

250304_SB848_Rep. McClain Delaney_Favorable.pdf

Uploaded by: Annaston Cree

Position: FAV



Congress of the United States
House of Representatives
Washington, DC 20515

WASHINGTON, D.C. OFFICE
1130 LONGWORTH HOE
WASHINGTON, DC 20515
PHONE: (202) 225-2721

FREDERICK OFFICE
30 W. PATRICK STREET
STE 505
FREDERICK, MD 21701
PHONE: (301) 926-0300

www.mcclaindelaney.house.gov

March 04, 2025

Senator Pamela Beidle, Chair
Senate Finance Committee
Maryland General Assembly
3 East Miller Senate Office Building
Annapolis, Maryland 21401

Dear Chair Beidle,

I am writing today to express my full support for *Senate Bill 848 - Public Health Abortion Grant Program - Establishment*

The funding mechanism for this grant program was created by the federal Affordable Care Act when it was passed in 2010. With this bill, Congress expanded access to health insurance for millions of Americans through state insurance exchanges. These exchanges, and the carriers who choose to participate, continue to adhere to all federal laws, including the Hyde Amendment, which bars the use of federal funds to pay for abortion.

Section § 1303 of the ACA outlines how qualified health plans will collect, separate, and use premium dollars for abortion services. These plans charge each policyholder \$1 per month and hold it in a separate account that it draws down as it pays for abortion services. Each year there is a surplus in these accounts that, due to their earmarked status, cannot be used for anything but abortion services. Since the opening of the exchange, the surpluses in these state and carrier-specific accounts have been accruing interest. In Maryland alone, the cumulative balance is approximately \$25 million with an additional \$3 million added every year. Since those funds cannot be returned, the legislation reinvests the funding in public health grants for the purpose they were set aside for, abortion care.

Maryland, and other states that support a comprehensive view of women's health, can use these abortion-earmarked funds to alleviate the cost of this medical procedure to those who need it the most while continuing to conform to federal law. As abortion access becomes increasingly difficult due to state bans and uncertain changes coming from the federal executive branch, I am proud that Maryland continues to be a leader in this space.

I strongly urge this committee to give *Senate Bill 848 - Public Health Abortion Grant Program - Establishment* the highest consideration and I thank you and your committee for your time.

Sincerely,

A handwritten signature in blue ink, appearing to read "April McClain Delaney". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

April McClain Delaney
Member of Congress

SB848 SUPPORT Public Health Abortion Grant Program

Uploaded by: Ariana Kelly

Position: FAV



Bill: Senate Bill 848 Public Health Abortion Grant Program

Sponsor: Senator Guy Guzzone

Hearing Date: March 6, 2025

Position: SUPPORT

Contact: Ariana Kelly, Executive Director, 240/338-0591

The Maryland Commission for Women strongly supports Senate Bill 848, which seeks to establish a special nonlapsing public grant fund utilizing existing resources to expand and sustain equitable access to abortion care across Maryland. Importantly, under federal law, these resources can only be utilized for the provision of abortion care.

Under the Affordable Care Act (ACA), the federal government requires insurance plans to collect \$1 per member per month for abortion services. This provision was developed during negotiations of the ACA and intended to stigmatize the provision of abortion care. This money must be held in a segregated account, where it has been accumulating and growing interest since 2014. The current balance is nearly \$20 million. An additional surplus of \$2.5 million is expected annually. This is because insurance coverage for abortion care does not cost anywhere near the \$1 per member per month required under federal law. SB848 puts these excess funds to use by establishing the *Public Health Abortion Grant Program*, rather than allowing them to just sit in the bank accounts of the health insurance carriers. The insurance carriers do not oppose this legislation, and no public funds are needed to establish this program.

Since 1968 the Maryland Commission for Women has strongly supported access to abortion care as essential to women's full participation in society. In 2024, Marylanders publicly affirmed their overwhelming support for abortion access with a 76% affirmative vote to enshrine reproductive freedom into the Maryland Constitution.

At the Commission for Women, we engage in outreach work across the state to identify issues impacting Maryland women. Maryland women have consistently expressed significant concern about securing abortion access in Maryland since the *Dobbs* decision overturned *Roe vs. Wade*. Since the *Dobbs* decision, charitable abortion funds and abortion care providers across the state have increasingly reported that demand for care is far outpacing the current available funding. The *Public Health Grant Program* is designed similarly to other existing public health grant programs to ensure the need in Maryland is met.

