



**FAVORABLE HB 65**  
**Public Schools – Medical and Psychological Treatment in**  
**School-Based Health Centers and Public Schools – Parental Notice**

Laura Bogley, JD  
Executive Director, Maryland Right to Life

**We Strongly Support HB 65**

On behalf of the Board of Directors of Maryland Right to Life and supporters across the state, we strongly support HB65 and respectfully request your favorable report. This bill would improve health outcomes for students receiving school-based treatment by preserving the right of parental notice and involvement.

**Parental Notice Provides Better Outcomes for Youth**

Maryland Right to Life trusts parents to make the best decisions about their children's health. State law must recognize the natural and legal right of parents to provide consent for their children's medical care.

The State of Maryland, through the Department of Education has been entrusted by parents with the academic instruction of Maryland children. The state has far exceeded its limited authority to act in place of the parents during the school day, particularly in the matter of student health.

A few years ago, a schoolgirl in Baltimore City public schools became gravely ill and required emergency medical intervention as a result of personnel in a School-Based Health Center implanting a long-acting contraceptive device into her arm without parental consent. Her mother did not learn of the procedure until it became necessary to take her daughter to the hospital to save her life. In this situation, parental notice could have made the difference between life and death for this schoolgirl. The mother said she would not have objected to the procedure but with notice from the school, she could have recognized the signs of infection in her daughter earlier and sought medical attention before the infection advanced to the point of requiring hospital care. (Read the article: [Teen given birth control implant at school \(wmar2news.com\)](http://wmar2news.com) )

The state must restore the trust of parents to improve health outcomes for students and to stop the mass exodus of schoolchildren from Maryland public schools.

**Planned Parenthood Taking Over School Health Centers**

The Maryland Department of Education and the Department of Health have become state sponsors of the abortion industry, using taxpayer funds to contract out educational curriculum development, programs, training and school health services to questionable third-party organizations that are financially interested in unplanned pregnancies and increasing abortion sales, including Planned Parenthood and Advocates for Youth. Together they have established the **Maryland Standards for School-Based Health Centers**.

Recently, the Maryland General Assembly removed oversight of School Based Health Centers from the Department of Education and gave the Department of Health unilateral bureaucratic control over health education. The Assembly broadly expanded what type of providers may manage and operate School Based

Health Centers. We are opposed to any policy that allows Planned Parenthood to manage clinics on school grounds as they currently do in Los Angeles, California.

In Maryland School-Based Health Centers, a minor girl may undergo a medical procedure to implant birth control, get free transportation to an abortion facility, or possibly receive chemical abortion pills, all with an excused absence and without parental notice or consent (see SBHC attachment). Legislation was introduced this year (2024) to mandate that all schools accommodate telehealth appointments for schoolchildren, which will necessarily include abortion appointments and the remote prescription of dangerous chemical abortion pills without a doctor's examination.

The lack of parental notification under existing standards, puts students at greater risk of abortion coercion, undiagnosed abortion complications including death, and enables pedophiles and sexual abusers to continue abusing child victims.

### **Maryland is Failing to Protect Children**

The Assembly recently removed protections under the law for children by reducing the age of medical consent for behavioral health services to 12 years of age. Mental health, including anxiety or depression has long been used to justify taxpayer funded abortion including on minor girls. Some providers have expressed their intention to use school psychologists and counselors as a feeder system to access school children and circumvent parents.

While Maryland law already permits girls 16 and over to undergo abortion procedures without parental notice or consent, we do not know how many abortions are committed on children under the age of 16. The state shields abortionists by allowing them to commit abortions unfettered and without reporting requirements to the state or the Centers for Disease Control. Maryland is one of only three states that do not require abortion reporting. While abortion providers are supposed to be subject to the law as mandatory reporters of suspected child abuse, we are aware of no such report. Inspections of abortion clinics and practices are complaint-driven only. But even after two women suffered near fatal injuries from botched abortions in Bethesda, the Maryland Department of Health refused to inspect the facility until after legal action was taken by the victims.

### **School teleabortion is not safe**

54% of abortions are now "Do-It-Yourself" abortions where women and girls are remotely prescribed dangerous abortion drugs without a physician's examination and are left to hemorrhage alone until their bodies forcefully expel their babies' bodies. The Supreme Court is currently reviewing a case to restore FDA safeguards for the remote sale and distribution of chemical abortion drugs.

**Once again, we urge you to put parents and children before politics and profit, by issuing a favorable report on HB65.**

Sincerely,

**Laura Bogley, J.D.**  
**Executive Director**  
**Maryland Right to Life**

Developmentally appropriate reproductive care must be provided according to community acceptance, documented need and community norms. Reproductive health services are not in lieu of reproductive health services provided by community base health providers, SBHC are encouraged to partner with other community-based providers.

