses, and visitors.

**While counties support a coordinated, stakeholder-driven approach to guide the design and implementation of an integrated system, MACo urges amendments to guard against unintended costs for county governments.**

SB 1068 establishes the Maryland 2-1-1 and 3-1-1 Board within the Maryland Department of Emergency Management (MDEM) to create and operate a statewide integrated system capable of notifying the appropriate state or local agencies, programs, and departments of requests for non-emergency services, information, resources, and referrals. Counties could join a department-funded statewide system, as specified in the bill, or operate a separate, county-funded 3-1-1 system.

2-1-1 and 3-1-1 are fast, simple, and convenient numbers for non-emergency issues and information on government services like refuse collection, snow removal, pothole repair, public transportation schedules, public hearings, resources, and referrals. This service makes customer service more effective and responsive, allowing 9-1-1 specialists to focus on emergency calls.

In 2019, the General Assembly passed Carl Henn's Law, landmark legislation to update state laws and the 9-1-1 financing system, to provide the flexibility and resources needed to deploy a statewide Next Generation 9-1-1 (NG911) system that Maryland residents expect and deserve. As Maryland accelerates its move toward NG911, reducing the number of 9-1-1 calls related to non-emergency issues is critical.

MACo encourages efforts to enhance non-emergency communications in Maryland but urges clarifying amendments to ensure county governments are not responsible for any costs related to the state-mandated integrated system.

SB 1068 urges a statewide effort to deliver essential services equitably and ensure coordination between the State and local governments across Maryland. Accordingly, MACo urges a **FAVORABLE WITH AMENDMENTS** report on SB 1068.

**INFORMATIONAL.SB1068.HB1141.LauraBogley.MDRTL.pdf**

Uploaded by: Laura Bogley

Position: INFO



## **INFORMATIONAL STATEMENT**

**SB1068/HB1141**

**Human Services – Nonemergency Information and Referrals**

Laura Bogley, JD, Executive Director

Maryland Right to Life

We appeal to the Assembly to establish a standard for the 2-1-1 and 3-1-1 systems, so they are used for legitimate purposes and not for referral to abortion providers. Unfortunately, the state-sponsored monopoly of the abortion industry over women's reproductive health deprives women and girls access to legitimate healthcare. As a result, the state is engaging in constructive abortion coercion. Taxpayers should not be forced to subsidize the marketing and promotion of deadly abortion businesses.

Without amendment excluding the systems' use for abortion referrals, the bill could enable the entrenched abortion industry to hijack the system for their own profit, putting patient health and safety at risk. This is particularly concerning in the matter of referrals to providers of chemical abortion drugs, which are four times more dangerous than surgical abortions.

There are many potential negative consequences to teleabortion policies which ultimately demonstrate the state's disregard for the health of women. For example, underestimation of gestational age may result in higher likelihood of failed abortion. Undetected ectopic pregnancies may rupture leading to life-threatening hemorrhages. Rh negative women may not receive preventative treatment resulting in the body's rejection of future pregnancies. Catastrophic complications can occur through telabortion, and emergency care may not be readily available in remote or underserved areas.

### **"D-I-Y" Abortions Endanger Women**

The abortion industry's radical agenda to indiscriminately sell "D-I-Y" abortions is normalizing "back alley abortions" where women self administer and hemorrhage without medical supervision or assistance. Chemical abortion is four times more likely to result in complications than surgical abortion. To date more than 6,000 complications have been reported and 26 women have been killed through chemical abortion since its approval by the Food and Drug Administration (FDA).

### **Telehealth v. Teledeath**

Public policy has failed to keep pace with the abortion industry's rapid deployment of chemical abortion pills. The Assembly enacted several bills into law as supposed Covid measures. These laws expanded telabortion through remote distribution chains including pharmacies, schools health



centers, prisons and even vending machines and expanded public funding for telaboration through Medicaid and Family Planning Program dollars.

The Assembly removed the final safeguard in law for women seeking abortion when they enacted the Abortion Care Access Act of 2022 and removed the physician only requirement. **In doing so, the Assembly removed abortion from the spectrum of healthcare.**

### **Adopt Reasonable Health and Safety Standards**

The growing reliance on chemical abortions underscores the need for a state protocol for the use of abortion pills including informed consent specific to the efficacy, complications and abortion pill reversal. Strong informed consent requirements, manifest both a trust in women and a justified concern for their welfare.

While we oppose all abortion, we strongly recommend that the state of Maryland enact reasonable regulations to protect the health and safety of girls and women by adopting the previous FDA Risk Evaluation and Mitigation Strategies (REMS) safeguards that required that the distribution and use of mifepristone, the drug commonly used in chemical abortions, to be under the supervision of a licensed physician because of the drug's potential for serious complications including, but not limited to, uterine hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death.