Senate Bill 848 represents an innovative, first-in-the-nation approach to ensuring abortion access. Importantly, this program uses existing resources. There is no new taxpayer money involved. By establishing this grant program, SB 848 will:

- Expand access to essential healthcare services, especially for uninsured individuals, individuals not covered by Maryland regulated plans, and individuals experiencing domestic violence who may not be able to use their insurance.
- Support providers in delivering safe, high-quality abortion care.
- Reduce financial obstacles that prevent individuals from accessing the care they need.
- Reinforce Maryland’s commitment to reproductive freedom amid increasing national restrictions on abortion rights.

SB 848 ensures that individuals seeking abortion care in Maryland can exercise their reproductive rights without unnecessary hardship. This is not just a matter of healthcare; it is a matter of dignity, bodily autonomy, and justice.

The commission thanks Senator Guzzone for introducing this legislation and respectfully urges the committee to issue a favorable report on Senate Bill 848 and stand with Marylanders in protecting and expanding access to reproductive healthcare. Maryland Commission for Women Executive Director Ariana Kelly is available to answer any further questions at Ariana.Kelly@Maryland.Gov

Maryland Commission for Women

Staff

*Ariana Kelly,
Executive Director*

*Danelle Buchman
Program Manager*

*Genesis Franco
Management Associate*

*Camille Fabiyi
Policy Assistant*

Commissioners

*LaShaune Stitt, Ed.D.
Chair*

*Patricia McHugh Lambert, Esq.
First Vice Chair*

*Christine Lee, Ph.D., Pharm.D.
Second Vice Chair*

Tazeen Ahmad, M.A.

Pier Blake, MBA, M.S.

Sharon Blugis, M.A.

Judy A. Carbone, M.Ed.

Jonathon Carrington, M.A., LCPC

Gloria Dent, Ph.D. MBA

Judith Emmel

Tekisha Dwan Everette, Ph.D., MPH

Maggi G. Gaines, M.A., M.Ed.

Linda Han

Jodi Kelber, Ph.D.

Sarah A. Klein, J.D., M.A.

Lauren M. Lambert, MBA

Brenda McChriston, M.A.

Shanna Pearson-Merkowitz, Ph.D.

Stacey A. Rebbert, M.A.

Nykidra “Nyki” Robinson, MPA

Evelyne S. Steward

Lenita Walker

Monica Watkins, MBA

Letter in Support of S.B. 848 2025.pdf

Uploaded by: Bella Pori

Position: FAV

CENTER *for* REPRODUCTIVE RIGHTS

NEW YORK

199 Water Street, Fl. 22
New York, NY 10038
TEL. (917) 637-3600

reproductiverights.org

March 4, 2024

VIA ELECTRONIC MAIL

Re: Letter in Support of Senate Bill 848, the Public Health Abortion Grant Program

Dear Senators:

The Center for Reproductive Rights (“The Center”) is a legal advocacy organization that uses the power of law to advance reproductive rights as fundamental human rights around the world. As a part of our mission, we aim to ensure that all people have meaningful access to abortion care services.

The Center supports Senate Bill 848 (“S.B. 848”).

S.B. 848 would allow nonprofit abortion funds and health care providers who provide abortion care to access grants to cover the cost of abortion care clinical services. These grants will be provided at no additional cost to the state or taxpayers, increase access to abortion care for Maryland residents, and ensure that health care providers are able to continue providing abortion care to Maryland residents and people traveling to the state for care.

In 2022, the Supreme Court decided *Dobbs v. Jackson Women’s Health Organization* (“*Dobbs*”), overturning *Roe v. Wade* and allowing states to ban and greatly restrict abortion. Abortion is currently illegal in twelve states, including West Virginia, which shares a border with Maryland.¹ Additional states have enacted restrictive gestational bans, with Florida, Georgia, and South Carolina currently enforcing six-week bans. These state laws leave millions of people without access to critical medical care, forcing many people to travel thousands of miles to receive this care.

Many of these people, particularly people who live in the South, are traveling to Maryland for care. Clinics across the state have seen an increase in out-of-state patients in the years since *Dobbs*.² Maryland is an

¹ *After Roe Fell: Abortion Laws by State*, CENTER FOR REPRODUCTIVE RIGHTS <https://reproductiverights.org/maps/abortion-laws-by-state/> (last accessed Feb. 25, 2025).