<b>Reproductive Health Services</b>	<b>Level I Core</b>	<b>Level II Expanded</b>	<b>Level III Comprehensive</b>
<b>d. General Reproductive Health Services</b>			
Reproductive health exam (inclusive of pap, pelvic, testicular exam)	Recommended	Recommended	Recommended
Abstinence education	Onsite	Onsite	Onsite
Referral for community based reproductive healthcare services	Onsite	Onsite	Onsite
Case management	Onsite	Onsite	Onsite
Pregnancy testing	Onsite	Onsite	Onsite
Reproductive Health Education	Onsite	Onsite	Onsite
<b>e. Family Planning Services</b>			
Family Planning Services	Recommended	Recommended	Recommended
Prescriptions for contraceptives	Recommended	Recommended	Recommended
Comprehensive pregnancy options/ pregnancy counseling	Recommended	Recommended	Recommended
Case management	Onsite	Onsite	Onsite
Referral for community based reproductive healthcare services	Onsite	Onsite	Onsite
Condom availability	Recommended	Recommended	Recommended
Prenatal care	Referral	Referral	Referral
Informing and referring for birth control	Onsite	Onsite	Onsite
Dispensing contraceptives	Onsite or Referral	Onsite or Referral	Onsite or Referral
<b>f. STD/STI Services</b>			
Case management	Onsite	Onsite	Onsite
STD/STI treatment and testing	Onsite	Onsite	Onsite
Condom availability	Recommended	Recommended	Recommended
HIV pre- and post-test counseling/HIV testing	Recommended	Recommended	Recommended
HIV/AIDS treatment	Referral	Referral	Referral

**Mental Health Services** must be provided in collaboration with a licensed provider for those students requiring psychotropic drugs as part of their treatment.

<b>g. Mental Health Services</b>	<b>Level I Core</b>	<b>Level II Expanded</b>	<b>Level III Comprehensive</b>
Individual mental health assessment	Referral	Onsite	Onsite
Mental health treatment	Referral	Onsite	Onsite
Mental health crisis intervention	Referral	Onsite	Onsite
Group therapy	Referral	Onsite	Onsite
Family therapy	Referral	Onsite	Onsite
Consultation with school administrators, parent/guardian, teachers and students	Onsite	Onsite	Onsite
Psychiatric evaluation	Onsite or Referral	Onsite or Referral	Onsite or Referral
Psychiatric medication management	Onsite or Referral	Onsite or Referral	Onsite or Referral

## Planned Parenthood plans to infiltrate high schools

by [Kate Hardiman, Contributor](#) | December 16, 2019 02:07 PM

Planned Parenthood [announced](#) it will be opening 50 clinics in Los Angeles high schools last week. This is just the organization's latest attempt to infuse its values into the public school system.

Though the new "Wellbeing Centers" stop short of offering surgical abortions, they will provide emergency contraception, STI testing and treatment, and a wide range of birth control options. Funded by a \$10 million grant from Los Angeles County and \$6 million from Planned Parenthood, 50 clinics will open over the next three years, available to more than 75,000 students.

Students can walk into the clinics anytime — including during class. Per California law, minors can receive emergency contraception and other forms of birth control, and healthcare providers are not allowed to inform their parents without the minor's permission.

The clinics will also train hundreds of teens to be "peer advocates" about "safe sex and relationships" and will provide "pregnancy counseling." Pro-life advocates believe these are thinly-veiled efforts to drive more business to Planned Parenthood's abortion-providing clinics.

"If LAUSD truly cares about the health of our daughters (and sons) it would not give unfettered access to our kids to an organization that directly benefits from unplanned pregnancies," 28-year California public school teacher and founder of the nonprofit organization For Kids and Country Rebecca Friedrichs said in a statement.

"District officials are quick to point out these clinics won't technically offer abortions on-premises, but no one is fooled that abortion won't be heavily pushed on our daughters and sons by an organization that has made billions off the macabre practice," she concluded.

This move builds upon [the controversial sex education framework](#) California forced into its public schools in April. Planned Parenthood helped draft and lobby for this effort — which pushes schools to teach young children about gender identity and how to perform certain types of sexual acts.

Roughly 200 parents marched on Sacramento against the curriculum before it was enacted, and a petition in Fremont, California, garnered more than 8,000 signatures. The outcry over Planned Parenthood's new in-school clinics could be even louder.

Parents should be alarmed by Planned Parenthood's latest effort to usurp their authority as the primary educators of their children, and the Los Angeles school system's acquiescence. As progressive groups continue to co-opt public schools, parents will increasingly face a decision about whether they must leave the system — or risk the state deciding it knows best for their children.

*Kate Hardiman is a contributor to the Washington Examiner's Beltway Confidential blog. She taught high school in Chicago for two years while earning her M.Ed. and is now a J.D. candidate at Georgetown University Law Center.*