

SB 217_Insurance conformity emergency BH services_B

Uploaded by: Dan Rabbitt

Position: FAV



January 24, 2024

**Senate Finance Committee
TESTIMONY IN SUPPORT**

SB 217 – Health Insurance – Conformity with Federal Law

Behavioral Health System Baltimore (BHSB) is a nonprofit organization that serves as the local behavioral health authority (LBHA) for Baltimore City. BHSB works to increase access to a full range of quality behavioral health (mental health and substance use) services and advocates for innovative approaches to prevention, early intervention, treatment, crisis response, and recovery for individuals, families, and communities. Baltimore City represents nearly 35 percent of the public behavioral health system in Maryland, serving over 100,000 people with mental illness and substance use disorders (collectively referred to as “behavioral health”) annually.

Behavioral Health System Baltimore supports SB217 – Health Insurance – Conformity with Federal Law. This bill will ensure Maryland law incorporates the federal No Surprises Act and applies its protections to emergencies related to mental health and substance use disorders.

The No Surprises Act is an important piece of federal legislation protecting consumers from surprise bills during a medical emergency. These protections are critical to prevent exorbitant out-of-network costs. These costs can be considerable and can discourage people from seeking important medical care. These protections are just as important for emergencies related to mental health and substance use disorders. Individuals in crisis who are experiencing the emergency may not be able to choose which hospital or facility they are taken to and should be protected from surprise out-of-pocket costs.

An especially important aspect of this legislation ensures that services provided by behavioral health crisis stabilization centers are covered under these protections. Crisis stabilization centers are effective alternatives to emergency rooms that provide services designed specifically to address behavioral health crisis. These centers provide more timely services and are less costly than traditional hospital emergency departments. The state is currently expanding crisis stabilization center capacity through new Medicaid reimbursement opportunities and capital projects, so it is critical to incorporate their services into this legislation.

BHSB urges the Senate Finance Committee to pass SB217.

For more information, please contact BHSB Policy Director Dan Rabbitt at 443-401-6142

Legal Action Center Testimony SB217 _FAV_ Health In

Uploaded by: Ellen Weber

Position: FAV

Health Insurance – Conformity with Federal Law (SB 217)
Finance Committee
January 24, 2024
FAVORABLE

Thank you for the opportunity to submit testimony in support of SB 217, which would conform Maryland law to the federal No Surprises Act by (1) specifying that “emergency medical conditions” include a mental health condition or substance use disorder and (2) clarifying that emergency medical screening, stabilization and other services performed by behavioral health crisis centers are subject to the No Surprises Act. This testimony is submitted on behalf of the Legal Action Center, a law and policy organization that has worked for 50 years to fight discrimination, build health equity and restore opportunities for individuals with substance use disorders, arrest and conviction records, and HIV or AIDs. In Maryland, we convene the Maryland Parity Coalition and work with our partners to ensure non-discriminatory access to mental health and substance use disorder services through enforcement of the Mental Health Parity and Addiction Equity Act (Parity Act).

We strongly support the coverage of emergency services delivered by behavioral health specialty facilities consistent with the No Surprises Act’s cost sharing limitations, balance billing prohibitions, and service coverage requirements. An unprecedented number of Marylanders experience a substance use or mental health emergency. Nearly [2600 Marylanders died of a drug overdose in the year ending August 2023](#). [Black Marylanders are dying of overdose at significantly higher rates than non-Hispanic white Marylanders](#) and generally have more limited access to buprenorphine for the treatment of opioid use disorder. In 2020, [650 lives were lost to suicide and 188,000 adults](#) had thoughts of suicide in the past year. Hospital emergency departments often [lack the resources and expertise](#) to effectively address these life-threatening emergencies.

Maryland has wisely invested in a range of non-hospital crisis services to deliver effective intervention and emergency treatment and to link individuals to on-going mental health and substance use disorder care. Crisis services, which are delivered by practitioners who have expertise in mental health and substance use care, hold the promise of not only identifying and treating the patient’s emergent condition but also facilitating continued treatment, which will reduce future medical emergencies. SB 217 will help ensure that emergency behavioral health services delivered by facilities, which are geographically separate and distinct from a hospital, are available to and affordable for Marylanders with state-regulated private insurance regardless of whether they are in a carrier’s provider network of emergency facilities.