² Danielle J. Brown, *Two years after Dobbs: How Maryland fits in the shifting landscape of abortion access*, MARYLAND MATTERS (Jun. 24, 2024)

CENTER *for* REPRODUCTIVE RIGHTS

access point for patients, in part because the state eliminated many unnecessary restrictions on abortion. The state has also enacted interstate shield laws which protect providers, patients, and people who help others access abortion care, like nonprofit abortion funds, from out-of-state criminal and civil consequences. Providers and helpers are protected from extradition, civil judgments, and subpoenas from states where abortion is illegal.³ These shield protections are vital, since states where abortion is illegal are becoming bolder, bringing prosecutions and civil suits against abortion providers who provide care in states where abortion is legal.⁴

Now more than ever, people who need abortion care will likely travel to states where abortion is protected and where providers and helpers have the protection of shield laws. For many people in the South, Maryland is the closest place where they can access abortion care from providers who will be protected from out-of-state criminal and civil consequences.

Maryland's abortion providers and abortion funds have stepped up to provide care to increasing numbers of people from across the country, while continuing to provide care for Maryland residents. As a result, providers and funds are stretched thin. Providers and funds must often cover the cost of procedures for people from other states. Patients traveling for care are unable to use another state's Medicaid plan to cover the cost of a procedure,⁵ or may come from a state that prohibits private insurance plans from covering abortion care.⁶ The needs of these patients must be balanced with the needs of Maryland residents, some of whom may not have insurance or may be unable to use their insurance for fear

<https://marylandmatters.org/2024/06/24/two-years-after-dobbs-how-maryland-fits-in-the-shifting-landscape-of-abortion-access/>.

³ MD. CODE ANN., STATE PERS. & PENS. § 2-312; MD. CODE ANN., CRIM. PROC. § 9-106(b); MD. CODE ANN., CTS. & JUD. PROC. § 9-402.

⁴ Amanda Friedman and Alice Miranda Ollstein, *Louisiana challenges abortion shield laws with indictment of New York telehealth doctor*, POLITICO (Jan. 31, 2025, 4:44 PM) <https://www.politico.com/news/2025/01/31/abortion-shield-laws-louisiana-challenge-010223>; Pam Belluck and Mary Best Gahan, *Texas Judge Fines New York Doctor and Orders Her to Stop Sending Abortion Pills to Texas*, THE N.Y. TIMES (Feb. 13, 2025) <https://www.nytimes.com/2025/02/13/health/texas-new-york-abortion-pills-lawsuit.html>.

⁵ See e.g. Maurie Backman, *Can I use my Medicaid coverage in any state?* HEALTHINSURANCE.ORG (Aug. 22, 2024) <https://www.healthinsurance.org/faqs/can-i-use-my-medicaid-coverage-in-any-state/>.

⁶ See e.g. ALA. CODE § 26-23C-3 (prohibiting private insurance coverage of abortion); S.C. CODE ANN. § 38-71-238 (prohibiting private insurance coverage of abortion); TENN. CODE ANN. § 56-26-134 (prohibiting private insurance coverage of abortion).

CENTER *for*
REPRODUCTIVE
RIGHTS

of an abusive partner or other person gaining access to their confidential medical information.

S.B. 848 provides direct grants to abortion providers and abortion funds which will allow them to continue providing necessary healthcare to Maryland residents and to people across the country traveling to the state for care. This groundbreaking bill can serve as a model for other states, ensuring access to care and providing financial support to providers and abortion funds, all at no additional cost to the state or taxpayers.

For these reasons, the Center for Reproductive Rights supports S.B. 848. Thank you for the opportunity to provide testimony, and please do not hesitate to contact me if you have questions or would like further information.

Sincerely,



Bella Pori
State Legislative Counsel, U.S. State Policy and Advocacy
Center for Reproductive Rights
bpori@reprorights.org

COM SB848 LOS - Abortion Grant Program.pdf

Uploaded by: Brooke Lierman

Position: FAV



Letter of Support

Senate Bill SB848 - Public Health Abortion Grant Program – Establishment

*Senate Finance & Budget and Taxation Committees
March 6, 2025*

Thank you for the opportunity to provide testimony in support of Senate Bill 848, which establishes the Public Health Abortion Grant Program. As Maryland's Comptroller, I am pleased to stand in favor of this legislation to expand access to reproductive health care services for all Maryland women.

SB848 presents a thoughtful and critical response to the growing need for accessible, affordable, and equitable abortion care. This legislation is especially important now – at a time when women's health care options vary depending on the state in which they reside. Maryland must continue to be a safe haven for women who seek control over their bodies and their reproductive rights.

