



SB920
2025

Opposition Statement SB920

Public Health – Maryland Interested Parties Advisory Group - Establishment
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Maryland Right to Life

On behalf of our Board of Directors and followers across the State, Maryland Right to Life opposes SB920 without an amendment to exclude its use for abortion purposes.

Maryland Right to Life opposes the promotion of abortion and any public funding of abortion; therefore, we object to an Advisory Committee that would expand the promotion, funding and staffing of the abortion industry. We object to an Advisory Committee that includes any members or representatives from the abortion industry. Abortion entities are considered community-based organizations. The State of Maryland already spends over \$33 million for abortion, including over \$14 million for abortion training. We oppose this bill being exploited to provide jobs for abortion workers through home care and thus also providing clients for the abortion industry through home care services. Marylanders have many other health concerns, such as diabetes, wound care, heart disease, lung disease, post-operative care, etc., that should be addressed and make use of home health visits and community outreach to promote best outcomes. To prevent appropriations from this bill from being exploited by the profit-minded, multi-billion dollar abortion industry, we ask for an amendment to exclude abortion purposes from this bill.

Maryland taxpayers subsidize the abortion industry in Maryland through direct Maryland Medicaid reimbursements to abortion providers, through various state grants and contracts, and through pass-through funding in various state programs. Health insurance carriers are required to provide reproductive health coverage to participate with the Maryland Health Choice program.

Programs that utilize public funding for abortion-related activities include:

- the Maryland State Department of Education,
- Maryland Department of Health,
- Maryland Family Planning Program,
- Maternal and Child Health Bureau,
- the Children’s Cabinet,
- Maryland Council on School Based Health Centers,
- Maryland Assembly for the Advancement of School Based Health,
- Community Health Resource Commission,
- Maryland Children’s Health Program (MCHP),
- Maryland Stem Cell Research Fund and even the
- Maryland Department of Public Works, and



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- Maryland Abortion and Reproductive Clinical Health Training Program.

Abortion is not healthcare, and abortion is never medically necessary. The fact that 85% of OB-GYNs in a representative national survey do not commit abortions is glaring evidence that abortion is not an essential part of women's healthcare. Abortion enables the exploitation of women and girls by sexual abusers and sex traffickers to continue their crimes and victimization.

Planned Parenthood was founded by racist eugenicists who believed that forced sterilization and later abortion, were necessary tools to reduce the growth in "unfit" populations, particularly those persons of African descent. Even today more than 78% of abortion clinics are located in Communities of Color. The government interest in health care is highly questionable as the state invests more in the corner abortion clinic than the corner grocery store. While Black Americans make up less than 13% of the population, they account for nearly 30% of all abortions. As a result, abortion is the leading cause of death of Black Americans, more than gun violence and all other causes combined. Why else would the percentage of the United States black population remain consistently at about 13-15%? (For more information see <http://www.BlackGenocide.org>.)

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.*"

More funding and resources directed toward abortion means less funding and resources for other health care concerns, including a woman's choice to continue her pregnancy. For these reasons, we respectfully ask to amend SB920 to exclude the bill being used for abortion purposes. Without an amendment, we urge you to oppose SB920.