In addition to aligning Maryland law with federal guidance on the implementation of the No Surprises Act (Department of Labor, FAQs About Affordable Care Act and Consolidated Appropriations Act, 2021 Implementation Part 55, Q.10 (Aug. 19, 2022)), SB 217 will ensure that coverage of crisis services – based on their designation as “emergency services” – will be subject to the Mental Health Parity and Addiction Equity Act. Health plans will be required to cover these services in a comparable and no more restrictive manner than coverage for emergency medical/surgical benefits. These consumer protection and non-discrimination requirements, if fully enforced, will significantly expand access to life-saving care.

Thank you for considering our views. We urge the Committee to issue a favorable report on SB 217.

Ellen M. Weber, J.D.
Sr. Vice President for Health Initiatives
Legal Action Center
eweber@lac.org

SB217_FAV_AARP.pdf

Uploaded by: Karen Kalla

Position: FAV



One Park Place | Suite 475 | Annapolis, MD 21401-3475
1-866-542-8163 | Fax: 410-837-0269
aarp.org/md | md@aarp.org | twitter: @aarpm
facebook.com/aarpm

**SB 217 Health Insurance – Conformity with Federal Law
FAVORABLE
Senate Finance Committee
Wednesday, January 24, 2024**

Good afternoon, Chair Beidle and members of the Finance Committee. My name is Karen Kalla, volunteer AARP legislative aide, member of the AARP Executive Council, and resident of Montgomery County. AARP MD and its more than 850,000 members support SB217 Health Insurance – Conformity with Federal Law.

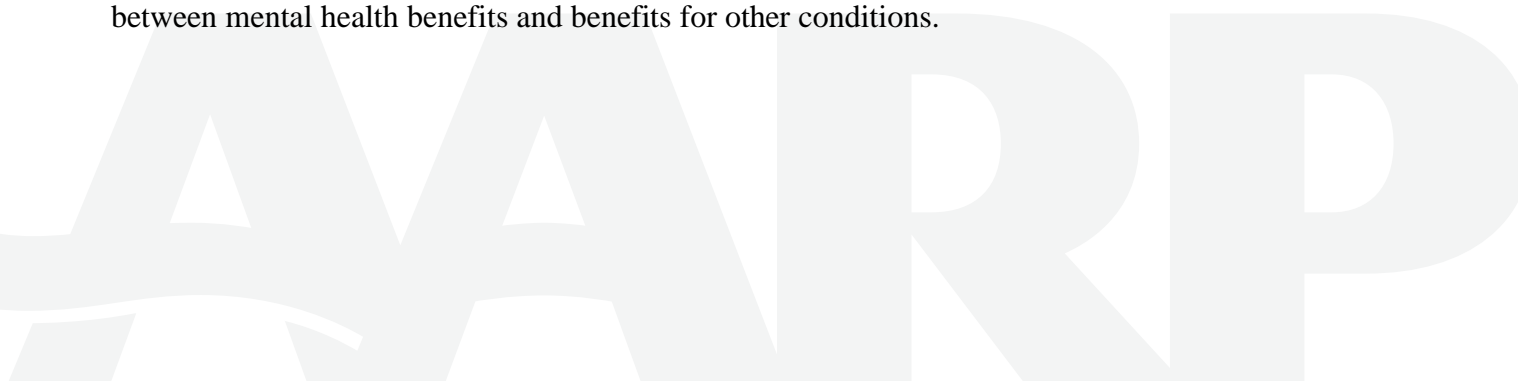
SB217 adds mental health conditions and substance abuse disorder to definitions of emergency medical conditions. It would expand the scope of emergency services to include staff and facilities at a hospital or free-standing medical facility regardless of the department – and to include services provided in specialized facilities staffed by behavioral health providers trained in crisis services. It then moves to prevent surprise medical bills for emergency services in these cases consistent with federal law.

Mental health is a fundamental component of overall health. Mental illness affects people of all ages and incomes and can be as debilitating as any other major medical illness. About one in five adults experiences a mental health condition in any given year.

On average, people with serious mental illnesses die 10-25 years earlier than the general population. This is primarily due to co-occurring medical conditions and poor access to quality medical care.

Currently, health plans provided through the health insurance marketplaces are required to cover services for mental health and substance abuse. They must provide such benefits at par with medical and surgical benefits. The marketplace cannot impose financial requirement or treatment limitations that are more restrictive than those required for other covered health conditions.