The Public Health Abortion Grant Program is designed to provide financial assistance to eligible organizations to deliver essential services to individuals who are uninsured, underinsured, or otherwise unable to afford care. The bill ensures that funds are used in a transparent way, with clear guidelines on how grants will be allocated to support clinical services and administrative costs. Moreover, it protects patient confidentiality by ensuring that identifying information is not disclosed, reinforcing the trust that is crucial in sensitive health care services.

The bill's approach to funding this access through the Public Health Abortion Grant Program Fund—established from insurance premium contributions—is a sustainable model that supports ongoing access to care without placing strain on the state's budget. By leveraging funds that would otherwise be underutilized, we are making a smart, responsible investment in the health of our residents by ensuring that these critical services remain available.

I also commend the bill's provision that ensures at least 90% of appropriated funds are used for direct services, minimizing administrative overhead and ensuring the funds reach the communities that need them most. This program will improve access to abortion care throughout Maryland, particularly in underserved communities.

For all these reasons, I strongly urge the committee to give favorable consideration to SB848. This bill will make a meaningful difference in the lives of Maryland women and demonstrate our state's ongoing commitment to equity, health care access, and reproductive freedom.

Best,

Maryland Comptroller



2025 WLCM SB 848 Senate Side.pdf

Uploaded by: Cat Duffy

Position: FAV

Committee:	Senate Finance Committee
Bill:	Senate Bill 848 – Public Health – Abortion Grant Program - Establishment
Hearing Date:	March 6, 2025
Position:	Support

The Women's Law Center of Maryland strongly supports *Senate Bill 848 – Public Health – Abortion Grant Program - Establishment*. The bill establishes the Public Health Abortion Grant and identifies a sustainable funding source through unspent insurance premiums for abortion coverage.

The Need for Sustainable Resources for Equitable Abortion Access

The right to reproductive freedom is protected in Maryland's Constitution, as a result of 76% of Maryland voters supporting Question 1 in November 2024. However, the legal right to abortion care does not equate to access. People with limited resources still struggle with accessing abortion care. Unlike other kinds of women's health services – including family planning and cancer screening, there are no public health grant programs that support abortion care. This lack of resources is a legacy of the federal Hyde amendment which prevents the use of federal dollars to support abortion care.

SB 848 addresses this long-standing equity by creating a public health program to support abortion care for uninsured and underinsured people. The bill explicitly recognizes that even some fully insured individuals may need support, as some people cannot use their insurance for abortion care as their safety could be at risk if a family member received an explanation of benefits for the care.

Following the *Dobbs* decision, many states – including California, Massachusetts, New Jersey, New York, and Oregon - allocated emergency funding to address the immediate impact

on abortion care access in their states. With almost half the state attempting abortion bans and federal restrictions looming on the landscape, we need to identify long-term grant funding to sustain abortion access in Maryland. We can no longer rely on charitable donations as those resources are spread too thin. Some providers have reported that they have seen a 50% reduction in charitable support now that we are over two years beyond the *Dobbs* decision.

We are deeply concerned about the impact of reduced resources on abortion access in Maryland:

- Providers have reported that they may need to reduce their hours or even consider closing. We already have too few providers, particularly in rural communities.
- Abortion funds, which are organizations that provide funding support for abortion care, have reduced hours, meaning they are turning people away for support of abortion care and travel costs. The abortion funds do not have the resources to determine what happened to the people they turned away; and
- Patients are having to choose medication abortion even if they prefer procedural care because it is less expensive.

These access problems are going to become more severe as the reproductive health landscape becomes even more tumultuous.

Maryland Has Identified a Sustainable Funding Source for Public Health Abortion Grants

Under federal law requires, qualified health plans (also known as Exchange plans) must charge \$1 per month for abortion coverage for every insured individual. The insurers must keep track of the collection and expenditure of these premium dollars in a separate account, called a segregated account under Section 1303.

Under federal law, funds in segregated funds cannot be used for any purpose other than abortion care. This condition has been imposed to ensure that no federal funds are being used to support abortion coverage. Since the actuarial value of abortion coverage is far under \$1 per member per month, the segregated accounts have surpluses. According to annual reports by the Maryland Insurance Administration, insurers have an average of almost \$3 million in unspent abortion premiums each year which has resulted in accrued 11-year fund balance of

approximately \$25 million in December 2024 . HB 930 taps into these unspent funds to provide a sustainable funding source for the Public Health Abortion Grant Fund. The Insurance Commissioner would move 90% of unspent funds to the Public Health Abortion Fund under the Department of Health.

