



SB423
2025

Opposition Statement SB423
Maryland Medical Practice Act and
Maryland Physician Assistants Act - Revisions
Deborah Brocato, Legislative Consultant
Maryland Right to Life

We Strongly Oppose SB423.

On behalf of our Board of Directors and members across the state, we respectfully yet strongly oppose to SB423. Maryland Right to Life strongly objects to the appropriation and use of any public funds for the purposes of abortion violence. This legislation explicitly lists abortion, “ending of a human pregnancy” (p. 6, line 10), in the designations for “practice medicine.” Maryland Right to Life supports policy that recognizes the equal value of each human being regardless of the circumstances of their conception and reminds policymakers that abortion is not a medical treatment and is never medically necessary – and therefore, does not deserve public funding.

Last session, the General Assembly passed the Physician Assistant Modernization Act of 2024 (HB806/SB167) without excluding abortion purposes. This bill expands that legislation and now explicitly names abortion as one of the treatments given by physician assistants (PA). In addition, this legislation can be exploited for additional funding for abortion training with the use of the Board of Physicians Fund. As the bill states, the fees collected are to be paid to the Comptroller of the State who will then use the monies for the Maryland Loan Assistance Repayment Program for physicians and physician assistants. The Abortion Care Access Act of 2022 already provides for abortion training. This bill should not be used to extract more monies from fees for abortion training.

In addition, the explicit designation of abortion as a treatment offered by physician assistants threatens conscience protections. A physician assistant’s license and performance evaluations could be adversely affected if the PA does not provide abortion services.

Since the 1970’s there has been bipartisan agreement that women eligible for Medicaid solely due to pregnancy do not qualify for Medicaid-funded abortions. We oppose any effort to include pregnancy as a qualifying reason to extend Medicaid funding for abortion to pregnant women who otherwise would not qualify for Medicaid. Doing so would reduce the department of Health to a funnel system for abortion violence.

Americans say No to Public Funding: Maryland is one of only 4 states that forces taxpayers to fund abortions. Regardless of how one feels about the legality of abortion, there is longstanding bi-partisan unity on prohibiting the use of taxpayer funding for abortion. 57% of those surveyed in a January 2025 Marist poll say they oppose taxpayer funding of abortion. 67% of Americans in that same poll support legal limits on abortion, particularly after the first trimester.

Maryland Taxpayers pay for abortion: The *Maryland Medical Assistance Program* and the *Maryland Children’s Health Program* (MCHP) are the two primary programs used for publicly funded reimbursements to abortion providers in Maryland.

Medical Assistance Expenditures on Abortion Language attached to the Medicaid budget since 1979 authorizes the use of State funds to pay for abortions under specific circumstances. Specifically, a physician or surgeon must certify that, based on his or her professional opinion, the procedure is necessary. Similar language has been attached to the

[P.O. Box 2994 / Annapolis, MD 21404](mailto:P.O.Box2994@Annapolis.MD21404) / [410-269-6397](tel:410-269-6397) / www.mdrtl.org



appropriation for **MCHP** since its advent in fiscal 1999. However, this provision is regularly abused by abortionists for reasons other than the medical necessity and include abortion for any reason including convenience.

According to the Maryland Department of Legislative Services in their Analysis of the FY2024 Maryland Executive Budget, 2023 Maryland taxpayers, through the Maryland Medical Assistance Program, are being forced to pay for elective abortions. In 2023, we spent at least **\$7.9 million for 12,727 abortions, less than 11 of those abortions were due to rape, incest or to save the life of the mother (see attachment).**

An additional \$12 million with annual increases in public funding is spent each year to train a substandard abortion workforce under the Abortion Care Access Act of 2022, which removed the statutory safeguard that only physicians can perform abortions.

MDH is Failing Pregnant Women: The Maryland Department of Health has consistently failed to meet the needs of pregnant women and families in Maryland and appropriations should be withheld until the Department provides the annual report to the Centers for Disease Control to measure the number of abortions committed each year in Maryland, abortion reasons, funding sources and related health complications or injuries.

Invest in Life: 82% of Americans polled favor laws that protect both the lives of women and unborn children. Public funds should not be diverted from but prioritized for health and family planning services which have the objective of saving the lives of both mothers 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.

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 judgement favoring childbirth over abortion, and to implement that judgment by the allocation of public fund."

Abortion is Black Genocide: Abortion has reached epidemic proportions among people of color with half of all pregnancies of Black women ending in abortion. It is believed that nearly half of all pregnancies ending in abortion. It is believed that nearly half of all pregnancies of Black women end in abortion. As a result, Black Americans are no longer the leading minority population, dropping second to the Hispanic population. People of color have long been targeted for elimination through sterilization and abortion by eugenicists like Planned Parenthood founder Margaret Sanger. Even today, 78% of abortion clinics are located in Minority communities. As a result abortion has become the leading killer of Black lives. Abortion is the greatest human and civil rights abuse of our time and as a civilized people we cannot continue to justify or subsidize this genocide. For more information, please see www.BlackGenocide.org.

Marylanders deserve better. The women and girls of Maryland deserve better. Maryland Right to Life urges you to vote against any and all measures to allocate public funds to abortion providers, services, education, training or promotion. Therefore, we ask for an unfavorable report on **SB423**.