The Affordable Care Act (ACA) prohibits insurers from denying or taking away health coverage based on the presence of mental illnesses. Many of the ACA's parity-related provisions augment the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). The MHPAEA requires group health plans for businesses with 51 or more employees to cover mental illnesses and substance abuse at the same level as physical ailments. The Federal Employees Health Benefits Program, the world's largest employer-sponsored health insurance program, requires parity between mental health benefits and benefits for other conditions.



Although effective mental health treatments are available, they are not always utilized. The National Academy of Medicine has noted several challenges to providing care for mental health and substance abuse. These include stigma, patients' resistance to treatment, and *the structural and functional separation of mental health care delivery from other components of the health care system*. In addition, resources—including trained geriatric professionals—for community-based mental health services are extremely limited.

Federal and state governments should ensure adequate funding for mental health and substance abuse services for older adults. They should also develop comprehensive and coordinated delivery systems for such services.

Federal and state governments should work across agencies to support building and retaining a robust and diverse mental health workforce.

Policies are needed for those in managed care plans with mental health or substance use disorders to ensure their access to necessary services, *including emergency services and mental health specialist care*.

States also should ensure that both private and public mental health and substance abuse services meet high standards for quality. States should monitor the public's access to and satisfaction with services and protect clients' due process rights. They should involve consumers, their family members, advocates, mental health coalitions, and professionals in planning, implementing, and evaluating services.

SB217 is an important step to ensuring that those in mental health or substance abuse crisis are treated with the urgency and quality of care that their condition warrants and that they are not then confronted with surprise medical expenses above and beyond those of other medical emergency conditions.

AARP Maryland respectfully requests a favorable report for SB217. For questions or additional information, please feel free to contact Tammy Bresnahan, Senior Director of Advocacy at tbresnahan@aarp.org or by calling 410-302-8451. Thank You!

Support AHA SB 217 No Surprises Bill .pdf

Uploaded by: Laura Hale

Position: FAV



January 23, 2024

Testimony of Laura Hale
American Heart Association
Support SB 217 Health Insurance - Conformity With Federal Law

Dear Chair Beidle and Members of the Finance Committee,

Thank you for the opportunity to speak before the committee today. My name is Laura Hale and I am the Director of Government Relations for the American Heart Association. The American Heart Association extends its support for Senate Bill 217 Health Insurance - Conformity With Federal Law.

By conforming with the No Surprises Act, Maryland will continue to help patient and families in Maryland. The No Surprises Act of 2020 marked a major step forward in protecting patients from medical debt by curbing surprise medical billing, a practice in our health care system that imposed unnecessary, excessive costs on patients. The law passed with bipartisan support and represented the strongest protections for patients since the Affordable Care Act.

Prior to the implementation of the NSA, it was estimated that 1 in 5 emergency claims and 1 in 6 in-network hospitalizations included unexpected medical charges from out-of-network providers.¹ Cardiovascular patients were particularly susceptible to these bills because of the unexpected and urgent nature of the event and the care. Cardiovascular patients rely on emergency transportation, including air ambulances, to ensure they receive the care they need as fast as possible. Without the NSA, patients were routinely billed as much as \$30,000 per air ambulance ride, an unaffordable cost especially when patients don't have a choice over how they're transported in emergency situations.²

Surprise medical bills ultimately drove up premiums for millions of people by adding more than \$40 billion in additional spending each year for those with employer-sponsored insurance.^{3 4} Surprise medical bills can also cause patients to take on significant medical debt, joining the estimated 100 million people in the United States in debt due to medical and dental bills.⁵ Medical debt can be overwhelming, causing patients and their families to make impossible decisions to balance paying for basic household needs while managing debt and continuing

¹ *Surprise Medical Bills: New Protections for Consumers Take Effect in 2022*. KFF, 4 Feb. 2021, www.kff.org/private-insurance/fact-sheet/surprise-medical-bills-new-protections-for-consumers-take-effect-in-2022/.

² *Air Ambulance: Available Data Show Privately-Insured Patients Are at Financial Risk*. Government Accountability Office, March 2019. [khttps://www.gao.gov/assets/gao-19-292.pdf](https://www.gao.gov/assets/gao-19-292.pdf)

³ *In Pursuit of Profit, Private Equity Expanded into Health Care. The Results Raise Concerns about Cost and Quality*. Arnold Ventures, 7 Sept. 2020, www.arnoldventures.org/stories/part-1-in-pursuit-of-profit-private-equity-expanded-into-health-care-the-results-raise-concerns-about-cost-and-quality.