Maryland Department of Health Can Support Equitable Access with Public Health Abortion Grants

SB 848 establishes the Public Health Abortion Grant Fund under the Maryland Department of Health. The Department would administer the program, similar to other public health grants for healthcare services. The Department would be required to use the majority of funds to provide grants to healthcare providers and abortion funds to pay for the cost of abortion clinical services for people who are: 1) uninsured; 2) underinsured; or 3) too afraid to use their insurance for fear of an explanation of benefits being sent home.

The Governor is required to appropriate \$2 million for the first year to support start-up of the program in fiscal 2026 and then approximately \$3 million a year after that. If more funding is needed, there will be reserves in the Public Health Abortion Grant Fund because of the accrued surplus of approximately \$25 million from 1303 accounts between 2014 and 2024.

Conclusion

We ask for a favorable report of SB 848. Please contact Robyn Elliott for any additional information at relliott@policypartners.net.

The Women's Law Center of Maryland is a private, non-profit, legal services organization that serves as a leading voice for justice and fairness for women. It advocates for the rights of women through legal assistance to individuals and strategic initiatives to achieve systemic change, working to ensure physical safety, economic security, and bodily autonomy for women in Maryland.

SB 848 Public Health Abortion Grant Program - Esta

Uploaded by: Catherine OMalley

Position: FAV

BILL NO: Senate Bill 0848
TITLE: Public Health Abortion Grant Program – Establishment
COMMITTEE: Finance and Budget and Taxation
HEARING DATE: March 06, 2025
POSITION: **SUPPORT**

The Women's Law Center of Maryland is dedicated to ensuring the physical safety, economic security, and bodily autonomy of women throughout the state. We urge a favorable report for Senate Bill 0848's establishment of the Public Health Abortion Grant Program and maintain that unfettered **access** to the necessary healthcare for reproductive autonomy is grounded in the life, liberty, and equal protection clauses of the Fourteenth Amendment.

Drivers of inequity such as income and health insurance disparities must not be allowed to create barriers to what Maryland voters have codified in our state constitution as a fundamental human right. There is no public grant funding for abortion in the United States. This bill will create a ground-breaking, first-in-the-nation program to secure access to that right.

SB 0848 is remarkable in that the proposed grant program will not cost Maryland taxpayers a dime; instead, the Maryland Department of Health will simply reimburse providers through surplus insurance premiums earmarked for abortion care by the Affordable Care Act. Maryland carriers have approximately \$25 million of these earmarked funds sitting, untouched, and growing by over \$3 million a year, while people who are uninsured, underinsured, or limited by travel and wrap around services are unable to access their right to abortion.

Nonprofit abortion funds have long shouldered these gaps in coverage, but we cannot and should not rely on private philanthropy to underwrite Maryland's commitments to human rights. Every nonprofit in the country is currently facing existential crises due to funding cuts and diminished donations, and this is particularly true in Maryland as an unprecedented number of our neighbors and institutions have been negatively impacted by recent presidential actions. This vulnerability is exactly why we voted to enshrine reproductive freedom in our constitution and ensure the bodily autonomy of Marylanders is not infringed upon due to federal headwinds attacking reproductive rights.

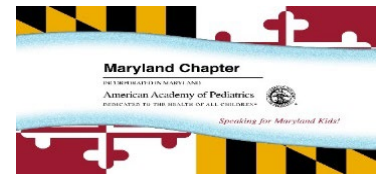
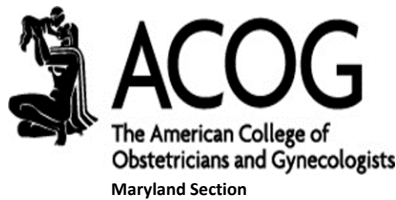
Government control of reproductive capacity has long persisted as a tool to subordinate women, people of color, people living on lower incomes and other disfavored groups. As a result of federal funding prohibitions, abortion care continues to be jeopardized and therefore Maryland, once again, has the opportunity to lead the nation with our commitment to the fundamental right of reproductive freedom. The funds for the proposed Public Health Abortion Grant Program **are already available and not being utilized.** For all these reasons, the Women's Law Center implores our representatives to support SB 0848 and ensure that everyone – no matter their circumstances – can exercise their basic human rights.

The Women's Law Center of Maryland is a non-profit legal services organization whose mission is to ensure the physical safety, economic security, and bodily autonomy of women in Maryland. Our mission is advanced through direct legal services, information and referral hotlines, and statewide advocacy.

