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Position: FAV



THE SENATE OF MARYLAND
Annapolis, Maryland 21401

Testimony of Senator Jill P. Carter
In Favor of SB732 – Department of Juvenile Services and Maryland
Department of Health- Inpatient Program for Children
Before the Judicial Proceedings Committee
On February 28th 2024

Mr. Chairman, Vice Chair, and Members of the Committee:

Senate Bill 732, proposes the establishment of an inpatient program for children adjudicated delinquent. This initiative, will be led by the Department of Juvenile Services and the Maryland Department of Health, aims to provide essential rehabilitation, comprehensive care, and holistic therapies tailored to address the multifaceted needs of these vulnerable youths.

Senate Bill 732 recognizes the critical importance of early intervention and specialized care in redirecting the lives of children who have encountered the juvenile justice system. By creating an inpatient program specifically designed to address health, mental health, and substance abuse issues, we have the opportunity to break the cycle of delinquency and equip these young individuals with the tools they need to lead productive, fulfilling lives.

Furthermore, the holistic approach proposed by this legislation ensures that we not focus solely on punitive measures, but supports rehabilitation, acknowledging that many juvenile offenders have experienced trauma or face underlying challenges that must be addressed to facilitate genuine transformation. By integrating a range of therapeutic modalities and comprehensive services, including mental health counseling, substance abuse treatment, and educational

support, this initiative seeks to nurture the physical, emotional, and psychological well-being of each participant, laying a foundation for lasting positive change.

Senate Bill 732 reflects our collective commitment to equity and justice within the juvenile justice system. By ensuring that all children, regardless of their background or circumstances, have access to high-quality care and support, we uphold the principles of fairness and compassion that are central to our values as a state.

In conclusion, I urge you to give Senate Bill 732 your full support and favorable consideration. By investing in the rehabilitation and holistic development of our youth, we not only promote public safety and reduce recidivism but also uphold the inherent dignity and potential of every young person in our state.

Respectfully,

Jill P. Carter

SB 732 - Support - MPS WPS.pdf

Uploaded by: Thomas Tompsett

Position: FAV



February 27, 2024

The Honorable William C. Smith Jr.
Senate Judicial Proceedings Committee
2 East Miller Senate Office Building
Annapolis, MD 21401

RE: Support – Senate Bill 732: Department of Juvenile Services and Maryland Department of Health – Inpatient Program for Children

Dear Chairman Smith 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/WPS represent over 1000 psychiatrists and physicians currently in psychiatric training.

MPS/WPS support Senate Bill 732: Department of Juvenile Services and Maryland Department of Health – Inpatient Program for Children (SB 732). SB 732 will serve as a much-needed avenue to do intensive evaluation and treatment planning for kids who might otherwise be consigned to the treatment void of detention centers. Currently, youth entangled in the juvenile justice system are not getting the necessary services. Instead, many come to the emergency department only to be summarily discharged, with their next stop usually being the detention center where no rehabilitation or skills-building techniques exist. SB 732 seeks to break that cycle

Therefore, MPS/WPS ask this honorable committee for a favorable report on SB 732. If you have any questions regarding 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

SB 732 Testimony.pdf

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Position: FWA

TESTIMONY IN SUPPORT WITH AMENDMENTS OF SENATE BILL 732

Department of Juvenile Services and Maryland Department of Health – Inpatient
Program for Children

Judicial Proceedings Committee
February 28, 2024

Social Work Advocates for Social Change urges a favorable report, with amendments, for SB 732. This emergency bill will establish an inpatient treatment alternative to youth incarceration by December 1, 2024. This inpatient facility will use multidisciplinary approaches to address youth’s physical health, mental health, and substance use. As the bill is written, any youth who has been adjudicated delinquent can be treated in the inpatient facility. We recommend adding a community-based treatment program for youth who do not require the crisis stabilization that inpatient treatment can provide.

Experts agree that incarceration is, at best, ineffective and, at worst, detrimental to youth who are considered “delinquent”. Incarceration does not prevent further criminal offenses, damages youth’s mental and physical health, and prevents them from accessing education and employment post-incarceration¹. Negative impacts of incarceration on youth mental health are especially concerning because a “delinquent” status can be attached to youth for an offense as minor as disturbing the peace or trespassing. Residential mental health and substance use treatment has been shown to reduce mental health symptoms, reduce substance use, and increase social functioning².