⁴ Cooper, Zack, et al. *Out-Of-Network Billing And Negotiated Payments For Hospital-Based Physicians*. Health Affairs, 16 Dec. 2019, <https://doi.org/10.1377/hlthaff.2019.00507>.

⁵ Levey, Noam N. *100 Million People in America Are Saddled with Health Care Debt*. KFF Health News, 16 June 2022, www.kffhealthnews.org/news/article/diagnosis-debt-investigation-100-million-americans-hidden-medical-debt/.

health care. It can also affect a patient's ability to obtain medical care.⁶ The NSA has protected patients across the country from most surprise medical bills and their consequences. In the first nine months of 2022, the law prevented an estimated 9 million surprise bills.⁷

The No Surprises Act is an important law that protects patients from the harmful practice of surprise medical billing. When patients are faced with a medical emergency, their only focus should be on the immediate care they need – not the network status of their specialist or the laboratory running medically necessary tests.

The American Heart Association urges a Favorable Report on SB217.

⁶ Lopes, Lunna, et al. *Health Care Debt In The U.S.: The Broad Consequences Of Medical And Dental Bills*. KFF, 16 June 2022, www.kff.org/report-section/kff-health-care-debt-survey-main-findings/.

⁷ *No Surprises Act Prevents More than 9 Million Surprise Bills Since January 2022*. AHIP and the Blue Cross Blue Shield Association, November 2022. <https://www.ahip.org/resources/no-surprises-act-prevents-more-than-9-million-surprise-bills-since-january-2022>

SB217 - FIN - MHBE - LOS.docx (1).pdf

Uploaded by: State of Maryland (MD)

Position: FAV

January 24, 2024

The Honorable Pamela G. Beidle
Chair, Senate Finance Committee
Senate Office Building, 3 East
11 Bladen St.
Annapolis, MD 21401

Re: Letter of Support – SB 217 – Health Insurance – Conformity with Federal Law

Dear Chair Beidle and Members of the Senate Finance Committee,

The Maryland Health Benefit Exchange (MHBE) respectfully submits this letter of support on Senate Bill (SB) 217 - Health Insurance – Conformity with Federal Law. SB 217 would simply update Maryland statute to conform to or clarify changes to federal regulations in recent years.

Two provisions in this bill relevant to the Exchange provide the Exchange the option to 1) adopt an expanded annual open enrollment period and 2) adopt alternative effective dates of coverage for enrollments under the extended annual open enrollment period. Recent updates to federal regulations had provided State-Based Marketplaces with these two authorities, and MHBE subsequently already implemented an expanded annual open enrollment period and alternate effective dates of coverage and supports conforming Maryland law to these federal updates.

A third provision of this bill relevant to the Exchange is in regards to another recent federal update which revised a triggering event for a special enrollment period (SEP). The federal revision removed the burden of proof that previously fell on the consumer to demonstrate to the Exchange that a material plan display error influenced the consumer's decision to purchase a qualified health plan through the Exchange (the federal justification for this revision being that plan display errors are often identified by other parties, not the consumer). Cost-sharing information was also added to the list of material errors that could trigger an SEP. The related provision in this bill is a technical revision to Maryland law in order to fully implement the updated federal regulations, and likewise MHBE supports conforming Maryland law to this federal update.

For further discussions or questions on SB 217, please contact Johanna Fabian-Marks, Director of Policy and Plan Management at johanna.fabian-marks@maryland.gov.

Sincerely,



Michele Eberle
Executive Director

MPA_Comm_SB217_LetterofSupport_20240123.pdf

Uploaded by: stephanie wolf

Position: FAV



PO Box 368 Laurel, MD 20725

410-992-4258

www.marylandpsychology.org

OFFICERS OF THE BOARD

President

Brian Corrado, Psy.D.

President-elect

David Goode-Cross, Ph.D.

Past President

Rebecca Resnik, Psy.D.

Secretary

Meghan Mattos, Psy.D.

Treasurer

Melinda Capaldi, Psy.D.

Representatives-at-large

Andrea Chisolm, Ph.D.

Rachel Singer, Ph.D.

Representative to APA Council

Peter Smith, Psy.D.

COMMITTEE CHAIRS

Communications

Robyn Waxman, Ph.D.

Diversity

Mindy Milstein, Ph.D.

Early Career Psychologist

Alayna Berkowitz, Ph.D.

Educational Affairs

Laurie Friedman Donze, Ph.D.

Ethics

LaShawn Williams, Ph.D.

Legislative

Stephanie Wolf, JD, Ph.D.