SB0848_FAV_MedChi, MDACOG, MDAAP_PH Abortion Grant

Uploaded by: Christine Krone

Position: FAV



Senate Finance Committee
March 6, 2025
Senate Bill 848 – *Public Health Abortion Grant Program - Establishment*
POSITION: SUPPORT

On behalf of MedChi, The Maryland State Medical Society, the Maryland Section of the American College of Obstetricians and Gynecologists, and the Maryland Chapter of the American Academy of Pediatrics, we submit this letter of support for Senate Bill 848.

Maryland has led the way in securing reproductive rights by enshrining them in our state constitution. However, Senate Bill 848 is a crucial next step in ensuring that Maryland not only protects the fundamental right to reproductive freedom but also guarantees access to care for all who need it. This bill is in response to the growing demand for reproductive healthcare, particularly as small providers struggle with the influx of out-of-state patients and as many areas of our State remain underserved. By supporting existing providers and encouraging new ones in areas without accessible care options, this bill will help Maryland continue to serve as a beacon for reproductive healthcare.

Senate Bill 848 ensures that access to abortion care is not limited by state residency, insurance coverage, immigration status, or other factors. Abortion care is healthcare, and this bill affirms that fundamental truth.

The bill is funded by a surplus of insurance premiums earmarked for abortion services under the federal Affordable Care Act. With \$25 million available immediately and an ongoing revenue stream of approximately \$3 million annually, the program is designed for financial sustainability. Managed by the Department of Health, it ensures the same level of oversight and efficiency as other public health initiatives, with 90% of funds directly benefiting grantees and providers. Maryland can lead the nation with this first-of-its-kind approach, serving as a model for other reproductive sanctuary states striving to secure and expand access to care.

The overwhelming support for this bill reflects Maryland's long-standing commitment to reproductive freedom. Over 76% of voters supported Question 1, and this legislation is a direct continuation of that effort. It is backed by over 80 members of the House of Delegates and sponsored in the Senate by the Chair of the Budget and Taxation Committee. Additionally, the bill has garnered support from local, state, and national organizations, including healthcare providers, professional associations, advocacy groups, and influential elected officials. Importantly, there is no opposition from insurance companies, as the surplus funds used in this program are already earmarked solely for abortion services.

At a time of national uncertainty regarding reproductive rights, Maryland has the chance to offer something positive and hopeful for its residents.

We urge you to support Senate Bill 848 and ensure that Maryland remains a leader in reproductive healthcare.

For more information call:

Danna L. Kauffman
Christine K. Krone
J. Steven Wise
Andrew G. Vetter
410-244-7000

Senate Bill 848 Favorable 2025.pdf

Uploaded by: Debi Jasen

Position: FAV

Finance Committee
Senate Bill 848
FAVORABLE

Honorable Chair, Vice Chair, and Members of the Finance Committee;

Please give Senate Bill 848, regarding a Public Health Abortion Grant Program, a Favorable report.

Everyone should have the right to terminate a nonconsensual pregnancy. Nonconsensual pregnancies include any pregnancy that occurs without affirmative consent. Everyone should have the right to terminate a pregnancy that puts the pregnant person's health or life at risk. Everyone should have the right to terminate a pregnancy that is nonviable, or in which any baby would soon die after birth. We need a fund because not everyone has the money to terminate a pregnancy.

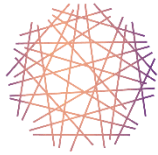
Please vote for pregnant people to have the right to life, liberty, and the pursuit of happiness. Please vote for pregnant people to have the right to self-defense. Please vote for Senate Bill 848. Thank you.

Sincerely,
Debi Jasen
Pasadena, MD

SB848 Coalition Letter of Support.docx.pdf

Uploaded by: Emily Charlap

Position: FAV



Jacobs Institute
of Women's Health
THE GEORGE WASHINGTON UNIVERSITY



NATIONAL NETWORK OF
ABORTION FUNDS



March 6, 2025

In Support of SB 848: Public Health Abortion Grant Program – Establishment

Dear Chairs Beidle and Guzzone,

Now that Marylanders have enshrined the right to abortion in the state constitution, SB 848 will create a ground-breaking, innovative program to secure access to that right.

This bill will create a public health grant program to support equitable access to abortion care in Maryland. The Program will provide support for abortion care to people who are uninsured and underinsured and will be managed by the Department of Health, just as all other public health grant programs.

