



INFORMATIONAL STATEMENT SB732
Department of Juvenile Services Inpatient Program for Children
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We Oppose this bill as written and request amendment

Maryland Right to Life (MDRTL) supports any public policy that enables and empowers young women who are incarcerated or detained or enrolled in the juvenile justice system, who are pregnant to receive quality prenatal care to ensure the healthy birth and delivery of their children. This population is particularly vulnerable to abortion coercion and disparate access to healthcare services. This bill, as written would allow the abortion industry to prey upon this vulnerable population, through the state-sponsored coordination and funding of abortion violence. Instead, we respectfully urge the bill sponsor to require access to prenatal care and other lifesaving alternatives to abortion.

The state has no legal obligation to provide access, coordination or funding for abortion including in the juvenile justice or prison systems. Unfortunately, that abortion coordination and funding has been effected by state statutes.

Referrals to Abortion Providers – The state routinely refers pregnant women and girls to programs that fund abortions including the **Maryland Medical Assistance Program** and the **Maryland Children's Health Program (MCHP)**. These programs require providers to provide either abortion services or referrals in order to participate and do not include or provide funding for pro-life pregnancy resource centers. In 2022, the state reports that 11,567 abortions were committed and abortionists were reimbursed \$7.6 million in taxpayer funds under the Medical Assistance Program. Less than 10 of those taxpayer-funded abortions were for reasons of rape, incest or to save the physical life of the mother. Abortion funding also is authorized under MCHP.

State referral practices are extremely problematic, as the Maryland Department of Health and the Maryland Department of Education routinely coordinate with and refer pregnant women to Planned Parenthood despite the fact that only 14% of their facilities provide even minimal prenatal care, and their advertised adoption counseling services have been proven to be negligible but intended instead to serve as a feeder system for abortion sales. This bill does not disqualify Planned Parenthood as a legitimate provider for prenatal care or family planning services within the juvenile justice population.

Coordination of Abortion Services - This bill authorizes the state to coordinate services through an undefined "referral network of health care providers". But the state requires that any program provider

either provide or refer pregnant women and girls to a “comprehensive” range of reproductive health services, expressly including abortion. The bill does not identify any pro-life providers nor provide any assurances that the state would allow pro-life representation in the juvenile justice system.

Because of the state of Maryland's abortion bias, the state systemically discriminates against pro-life organizations and providers and excludes them from participation in any state programs claiming they do not provide “comprehensive” care because they will not commit or refer for abortions. Conversely the state routinely entrusts the profit-minded abortion industry and their network to define and implement state programs to target pregnant women and girls, despite the fact that after 45 years of taxpayer subsidization, they have failed to eliminate unplanned pregnancies.

State is Engaging in Abortion Coercion

As a result of the state’s blatant abortion bias and systemic discrimination against pro-life speech and providers, the state is depriving women and girls real choice and engaging in constructive abortion coercion. Coercion encompasses any situation in which a pregnant mother is made to feel - by any means - that she has *no choice* but an abortion. Coercion sends a mother into the belief that *either the baby dies or I will die or suffer great harm*. Under current Maryland law, there is no explicit measure prohibiting any individual from coercing a woman into abortion.

The *majority* of women who have had abortions (64%) report afterward that they were pressured into the decision. With the documented severity of physical and psychological repercussions of abortion, protection from abortion coercion becomes even more essential in ensuring that the best interests of students are protected. But this bill will authorize the coordination or referral of pregnant s to providers who may coerce them into using abortion drugs or procedures for their own financial gain.

The abortion industry self-identifies as *pro-choice*, but in reality, choice has little to do with the abortion transaction. Far from enshrining protections from coercion, the abortion industry operates on omission: they omit important questions about coercion during pre-abortion "counseling" and fail to provide information about the effects of a coerced abortion.

Abortion providers also have demonstrated an unwillingness to protect women and girls against sexual abuse and trafficking by refusing to report suspected abuse to law enforcement or other public authorities while agreeing to commit abortions on suspected victims.

