UNFAVORABLE

HB871 Community Health Worker Workforce Program

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On behalf of our Board of Directors and many chapters across the state, we oppose House Bill 871 and urge your unfavorable report. This bill seeks to establish a state policy and program to pressure hospitals and other medical establishments to contract with and compensate abortion workers under the guise of "Community Health". Induced abortion is not healthcare, is never medically necessary and confers no "community benefit" to the people of Maryland.

This program will allow the abortion industry to receive pass-through federal taxpayer funding that is intended for hospitals but prohibited for abortion purposes. The bill also would make hospitals responsible for providing health insurance benefits for abortion workers. What begins as voluntary is likely to become a compulsory requirement for all hospitals. Additional state taxpayer funding appropriations for abortion organizations and workers will likely increase as a result of this policy.

MARYLAND'S SUBSTANDARD ABORTION WORKFORCE

As a result of the Abortion Care Access Act of 2022, state taxpayers were forced to fund an additional $3.5 million dollars annually for the training of a substandard abortion workforce. The Act removed one of the few remaining safeguards in law for women seeking abortion, and repealed the physician-only requirement for abortion. As a result, any individual who is certified by the state may perform or provide abortions. This bill will require additional taxpayer funding to support and promote the coordination of abortion workforce agreements.

CONSCIENCE RIGHTS MUST NOT BE INFRINGED

The freedom to practice one's religion is one of our most cherished rights. According to a January 2025 Marist poll, 62% of people, including 51% of democrats, responded that medical providers should not be legally required to perform induced abortions against their conscience.

Federal law recognizes this and protects medical personnel from being compelled to do something against their religious convictions. Without comprehensive protection, healthcare rights of conscience may be violated in various ways, such as harassment, demotion, salary reduction, transfer, termination, loss of staffing privileges, denial of aid or benefits, and refusal to license or refusal to certify.

But by enacting this bill, the Maryland General Assembly would induce hospitals to infringe upon the Constitutional right to the free exercise of religion guaranteed to all citizens under the **First Amendment** and force physicians to violate their Hippocratic Oath in which they swore first to do no

harm to their patients. As a result, healthcare providers will be forced to leave the state, exacerbating the problem of medical scarcity in Maryland.

The State would be encouraging hospitals to violate their employees' rights under federal **Title VII of the Civil Rights Act of 1964**, which states that an employer must not discriminate against an employee based on the employee's religious beliefs. Employees cannot be subjected to harassment because of their religious beliefs or practices. Title VII requires employers to grant reasonable requests for religious accommodations unless doing so would result in undue hardship to the employer.

CONSCIENCE PROTECTIONS ARE COMMON SENSE

Current state laws do not provide adequate protections for healthcare providers. While statute protects the right of a provider to refuse to participate in abortion practices on the basis of religious beliefs, the law does not shield the provider from civil suit. Further non-religiously affiliated pro-life professionals, institutions, and payers may have moral (though not religious) objections to participating in, facilitating, and funding life-ending drugs and devices, but are left unprotected. Given this lack of conscience protections, pro-life healthcare providers, institutions, and taxpayers still face coercive efforts by the state government and private institutions to perform induced abortions.

Protecting the freedom of conscience is common sense. Conscience-respecting legislation does not ban any procedure or prescription and does not mandate any particular belief or morality. Protecting conscience helps ensure that healthcare providers enter and remain in their professions, helping to meet the rising demand for quality health care in Maryland.

ABORTION IS NOT HEALTHCARE

Abortion is not healthcare. It is violence and brutality that ends the lives of unborn children through suction, dismemberment, chemical poisoning or starvation. The fact that 85% of OB/GYNs in a representative national survey refuse to commit induced abortions is glaring evidence that abortion is not an essential part of women's healthcare.

The sole purpose of induced abortion is to end the life of a preborn patient. Doctors regularly treat serious pregnancy complications without intentionally killing a preborn child. This includes being able to perform maternal-fetal separations when a woman's life is endangered by a pregnancy complication – something that is already allowed by EMTALA as well as by every state law in the country. **No law in any state prohibits medical intervention to treat miscarriage, ectopic pregnancy or to save the physical life of the mother.**

NO PUBLIC FUNDING FOR ABORTION VIOLENCE

Maryland is one of only 4 states that forces taxpayers to fund abortions. There is longstanding bi-partisan unity on prohibiting the use of taxpayer funding for abortion. 57% percent of those surveyed in a January 2025 Marist poll say they oppose taxpayer funding of abortion.

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. The Supreme Court affirmed in *Harris v. McRae* (1980), 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*."

Furthermore, a state is under no constitutional duty to provide induced abortion services for those within its borders (*Youngberg v. Romeo*, 457 U.S. 307, 317 (1982)). There is no constitutional requirement for a state to fund non-therapeutic abortions (*Maher v. Roe*, 432 U.S. 464, 469 (1977)).

For these reasons we respectfully urge your unfavorable report on this bill. We appeal to you to prioritize the state's interest in human life and restore to all people, our natural and Constitutional rights to life, liberty, freedom of speech and religion.