The Program is funded by unspent premiums for abortion coverage. Since those funds cannot be returned, the legislation reinvests the funding in public health grants. There is approximately \$25 million that has accumulated in surplus funds between 2014 and 2024. It is anticipated that the surplus funds will accrue an additional \$3 million a year.

We as local, state, and national groups, urge a favorable report on SB 848 to affirm Maryland's commitment to individuals' reproductive rights and access to healthcare, and to create a model for other states to follow your lead.

Overview:

The Abortion Landscape and the Emerging Funding Crisis

Access to abortion care is at risk in Maryland because of the tumultuous national landscape. Our healthcare system is stretched in meeting the needs of everyone who turns to them for abortion care. Anti-abortion advocates have been working for decades to marginalize abortion care since its legalization with *Roe v Wade*.

On the federal level, measures such as the Hyde Amendment have prohibited federal funding for abortion care. As a result, unlike other health care services – family planning, breast and cervical cancer screening, and prenatal services – **there is no public grant funding for abortion care.**

After the *Dobbs* decision, there was a surge of donations to abortion funds. Abortion funds are organizations or groups that provide financial assistance to people seeking abortions due to the lack of federal funding and state and local budget capacity. Their primary goal is to help individuals cover the costs associated with obtaining an abortion, which can include the procedure itself, travel expenses, lodging, and childcare. Many people seeking abortions face financial barriers, and abortion funds aim to alleviate these burdens, making reproductive healthcare more accessible. But those same funds have reached a funding cliff as donors' limited dollars are being spread thin across many causes. There are serious repercussions for the abortion provider landscape and access to care in Maryland and across the country.

Model for Other States

Maryland has the opportunity to lead the nation by creating a sustainable grant program to advance equitable access to abortion care. As patients need to travel to safe states to seek this care, cost becomes ever-mounting. Maryland's first-in-the-nation approach could become a model for other states to create their own equity-based grant programs.

Conclusion:

The state needs a safety net to support abortion for people without sufficient resources. However, there are no public health grant programs to support abortion care.

With SB 848, Maryland would create equitable access to abortion care through a public health grant program. This legislation affirms that abortion care *is* healthcare.

With the *Dobbs* decision, the Supreme Court reversed 50-years of legal protection for abortion care. Maryland has stood strong in ensuring abortion remains accessible within the state. SB 848 is a continuation of Maryland's long-standing fight for reproductive freedom, one that we fully support.

We, the undersigned organizations, ask for a favorable report on SB 848.

Sincerely,

AAUW Maryland

American College of Nurse Midwives – Maryland Affiliate

Hadassah Greater Baltimore

Health Care for the Homeless

Jacobs Institute of Women's Health

JCRC of Greater Washington

Jewish Orthodox Feminist Alliance

Montgomery County, MD, National Organization for Women

Montgomery County Young Democrats

Maryland Academy of Physician Assistants

Mountain Maryland Alliance for Reproductive Freedom (MMARF)

National Association of Social Workers – Maryland Chapter

National Network of Abortion Funds

NCJW Maryland SPA

Physicians for Reproductive Health

The Reproductive Health Access Project

The Reproductive Health Access Project - Mid-Atlantic RHAP Chapter

SiX Action

The Montgomery County Women's Democratic Club (WDC)

Women's Law Center of Maryland

SB848 Coalition Letter of Support.pdf

Uploaded by: Emily Charlap

Position: FAV



March 6, 2025

In Support of SB 848: Public Health Abortion Grant Program – Establishment

Dear Chairs Beidle and Guzzone,

Now that Marylanders have enshrined the right to abortion in the state constitution, SB 848 will create a ground-breaking, innovative program to secure access to that right.

This bill will create a public health grant program to support equitable access to abortion care in Maryland. The Program will provide support for abortion care to people who are uninsured and underinsured and will be managed by the Department of Health, just as all other public health grant programs.

The Program is funded by unspent premiums for abortion coverage. Since those funds cannot be returned, the legislation reinvests the funding in public health grants. There is approximately

\$25 million that has accumulated in surplus funds between 2014 and 2024. It is anticipated that the surplus funds will accrue an additional \$3 million a year.

We as local, state, and national groups, urge a favorable report on SB 848 to affirm Maryland's commitment to individuals' reproductive rights and access to healthcare, and to create a model for other states to follow your lead.