State Government Obligation to Parents and Students

The State of Maryland has an obligation to provide a safe and healthy environment for all children enrolled in the juvenile justice system. The state cannot reasonably entrust abortion providers and others who stand to gain financially from the sale of abortions, with the care of pregnant juveniles.

The bill undermines parental rights to make medical decisions for their children as many young adults remain on their parents’ insurance policies until the age of twenty-six. However, parents who do not have

the right to consent to abortion procedures for their children, will be financially responsible for any medical or psychological health interventions necessary as a result of abortion injuries or death. By enacting this bill the state will violate the trust of parents and far exceed its limited authority to act in place of the parents, particularly in the matter of student health.

MDRTL Opposes Public Funding for Abortion

It is MDRTL's position that the state of Maryland is failing in its fiduciary responsibility to state taxpayers and failing to provide for the legitimate healthcare needs of pregnant women and girls in Maryland. By using state resources, existing or otherwise to coordinate reproductive health services, the bill would indirectly enrich the abortion industry that in an entrenched participate in the state network.

Maryland taxpayers should not be forced to subsidize abortion indoctrination, promotion and abortion violence. A 2023 Marist poll showed that 60% of people polled oppose the use of tax dollars to pay for abortion and 81% favor laws that protect both the lives of women and unborn children. Public funds instead should be prioritized to fund legitimate health and family planning services which have the objective of saving the lives of both mother 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.

Pregnant women and girls have better alternatives for maternal health. There are 14 federally qualifying health centers and 4 pregnancy centers for each Planned Parenthood in Maryland. Planned Parenthood profits from abortion sales and is not a significant provider of prenatal care or adoption referrals.

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.*"

Abortion is not healthcare

Abortion is not healthcare. It is violence and brutality that 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 perform abortions on their patients is glaring evidence that abortion is not an essential part of women's healthcare.

Recent acts of abortion activists occupying the Maryland General Assembly have completely removed abortion from the spectrum of healthcare. As a result of the *Abortion Care Access Act* of 2022, sponsored by Delegate Ariana Kelly (D-Montgomery), a former NARAL employee, poor women will be deprived access to

care through a licensed physician. To the detriment of women's reproductive health, the state is now allowing any "certified provider of abortion care" to perform or provide both surgical and chemical abortion through birth.

Combine this with the fact that 54% of abortions are now "Do-It-Yourself" abortions where women are remotely prescribed dangerous abortion pills without a physician's examination and are left to hemorrhage alone until their bodies forcefully expel their babies' bodies, and the argument that abortion is healthcare is completed discredited.

Abortion is a Failed Policy

Nearly fifty years of federal abortion mandates on the state have failed to cure the underlying socio-economic challenges women face in raising their families. The abortion industry has failed to reduce pregnancies, but only reduced the number of *live births*. In fact, the number of abortions has increased proportionately with the increase in public funding for abortion businesses.

Planned Parenthood and their network of organizations are financially invested in unplanned pregnancies that increase abortion profits. They cannot be trusted to instruct children and young adults in human reproduction and sexuality or to promote their abortion business under the guise of student "health".

Disparate Impact Statement: Abortion is having a genocidal impact on Black Marylanders

Abortion has a disproportionate impact on Black Americans who have long been targeted by the abortion industry for eugenics purposes. Even today 78% of abortion clinics are located in minority communities. As a result abortion violence has become the leading killer of Black lives, more than gun violence and all other causes combined. More than half of all pregnancies to Black women in Baltimore City end through abortion violence.

The state fails to measure or report the correlation between the increased use of abortion with increased risk to maternal mortality, infertility, miscarriage, pre-term births for Black mothers. This makes any argument that abortion is healthcare a morally repugnant call for state-sponsored genocide of Black children in Maryland.

For these reasons we respectfully urge you to amend this bill to preserve its otherwise good intentions by excluding abortion coordination within the juvenile justice system. We encourage the Assembly to introduce a bill that is narrowly tailored to ensure that pregnant girls within the juvenile justice system are provided access to lifesaving alternatives to abortion without fear of abortion coercion.