



**UNFAVORABLE STATEMENT**  
**HB840/SB511 Public Senior Higher Education Institutions –  
Pregnant and Parenting Students – Plan Requirements**  
Laura Bogley, JD  
Executive Director, Maryland Right to Life, Inc.

**We Strongly Oppose Abortion Promotion and Funding in Public Universities and Colleges**

Maryland Right to Life (MDRTL) supports any public policy that enables and empowers young women and men to choose life for their preborn children. Maryland Right to Life offers to assist any legislator or institute of higher education in developing policies and programs to exclusively support healthy birth and delivery outcomes. We work with a network of providers who promote life-affirming programs and services for pregnant women and girls at no cost.

We respect the good intentions of the bill’s House sponsor and applaud any effort to create an educational environment that supports students in their decisions to provide life to and/or to parent their children. Unfortunately, while this bill may be intended to ensure equity in providing equal access to lifesaving alternatives to abortion, it is not narrowly tailored to achieve that end.

The state has proven itself unwilling to neutrally apply federal Title IX rules regarding pregnancy and abortion. There is no language in the bill that would exclude abortion or abortion providers, or prevent the state-sponsored abortion industry from exploiting the policy to deliver vulnerable pregnant students and their preborn children into the lethal hands of abortion providers – as is the current practice.

For these reasons, we must oppose this bill and any mandate on public schools and universities that requires referral to, promotion or funding of abortion and abortion providers.

**Federal Title IX Requires Abortion Accommodation**

Codification of federal Title IX means codifying abortion in our schools and universities. MDRTL has been consistent in our position that we cannot support any bill that would expand abortion coercion and coordination by codifying federal Title IX. Regulations attached to Title IX since 1975, corrupted the intent of the federal Higher Education Act of 1965 to protect students from discrimination based on sex, by requiring that any institution that receives federal funds, must provide equal accommodation for pregnancy **AND termination of pregnancy** by abortion. Because this bill seeks to codify Title IX in Maryland statute and administrative policy, the bill cannot be cured by amendment.

While federal Title IX requires any institution that receives federal funds to provide equal accommodation for

pregnancy or *termination of pregnancy*, including excused absences, the state has no legal obligation to provide access, coordination or public funding for abortion services or drugs on college campuses.

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.*”

### **Bill Goes Further than Title IX**

**No Conscience Protections** - This bill does not contain a conscience clause to protect the rights of faculty or staff who do not want to participate in abortion coordination or practices. Existing conscience protections in state law for medical providers are insufficient and would not automatically extend to college staff.

**Referrals to Abortion Providers** - This bill requires that pregnant students be referred to state programs that fund abortions including the Maryland Medical Assistance Program and the Maryland Children's Health Insurance Program. In 2024, the state reported that 12,518 abortions were committed and abortionists were reimbursed \$9.1 million in taxpayer funds under the Medical Assistance Program. Less than 11 of those taxpayer-funded abortions were for reasons of rape, incest or to save the physical life of the mother.

State referral practices are extremely problematic, as the Maryland Department of Health and the Maryland Department of Education routinely 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.

**Coordination of Abortion Services** - This bill requires that colleges and universities coordinate services through an undefined "referral network of health care providers". But Section 15-136 of the Education Article of the Maryland Code, already requires that colleges and universities develop and implement reproductive health services plans to provide or refer students to a “comprehensive” range of reproductive health services, expressly including abortion (See additional details below.) The Assembly rejected amendments to equitably offer pregnant students referrals for abortion alternatives, as required by Title IX.

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 students, despite the fact that after 47 years of taxpayer subsidization, they have failed to eliminate unplanned pregnancies.

### **State is in Violation of Title IX**

It is MDRTL's position that the State of Maryland is in direct violation of Title IX by refusing to provide pregnant students in public universities and colleges equal accommodation or access to pro-life providers and lifesaving alternatives to abortion. In 2023, the members of the Maryland General Assembly enacted Chapters 250 and 251 - *Public Senior Higher Education Institutions – Reproductive Health Services Plans – Requirements*, now Section 15-136 of the Education Article of the Maryland Code. The Assembly codified your clear intention to mandate abortion on campuses, by requiring the coordination of abortion services while rejecting amendments to provide students resources or referrals for healthy birth and delivery outcomes.

### **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 real choice and engaging in constructive abortion coercion. 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 require colleges and universities to refer pregnant students to providers who may coerce them into using abortion drugs or procedures for their own financial gain.

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*, which may include losing a scholarship, being displaced from a team or even temporarily delaying education.

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 evading their duty as Mandatory Reporters 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**

Parents send their daughters to college for an education, not for an abortion. The State of Maryland has an obligation to provide a safe and healthy environment for all students attending institutes of higher education within this state. The state cannot reasonably entrust abortion providers and others who stand to gain financially from the sale of abortions, with the education and care of pregnant students.

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 on campus, particularly in the matter of student health.

### **MDRTL Opposes Public Funding for Abortion on Campus**

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.

Planned Parenthood and their network of organizations are financially invested in unplanned pregnancies that increase abortion profits. This is an obvious conflict of interest that makes it unreasonable for the state to entrust Planned Parenthood with the instruction of children and young adults in human reproduction and sexuality. The abortion industry has failed to reduce pregnancies, but has 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.

The fact that the number of abortions is highest among college-aged students, demonstrates that decades of public funding to abortion activists in Maryland k-12 public education, has failed to prepare our youth with sound family planning practices. Throwing additional public funding toward the multi-billion dollar abortion industry's failed practices, is not sound fiscal policy and harms those most in need of quality maternal health care options.

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 students 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 at least 63% 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 completely discredited.

### **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 issue an unfavorable report on this bill and encourage the sponsor to introduce a bill that is narrowly tailored to ensure that pregnant students are provided access to lifesaving alternatives to abortion without fear of abortion coercion on campus.**