

Opposition Statement HB184

Public Health – Health Maryland Program - Establishment Deborah Brocato, Legislative Consultant Maryland Right to Life

We oppose HB184.

On behalf of our 200,000 followers across the state, we respectfully object to HB184. Maryland Right to Life opposes abortion and any public funding of abortion; therefore, we object to the establishment of Universal Health Care in the state of Maryland. Abortion funding is already thrust upon Maryland taxpayers through Medicaid and private health insurance due to the Abortion Care Access Act of 2022. Universal health care or single-payer health insurance will further expand abortion funding, and thus the state of Maryland forces Maryland taxpayers to subsidize the abortion industry and the destruction of human life. This violates the citizens' Constitutional rights to life, liberty, freedom of speech and religion. This perpetual promotion and funding of abortion will only increase the number of deaths from abortion and the number of physical and psychological injuries from abortion including fertility complications. As public funding of abortion increases, the number of abortions increase. From Planned Paren thood's Annual Report, the number of abortions for FY2020-2021 was 354,871 and rose to 374,155 in FY2021-2022. That's over 1,000 babies killed every single day. The Annual Report showed over \$2.1 billion in net assets for FY2020-2021 and over \$2.3 billion for FY2021-2022. Planned Parenthood profits from making men and women the parents of dead babies.

Prior to the Abortion Care Access Act, Marylanders were forced to pay over \$6 million per year through Medicaid for elective abortion (*Analysis of the FY 2022 Maryland Executive Budget*, Maryland Department of Legislative Services). That same report showed that less than 10 of the almost 10,000 abortions were due to rape, incest, or to save the life of the mother. Now, Marylanders are also forced to pay for abortion through their private health insurance. Maryland must stop subsidizing corporate abortion. Maryland taxpayers do not want their state to be an abortion destination with abortion for all.

Pregnancy is not a disease. Abortion is not healthcare, and abortion is never medically necessary. A miscarriage is the ending of a pregnancy after the baby has died; an ectopic pregnancy is not a viable pregnancy and the baby cannot continue to develop. Abortion is the destruction of a developing human being and often causes physical and psychological injury to the mother. It is violence and brutality that systemically targets the poor and minority populations and ends the lives of unborn children through suction, dismemberment or chemical poisoning. The fact that 85% of OB-GYNs in a representative national survey do not commit abortions is glaring evidence that abortion is not an essential part of women's healthcare. 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. LIFE is our first Civil Right Abortion is the greatest civil rights abuse of our time and this bill forces the people to fund abortion to the detriment of Black lives. Legal abortion is having a genocidal effect specifically on Black Americans, who are disproportionately targeted by the abortion industry, with half of all pregnancies to Black women ending in abortion.

Planned Parenthood was founded by racist eugenicists who believed that forced sterilization and later abortion, were necessary tools to reduce the growth in "unfit" populations, particularly those persons of African descent. Even today more than 78% of abortion clinics are located in Communities of Color. The government interest in health care is highly questionable as the state invests more in the corner abortion clinic than the corner grocery store. While Black Americans make up less than 13% of the population, they account for nearly 30% of all abortions. As a result, abortion is the leading cause of death of Black Americans, more than gun violence and all other causes combined. Why else would the percentage of the United States black population remain consistently at about 13-15%? (For more information see http://www.BlackGenocide.org.)

Americans oppose taxpayer funding of abortion. Marist polls consistently show 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.

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."

For these reasons, we respectfully ask to oppose **HB184**.