SB 732 recognizes the benefit of multidisciplinary support for struggling youth, but while multidisciplinary treatment services are beneficial, inpatient treatment is not the best solution for youth. Inpatient treatment should be reserved for individuals who require stabilizing care for serious mental health concerns or suicidality. While some youth who are adjudicated juvenile are likely to need this level of care, it will certainly not be required for every child. Additionally, not all youth who are adjudicated delinquent are incarcerated; they can also be sent to group homes or treatment foster

¹ Mendel, R. (2023). *Why You Incarceration Fails: An Updated Review of the Evidence*. The Sentencing Project. <https://www.sentencingproject.org/reports/why-youth-incarceration-fails-an-updated-review-of-the-evidence/>

² Mallett, C. and Boitel, C. (2016). *From Juvenile Offender Institutions to Residential Treatment Centers: Evidence of the Shifting Paradigm to Improved Youth and Community Outcomes*. *Journal of Evidence-Informed Social Work*, 13:155-164.



For more information, please contact
August Cason or Gabi Santana-Ufret
umswasc@gmail.com

homes. An inpatient treatment option would further remove these youth from their communities unnecessarily.

We suggest adding a provision for community-based wraparound services into SB 732 to increase positive outcomes for youth adjudicated delinquent. Wraparound services are a multidisciplinary model where youth are professionally supported in their homes, families, and communities. There is promising evidence that wraparound services are more beneficial than incarceration or “treatment as usual”³. A wraparound program in Pennsylvania, Youth Advocate Programs, Inc., found that 87% of their participants were living safely in the community at discharge and 88% were involved in school or GED preparation⁴. Wraparound services could be used in lieu of or in addition to inpatient treatment. For youth with less acute mental health and substance use concerns, a wraparound program would give access to needed treatment while the youth is integrated into their community. This model can help heal family and community relationships that cannot be addressed in the isolation of inpatient treatment⁴. These services could aid youth with more acute concerns in transitioning from confinement to their communities while preserving the progress they made while inpatient.

SB 732 will benefit youth adjudicated delinquent, especially with the recommended amendments. As social workers and citizens of Maryland, we are invested in supporting and caring for our youth and this bill is an important step in that direction.

We urge you to issue a favorable report, with proposed amendments, for SB 732.

Social Work Advocates for Social Change is a coalition of MSW students at the University of Maryland School of Social Work that seeks to promote equity and justice through public policy, and to engage the communities impacted by public policy in the policymaking process.

³ Development Services Group, Inc. (2014). *Wraparound Process*. Office of Juvenile Justice and Delinquency Prevention. https://ojjdp.ojp.gov/model-programs-guide/literature-reviews/wraparound_process.pdf

⁴ Youth Advocate Programs, Inc. (2024). *Our Impact: Changing Systems and Biographies*. <https://www.yapinc.org/Our-Impact>

SB0732 LOO.docx.pdf

Uploaded by: Jason Caplan

Position: UNF



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 28, 2024

The Honorable William C. Smith, Jr.
Chair, Judicial Proceedings Committee
2 East, Miller Senate Office Building
Annapolis, MD 21401-1991

RE: Senate Bill 732 – Department of Juvenile Services and Maryland Department of Health – Inpatient Program for Children – Letter of Opposition

Dear Chair Smith and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of opposition for Senate Bill (SB) 732 – Department of Juvenile Services and Maryland Department of Health – Inpatient Program for Children, which proposes creating an inpatient program for children adjudicated delinquent in Maryland. The bill mandates that the Department of Juvenile Services (DJS) work together with the Department to establish and manage the program, which will offer comprehensive care, rehabilitation, and holistic therapies to address health, mental health, and substance abuse issues.

Many juveniles in the justice system suffer from mental health and substance use disorders, and it is crucial to address these issues.¹ DJS provides residential and community-based services to youth adjudicated as delinquent, contracting with in-state and out-of-state residential programs that provide comprehensive treatment services. If the Judiciary orders behavioral health services for delinquent children, it may refer these children to the Department for treatment. The Judiciary also may specify the type of treatment program required by the youth, such as a Substance Use Disorder Residential Treatment Center program. While DJS contracts with in-state and out-of-state providers, there are not enough beds at these providers to fulfill the direction of the bill to provide inpatient services for children adjudicated delinquent, nor may inpatient services be clinically appropriate for these children.