Membership

Linda Herbert, Ph.D.

Professional Practice

Karin Cleary, Ph.D.

PROFESSIONAL AFFAIRS

OFFICER

Paul C. Berman, Ph.D.

EXECUTIVE DIRECTOR

Veronica Rand

Senator Pamela Beidle, Chair
Senator Katherine Klausmeier, Vice Chair
Finance Committee
Miller Senate Office Building, 3 East
Annapolis, MD 21401

January 23, 2024

Dear Chair Beidle, Vice Chair Klausmeier, and Members of the Committee:

RE: SB 217 – Health Insurance – Conformity with Federal Law
Position: SUPPORT

Dear Chair, Vice-Chair and Members of the Committee:

The Maryland Psychological Association, (MPA), which represents over 1,000 doctoral level psychologists throughout the state, asks the Senate Finance Committee to **FAVORABLY report on SB 217.**

The MPA recognizes the Committee's leadership with regard to clarifying the definition of Emergency Medical Condition to ensure that mental health and substance use disorders are included in the definition and benefit from consistency between federal and Maryland state insurance law. The MPA further appreciates the Committee's leadership in ensuring that Emergency Medical Conditions are not excluded from coverage because of bias and arbitrary and unfair requirements that do not apply to medical conditions.

Thank you for considering our comments on SB 217. If we can be of any further assistance as the Senate Finance Committee considers this bill, please do not hesitate to contact MPA's Legislative Chair, Dr. Stephanie Wolf, JD, Ph.D. at mpalegislativcommittee@gmail.com.

Respectfully submitted,

Brian Corrado, Psy.D. .

Brian Corrado, Psy.D.
President

Stephanie Wolf, JD, Ph.D.

Stephanie Wolf, JD, Ph.D.
Chair, MPA Legislative Committee

cc: Richard Bloch, Esq., Counsel for Maryland Psychological Association
Barbara Brocato & Dan Shattuck, MPA Government Affairs

SB 217 - Support - MPS WPS.pdf

Uploaded by: Thomas Tompsett

Position: FAV



January 23, 2024

The Honorable Pamela Biedle
Finance Committee
Miller Senate Office Building – 3 East
Annapolis, MD 21401

RE: Support – Senate Bill 217: Health Insurance – Conformity with Federal Law

Dear Chairman Pena-Melnyk and Honorable Members of the Committee:

The Maryland Psychiatric Society (MPS) and the Washington Psychiatric Society (WPS) are state medical organizations whose physician members specialize in diagnosing, treating, and preventing mental illnesses, including substance use disorders. Formed more than sixty-five years ago to support the needs of psychiatrists and their patients, both organizations work to ensure available, accessible, and comprehensive quality mental health resources for all Maryland citizens; and strive through public education to dispel the stigma and discrimination of those suffering from a mental illness. As the district branches of the American Psychiatric Association covering the state of Maryland, MPS and WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS/WPS strongly support Senate Bill 217: Health Insurance – Conformity with Federal Law (SB 217). The inclusion of emergency mental health or substance use disorder services under the No Surprises Act aligns with the broader goals of the legislation to protect consumers from surprise bills, promote fair billing practices, and ensure access to essential healthcare services during emergencies. Mental health or substance use emergencies can be unpredictable, and individuals may not have the ability to choose in-network providers during such crises. SB 217 would, therefore, ensure that individuals are protected from unexpected and potentially high out-of-network bills during urgent mental health situations.

Furthermore, the inclusion of emergency mental or substance use health services encourages healthcare providers and insurers to maintain sufficient networks of mental health professionals and substance use disorder treatment providers who can respond to emergencies. This helps ensure that individuals in crisis have access to timely and appropriate mental health and substance use disorder care without the fear of unexpected financial burdens.

Finally, including emergency mental or substance use health services from the No Surprises Act could avoid financial barriers that discourage individuals from seeking immediate help during mental health emergencies. Including these services promotes a culture of accessibility and reduces the stigma associated with mental health care.



Therefore, for all the reasons above, MPS and WPS ask the committee for a favorable report on SB 217. If you have any questions with regard to this testimony, please feel free to contact Thomas Tompsett Jr. at tommy.tompsett@mdlobbyist.com.