### **Put patients before abortion politics and profits**

Maryland policymakers have put abortion politics before patients. In 2020, Maryland Attorney General Brian Frosh, joined twenty state Attorneys General in pressuring the FDA to permanently remove safeguards against the remote prescription of abortion pills. Maryland already has been circumventing the FDA restrictions on the remote distribution of chemical abortion pills since 2016, by allowing Planned Parenthood to practice telaboration as part of a "research" pilot program directed by Gynuity/Carefem. While program participants are loosely tracked, Maryland generally fails to protect women as one of three states that do not require abortion providers to report the number of abortions they commit, resulting in increased threat to maternal health, complications or deaths.

### **Abuse of Abortion Drugs**

The state also is neglecting the fact that as much as 65% of abortions are not by choice, but by coercion. Potential for misuse and coercion is high when there is no way to verify who is consuming the medication and whether they are doing so willingly. Sex traffickers, incestuous abusers and coercive boyfriends will all welcome more easily available chemical abortion.

## **Maryland's Dire Women's Health Statistics**

Maryland ranks among the worst states in the nation for infant mortality and preterm birth rates, and has seen a rise in severe maternal morbidity since 2019. Women in underserved communities lack access to high-risk obstetric care, face challenges in obtaining mental and behavioral health services, experience increased rates of substance abuse and overdose, and are deprived of essential perinatal education for healthy pregnancies.

But despite these dire women's health statistics in Maryland, the General Assembly continues to prioritize abortion over support of women. The state forces Maryland taxpayers to pay millions of dollars each year for mostly elective abortions through state Medicaid reimbursements to abortionists.

**Abortion is not Health Care** - Pregnancy is not a disease and abortion is not a medical treatment and is never medically necessary. Abortion is the violent destruction of a developing human being. Abortion always kills a human child and often causes physical and psychological injury to women. No state law prevents medical intervention in the case of medical emergency or to save the life of the mother.

Recent radical enactments of the Maryland General Assembly have completely removed abortion from the spectrum of "healthcare". Because of the *Abortion Care Access Act of 2022*, the state is denying poor women access to care by licensed physicians making abortion unsafe in Maryland. With the unregulated proliferation of chemical "Do-It-Yourself" abortion pills, women are self-administering back-alley style abortions, where they suffer and bleed alone, without examination or care by a doctor. Yet Governor Moore proposes to increase public subsidies to the 2 billion dollar abortion industry.

**Subsidizing Corporate Abortion** - Abortion is big business in Maryland. Maryland taxpayers subsidize the abortion industry in Maryland 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 that utilize public funding for abortion, abortion providers or promotion and other abortion-related activities 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 Assembly for the Advancement of School Based Health, Community Health Resource Commission, Maryland Children's Health Program (MCHP) and Maryland Stem Cell Research Fund.

**Public Funding through Maryland Medicaid** - The *Maryland Medical Assistance Program* and the *Maryland Children's Health Program* (MCHP) are the two primary programs used for publicly funded reimbursements to abortion providers in Maryland.

According to the Maryland Department of Legislative Services in their *Analysis of the FY2022 Maryland Executive Budget*, Maryland taxpayers, through the Maryland Medical Assistance Program, are being forced to pay for *elective* abortions. We spent at least **\$6.5 million for 9,864 abortions, less than 10 of those abortions were due to rape, incest or to save the life of the mother.**

The state is now circumventing the legislature and the will of the people by using the closed-door regulatory process to allocate **an additional \$12 million in public funding** to implement the Abortion Care Access Act of 2022. (See attached MDRTL letter.)

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.

**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 appropriations should be withheld until the Department provides the annual report to the Centers for Disease Control to measure the number of abortions committed each year in Maryland, abortion reasons, funding sources and related health complications or injuries.

- 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 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

educational 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 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.

**No Public Funding** - Maryland is one of only 4 states that forces taxpayers to fund abortions. There is bi-partisan unity on prohibiting the use of taxpayer funding for abortion. 60% percent of those surveyed in a January 2023 Marist poll say they oppose taxpayer funding of abortion.

**Invest in Life** - 81% of Americans polled favor laws that protect both the lives of women and unborn children. Public funds should not be diverted from but prioritized for health and family planning services which have the objective of saving the lives of both mothers and children, including programs for improving maternal health and birth and delivery outcomes, well baby care, parenting classes, foster care reform and affordable adoption programs.

**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.*"

**Disparate Impact Statement - Abortion is Black Genocide** - Abortion has reached epidemic proportions among people of color with half of all pregnancies of Black women ending in abortion. It is believed that nearly half of all pregnancies of Black women end in abortion. As a result, Black Americans are no longer the leading minority population, dropping second to the Hispanic population.

People of color have long been targeted for elimination through sterilization and abortion by eugenicists like Planned Parenthood founder Margaret Sanger. Even today, 78% of abortion

clinics are located in Minority communities. As a result abortion has become the leading killer of Black lives. Abortion is the greatest human and civil rights abuse of our time and as a civilized people we cannot continue to justify or subsidize this genocide. For more information please see [www.BlackGenocide.org](http://www.BlackGenocide.org).

**We respectfully urge you to amend this bill to exclude abortion referrals and promotion from use of the system. We ask the Maryland General Assembly to cease public funding for abortion under the guise of “healthcare” and to prioritize funding and promotion of lifesaving alternatives for women and their families.**