Complying with the legislation requirements would require the construction of new buildings or renovating existing structures to meet specific needs for facilities such as ligature-free fixtures, hardening of walls and doors, and obtaining a license necessary to provide the required level of treatment. Based on the 2023 Maryland Department of General Services, Facility for Children

¹https://ojjdp.ojp.gov/model-programs-guide/literature-reviews/intsection_between_mental_health_and_the_juvenile_justice_system.pdf

and High-Intensity Residential Treatment Center at Regional Institution for Children and Adolescents conceptual budget scope, a newly constructed facility is estimated to cost \$38,986,846 for forty-eight (48) beds. In addition, the Department has estimated that it would need to hire a significant number of employees to provide for medical, operational, educational, environmental, food service, security, and managerial staffing requirements, as well as 3.5 BHA program staff to oversee the new program.

Completing the construction by the proposed enactment date of December 1, 2024 is not feasible, even with an emergency designation. The state procurement process averages six to nine months. The earliest date that a contract can be approved is October 2024, which would not allow completion of the project by the December 1, 2024 enactment date. The Department has anticipated a construction time table, under normal conditions, of approximately three years with the design period beginning in August of 2025 and the construction being completed in October 2028.²

Given the expense, the infeasibility of the timeline to create these inpatient beds, and the further discussion needed regarding clinical appropriateness of this service line for all children adjudicated as delinquent, the Department respectfully requests an unfavorable report on this bill. Instead, the Department would like the opportunity to engage with the sponsor and child serving agencies on short, intermediate, and longer-term solutions to provide the right setting of care at the right time for these children, including community-based supports and interventions as appropriate.

If you have any further questions, please contact Sarah Case-Herron, Director, Office of Governmental Affairs, at sarah.case-herron@maryland.gov.

Sincerely,



Laura Herrera Scott, M.D., M.P.H.
Secretary

² The construction time table has anticipated FY26 funding to begin this project.

DJS Opposition

Uploaded by: Kara Aanenson

Position: UNF

Aruna Miller
Lt. Governor

Wes Moore
Governor

Vincent Schiraldi
Secretary

Date: February 28, 2024
Bill Number/Title: SB 732 - Department of Juvenile Services and Maryland Department of Health –
Inpatient Program for Children
Committee: Judicial Proceedings
DJS Position: Oppose

SB 732 requires the Department of Juvenile Services (DJS) and the Maryland Department of Health (MDH) to establish a residential program for youth adjudicated delinquent to provide rehabilitation, comprehensive care, and holistic therapies that address health, mental health, and substance abuse issues.

This bill is unnecessary, as DJS provides residential and community-based services to youth adjudicated delinquent. DJS operates three treatment programs for adjudicated youth, all of which provide mental health services, substance use treatment, medical services, and prosocial activities. Moreover, DJS contracts with in-state and out-of-state residential programs that provide comprehensive treatment services. Finally, DJS operates a continuum of community-based services to include mental health, substance use, family counseling, and mentoring programs.

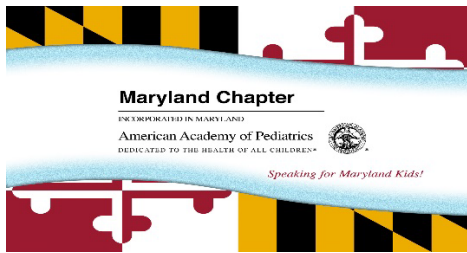
DJS supports the premise of SB 732. However, SB 732 is not the vehicle to expand treatment options. A collaborative approach, involving all child-serving agencies is necessary to ensure that all children, regardless of agency involvement, should have access to supportive and appropriate treatment options. DJS is committed to partnering with MDH to find new and creative strategies to ensure access to residential substance use treatment, mental health services, and holistic services.

For these reasons the department respectfully requests an unfavorable report.