Respectfully submitted,
The Maryland Psychiatric Society and the Washington Psychiatric Society
Legislative Action Committee

Final SB 217 - MIA - FWA.pdf

Uploaded by: David Cooney

Position: FWA

WES MOORE
Governor

ARUNA MILLER
Lt. Governor



KATHLEEN A. BIRrane
Commissioner

TAMMY R. J. LONGAN
Acting Deputy Commissioner

200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202
Direct Dial: 410-468-2471 Fax: 410-468-2020
1-800-492-6116 TTY: 1-800-735-2258
www.insurance.maryland.gov

Date: January 24, 2024

Bill # / Title: Senate Bill 217 - Health Insurance - Conformity With Federal Law

Committee: Senate Finance Committee

Position: Support with Amendments

The Maryland Insurance Administration (MIA) appreciates the opportunity to share its support, with technical amendment, for Senate Bill 217, which is a Departmental bill.

Senate Bill 217 conforms sections to Maryland's Insurance and Health-General Articles to align Maryland law with existing federal requirements relating to health insurance found in the *Patient Protection and Affordable Care Act* (PPACA) and the *No Surprises Act* (NSA).

Since the passage of the PPACA and the NSA, Maryland has adopted many federal provisions into state law, and the MIA is already enforcing these provisions under the authority to do so granted in the Insurance Article. However, there is currently a lack of alignment between federal requirements and Maryland State law in some provisions, definitions, and effective dates within the Insurance Article. If passed, Senate Bill 217 will address that misalignment and provide the MIA with clear statutory authority to enforce the certain provisions of the NSA and PPACA.

Of note, Senate Bill 217 clarifies the definitions of "Emergency Services" and "Emergency Medical Conditions" in §19-701(e) of the Health-General Article to mirror that of the NSA. This revision eliminates inconsistencies and ambiguity in several other laws and regulations caused by having different definitions of the same term.

Additionally, revisions within Insurance Article (IN) §§15-1A-03, 15-1A-04, 15-1A-14, and 15-1A-16 will:

- Apply updated provisions related to choice of provider and coverage of emergency services to grandfathered plans,
- Update the definition of "emergency medical conditions" to include a mental health condition or substance use disorder,
- Clarify additional items and services that are not considered "emergency services," and
- Update specified effective dates for new or revised federal regulations related to grandfathered plans, criteria for essential health benefits and discriminatory plan designs, and medical loss ratios.

The bill also revises triggering events for a special enrollment period on the State Marketplace and gives the Health Benefit Exchange the option to adopt expanded open enrollment periods, respectively.

It should be noted that the MIA is working with the Sponsor and Committee staff to draft an amendment to revise a date in §15-1A-01(E)(1) related to the definition of “grandfathered plan” to reflect the updated date for corresponding federal provisions with which Maryland law should align.

The passage of SB 217, and its technical amendment, is essential for the Maryland Insurance Administration to have clear statutory authority to enforce the newly adopted federal provisions of the *No Surprises Act* and the *Patient Protection and Affordable Care Act* that the insurance industry is currently in conformity with.

For these reasons, the MIA urges a favorable committee report on Senate Bill 217. Thank you for your time and consideration.

2024 SB217 Opposition Written Testimony.pdf

Uploaded by: Deborah Brocato

Position: FWA



Opposition Statement SB217
Health Insurance – Conformity with Federal Law
Deborah Brocato, Legislative Consultant
Maryland Right to Life

We Oppose SB217

On behalf of our 200,000 followers across the state, we respectfully object to SB217. This bill will use taxpayer funds to further subsidize the abortion industry unless an amendment is added that explicitly excludes abortion facilities from the application of this bill. While this bill is meant to conform with the federal No Surprises Act, “freestanding medical facility” is an addition to the federal act which applies to hospitals with emergency departments. Abortion facilities are a type of “freestanding medical facility” but are not emergency facilities. In addition, the bill expands the classification of an emergency medical condition outside of diagnosis codes (page 7, lines 19-20). Pregnancy is not ordinarily an emergency. When pregnancy is an emergency, as in the case of ectopic pregnancies, miscarriages or a type of high risk pregnancy, the mother is treated at a hospital not an abortion facility. We oppose funds for this program being used for abortion purposes.

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, through pass-through funding in various state programs and private health insurance providers. Taxpayers should not be forced to fund additional costs for the elective procedure of abortion.

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.



Opposition Statement SB217, page 2 of 2
Health Insurance – Conformity with Federal Law
Deborah Brocato, Legislative Consultant
Maryland Right to Life

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 Right to Life urges the addition of an amendment to exclude any funding for this bill to be used for abortion purposes. Without an amendment, we ask that you oppose **SB217**.