



Favorable Statement HB276

Health-Abortion Data-Submission to the Centers for Disease Control and Prevention

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We Strongly Support HB276

On behalf of the Board of Directors of Maryland Right to Life, I strongly support this bill that would advance reproductive healthcare in Maryland by requiring data reporting to the Centers for Disease Control and Prevention (CDC). This bill empowers the State of Maryland to establish a system to measure the degree to which the state is effectively serving the needs of pregnant women and their families. It has no bearing on a woman's access to abortion.

According to the CDC, they conduct abortion surveillance to document the number and characteristics of women obtaining legal induced abortions and number of abortion-related deaths in the United States. However, they acknowledge that their reporting is limited, in part because Maryland and three other states refuse to provide abortion data.

CDC Encourages State Abortion Reporting

To encourage uniform collection of data, the National Association for Public Health Statistics and Information Systems (NAPHSIS) with technical assistance from CDC developed technical guidance for vital statistics personnel who collect and summarize abortion data within the United States. In most states and jurisdictions, the collection of abortion data is facilitated by a legal requirement for hospitals, facilities, or physicians to report abortions to a central health agency. The reporting of abortion data to CDC is voluntary and many reporting areas have developed their own data collection forms and might not collect or provide all the information requested by CDC. As a result, the level of detail reported by CDC might vary from year to year and by reporting area.

Why Abortion Data Reporting is Important for Women's Health

According to the CDC, ongoing surveillance of legal induced abortion is important for several reasons. (SOURCE: Kortzmit K, Nguyen AT, Mandel MG, et al. Abortion Surveillance — United States, 2021. MMWR Surveill Summ 2023;72(No. SS-9):1–29. DOI: <http://dx.doi.org/10.15585/mmwr.ss7209a1>)

First, abortion surveillance can be used to help evaluate programs aimed at promoting equitable access to patient-centered contraceptive care in the United States to reduce unintended pregnancies. Up to 42% of pregnancies in the United States are unintended, and use of effective contraception is a strategy to reduce unintended pregnancy. Efforts to improve contraceptive access have been associated with declines in the rate of abortion. Providing contraception at low or no cost can increase

contraceptive access and use. Improvements in provider reimbursement and training, patient-centered counseling, youth-friendly services, and client awareness of available contraceptive methods might also help to improve contraceptive access, ensure equitable access to patient-centered contraceptive care, and promote equitable reproductive health in the United States.

Secondly, routine abortion surveillance can be used to assess changes in clinical practice patterns over time. Information in this report on the number of abortions performed through different methods (e.g., medication or surgical) and at different gestational ages provides the denominator data that are necessary for analyses of the relative safety of abortion practices.

Finally, information on the number of pregnancies ending in abortion is used in conjunction with data on births and fetal losses to estimate the number of pregnancies in the United States and determine rates for various outcomes of public health importance.

Maryland does not collect or report abortion data

Until 2006, the Maryland Department of Health maintained a voluntary abortion reporting system. Maryland's reports cautioned that the "State of Maryland has a voluntary abortion reporting system, so the data contained in this report are incomplete. The number of facilities submitting data can change from year to year, making comparisons over time unreliable. The quality of the data is uncertain because no independent verification has been done."

After 2006, Maryland discontinued its abortion reporting system. In response to an inquiry from the Charlotte Lozier Institute in August 2018, the Maryland Department of Health informed CLI that "Maryland does not require reporting, or record information, on induced terminations. Therefore the Vital Statistics Administration does not produce reports on these events." The Centers for Disease Control's **2006 abortion surveillance report** was the last to include Maryland data.

Maryland should adopt the goal of collecting and publishing aggregate statistical data on abortion on a timely basis. This data will allow the state to determine whether or not, in fact, abortion is becoming significantly less frequent and to what degree, especially in year-over-year comparisons. This data also is relevant to any comprehensive studies by the Maryland Maternal Mortality Review Board. Without abortion data, any reporting by that body is incomplete and insufficient. More accurate data can facilitate information campaigns of all kinds that pursue the goal of reducing abortion and ultimately making it rare in Maryland, assisting policymakers in adopting the best approaches that protect both women and the children they carry.

Other Available Information

In 2022, Maryland state Medicaid spent \$7.6 million to pay for 11,567 abortions, with less than ten abortions for the reasons of rape, incest or to save the physical life of the mother. Language attached to the Medicaid budget since 1979 authorized the use of state funds only to pay for abortions when a physician certified that the abortion was medically necessary. In 2022 the state legislature repealed the physician requirement, but did not repeal the requirement that an abortion be medically necessary to qualify for Medicaid reimbursement. The Guttmacher Institute estimates that 30,750 abortions were performed in Maryland in 2020.

Improve the Quality of Reproductive Care for Women

The practice of abortion in America has become the “**red light district**” of medicine, populated by dangerous, substandard providers. With the proliferation of chemical abortion pills, the abortion industry itself has exposed women to “back alley” style abortions, where they bleed alone without medical supervision or assistance. The stated intent of the abortion industry is to increase abortion sales, particularly chemical abortion sales, by expanding the number of health care workers who may perform or provide abortions, by redefining their **scope of practice** and incentivizing them with financial inducements at taxpayer expense. Reducing the credentials of those who may perform or provide abortions will increase the number of preborn children being killed and will put more women at risk of substandard medical care, injury and death.

“D-I-Y Abortion” Drugs Put Women at Risk

Reckless public health policies that authorize the unregulated proliferation of chemical abortion pills are brazenly removing abortion further outside the spectrum of “health care” as most women are now prescribed these lethal pills **without the benefit of a physician’s examination**. Physicians now serve only a tangential role on paper, either as medical directors for clinics or as remote prescribers of abortion pills. These non-medical abortion providers will be eligible for Maryland Medicaid reimbursement as well as undisclosed gratuities from drug manufacturers.

The abortion industry itself has referred to the use of abortion pills as “*Do-It-Yourself*” abortions, claiming that the method is safe and easy. But chemical abortions are **4 (four) times more dangerous than surgical abortions**, presenting a high risk of hemorrhaging, infection, and even death. With the widespread distribution of chemical abortion pills, the demand on Emergency Room personnel to deal with abortion complications has increased 500%.

MDH Must Improve Oversight of Licensed/Certified Abortion Providers

The Maryland Department of Health has failed to ensure that existing abortion providers and facilities are complying with Maryland law. Women continue to be injured and killed in Maryland because of ineffective enforcement of existing abortion regulations. Abortion providers are failing to report suspected cases of sexual abuse and trafficking. Interstate abortion trafficking and the broad expansion of lower-skilled abortion providers, has created an enforcement nightmare for the Maryland Department of Health.

This Assembly must protect pregnant women in Maryland and other states by restoring the physician only requirement for all abortions (both surgical and chemical) and by making it clear that it is not within the scope or independence of practice of lower health care workers to provide or perform abortion. The state also must adopt a protocol for abortion drugs and teleabortion to reduce risks.

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 health and safety regulations of abortion clinics, even after two women were near fatally injured in botched abortions in 2020.
- 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 or engage in abortion coercion.
- 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 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 the rights of women to give Informed Consent before abortion procedures, after the Assembly repealed the Informed Consent requirement in statute in 1991.
- 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.

The vast majority of states acknowledge the utility of reporting abortion data for the purpose of improving public health. If this Assembly believes that abortion is healthcare and a public good, you should have no reason to not treat abortion as any other medical procedure, be fully transparent and reveal to the public, the true impact of abortion on Maryland women. We urge you to put patients before politics and to issue a favorable report on HB276.