SB0732_LOI_MDAAP_DJS & MDH - Inpatient Program for

Uploaded by: Christine Krone

Position: INFO



TO: The Honorable William C. Smith, Jr., Chair
Members, Senate Judicial Proceedings Committee
The Honorable Jill P. Carter

FROM: Christine K. Krone
Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman

DATE: February 28, 2024

RE: **LETTER OF INFORMATION** – Senate Bill 732 – *Department of Juvenile Services and Maryland Department of Health – Inpatient Program for Children*

The Maryland Chapter of the American Academy of Pediatrics (MDAAP) is a statewide association representing more than 1,100 pediatricians and allied pediatric and adolescent healthcare practitioners in the State and is a strong and established advocate promoting the health and safety of all the children we serve. On behalf of MDAAP, we submit this **letter of information** for Senate Bill 732.

Senate Bill 732 requires the Department of Juvenile Services and the Maryland Department of Health to establish a certain inpatient program for children who have been adjudicated delinquent and provide rehabilitation, comprehensive care, and holistic therapies that address the health, mental health, and substance abuse issues of children.

MDAAP acknowledges the importance of addressing the complex needs of children involved in the juvenile justice system. We commend the efforts to establish a program that focuses on rehabilitation, and comprehensive care, while promoting the well-being and successful reintegration of these children into society. MDAAP urges a coordinated effort among all juvenile-serving Departments and aligning this proposal with the existing State frameworks and initiatives, while also assessing current infrastructure to handle such a program. MDAAP looks forward to participating in the ongoing discussion.

For more information call:

Christine K. Krone
Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
410-244-7000

SB0732 CPMC informational only.pdf

Uploaded by: Diana Philip

Position: INFO

THE COALITION TO PROTECT MARYLAND'S CHILDREN

Our Mission: To combine and amplify the power of organizations and citizens working together to keep children safe from abuse and neglect. We strive to secure the budgetary and public policy resources to make meaningful and measurable improvements in safety, permanence, and well-being.

Senate Bill 732: Department of Juvenile Services and Maryland Department of Health – Inpatient Program for Children

Senate Judicial Proceedings Committee

February 28, 2024

Letter of Information

The Coalition to Protect Maryland's Children (CPMC) is a consortium of child and family-serving organizations concerned about the welfare of Maryland's vulnerable children and their family¹.

Senate Bill 732: Department of Juvenile Services and Maryland Department of Health – Inpatient Program for Children is a bill designed to create an inpatient unit for youth that would provide a full range of behavioral health and substance use disorder care and treatment to adjudicated delinquent.

We had questions about the type of facility, where it would be located, how youth would gain access and so on, but conceptually strongly support any effort to increase capacity for therapeutic residential care for the children and youth in our state's care who have high intensity behavioral health needs. These are youth with many strengths, but also a history of behaviors that pose a risk to themselves and/or others that make placement challenging. Included in this group are youth arrested after an episode such as car theft, property destruction, drug distribution or other crime not warranting detention whose parents/caregivers refuse to allow the youth to return home.

Maryland has had an ever-deepening crisis identifying therapeutic care for youth with special needs; the practice of "hoteling" – literally getting a child a hotel room with a 1:1 aide and gift cards for food – first began in 2019. Today there may be as many as 50 children and youth in Maryland hotels at a cost of roughly \$40,000 to \$60,000 per child each month, or approximately \$3 million per month. Children and youth have also been left on overstay in psychiatric hospitals, and some even 'boarded' in an emergency room, a practice that seems to have 'quieted down.'

Nonetheless it's apparent that Maryland is failing its children and their families when a specialized placement is necessary and existing providers have no capacity in terms of space or expertise, regardless of the child serving door they come through – DJS or DHS. This is not a new problem but one left unsolved by the last administration that has now become the Moore administration's to solve.

Thank you for your attention to this important issue.

¹ Members of CMPC who support this letter of information letter include Child Justice, Citizens Review Board for Children, Fostering Change Network Foundation, Franklin Law Group, Maryland Chapter American Academy of Pediatrics, Maryland Association for Resources for Family and Youth, MOMCares, National Association of Social Workers - Maryland, Tim Briceland-Betts (individual) and Diana Philip (individual).

INFORMATIONAL.SB732.LauraBogley.MDRTL.pdf

Uploaded by: Laura Bogley

Position: INFO



INFORMATIONAL STATEMENT SB732
Department of Juvenile Services Inpatient Program for Children
Laura Bogley, JD
Executive Director, Maryland Right to Life

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.