Overview:

The Abortion Landscape and the Emerging Funding Crisis

Access to abortion care is at risk in Maryland because of the tumultuous national landscape. Our healthcare system is stretched in meeting the needs of everyone who turns to them for abortion care. Anti-abortion advocates have been working for decades to marginalize abortion care since its legalization with *Roe v Wade*.

On the federal level, measures such as the Hyde Amendment have prohibited federal funding for abortion care. As a result, unlike other health care services – family planning, breast and cervical cancer screening, and prenatal services – **there is no public grant funding for abortion care.**

After the *Dobbs* decision, there was a surge of donations to abortion funds. Abortion funds are organizations or groups that provide financial assistance to people seeking abortions due to the lack of federal funding and state and local budget capacity. Their primary goal is to help individuals cover the costs associated with obtaining an abortion, which can include the procedure itself, travel expenses, lodging, and childcare. Many people seeking abortions face financial barriers, and abortion funds aim to alleviate these burdens, making reproductive healthcare more accessible. But those same funds have reached a funding cliff as donors' limited dollars are being spread thin across many causes. There are serious repercussions for the abortion provider landscape and access to care in Maryland and across the country.

Model for Other States

Maryland has the opportunity to lead the nation by creating a sustainable grant program to advance equitable access to abortion care. As patients need to travel to safe states to seek this care, cost becomes ever-mounting. Maryland's first-in-the-nation approach could become a model for other states to create their own equity-based grant programs.

Conclusion:

The state needs a safety net to support abortion for people without sufficient resources. However, there are no public health grant programs to support abortion care.

With SB 848, Maryland would create equitable access to abortion care through a public health grant program. This legislation affirms that abortion care *is* healthcare.

With the *Dobbs* decision, the Supreme Court reversed 50-years of legal protection for abortion care. Maryland has stood strong in ensuring abortion remains accessible within the state. SB 848 is a continuation of Maryland's long-standing fight for reproductive freedom, one that we fully support.

We, the undersigned organizations, ask for a favorable report on SB 848.

Sincerely,

AAUW Maryland

American College of Nurse Midwives – Maryland Affiliate

Hadassah Greater Baltimore

Health Care for the Homeless

Jacobs Institute of Women's Health

JCRC of Greater Washington

Jewish Orthodox Feminist Alliance

Montgomery County, MD, National Organization for Women

Montgomery County Young Democrats

Maryland Academy of Physician Assistants

Mountain Maryland Alliance for Reproductive Freedom (MMARF)

National Association of Social Workers – Maryland Chapter

National Network of Abortion Funds

National Women's Law Center

NCJW Maryland SPA

Physicians for Reproductive Health

The Reproductive Health Access Project

The Reproductive Health Access Project - Mid-Atlantic RHAP Chapter

SiX Action

The Montgomery County Women's Democratic Club (WDC)

Women's Law Center of Maryland

SB0848_HadassahGB_FAV_2025.pdf

Uploaded by: Harriet Rubinson

Position: FAV



**Testimony in Support of SB0848
Public Health Abortion Grant Program - Establishment
Senate Finance Committee
Hearing March 6, 2025**

P.O. Box 21571
Pikesville, MD
21282-1571
P 410.484.9590

FAVORABLE

baltimore@hadassah.org

TO: Sen Pamela Beidle, Chair, Sen. Antonio Hayes, Vice Chair
FROM: Nancy Braverman and Barbara Deitch, Co-Presidents
Hadassah Greater Baltimore

Presidents

Nancy Braverman
Barbara Deitch

On behalf of the Greater Baltimore Region of Hadassah, representing over 4,100 Marylanders, we are writing to urge you to **vote FOR SB 0848 Public Health Abortion Grant Program - Establishment**

Vice Presidents

Melissa Brill
Michelle Cines
Andrea Polsky
Rachel Raphael
Harriet Rubinson
Carly Schwartz
Carol Wynne

Hadassah firmly believes that every woman must have the right to control her own reproductive future, including if, when and how to have children. We believe that the whole spectrum of reproductive health services – including fertility treatment, maternal and post-partum care, contraception and abortion – are all critical components of women’s health care that must be protected.

Recording Secretary

Robin Sakin

Now that we have enshrined the right to abortion in the Maryland state constitution following the overwhelming passage of Question 1, this legislation (SB 848) will create an innovative program to secure access to that right.

Treasurer

Rona Pepper

This bill will create a public health grant program to support equitable access to abortion care in Maryland. The program will provide support for abortion care to people who are uninsured and underinsured and will be managed by the Department of Health, just as all other public health grant programs.

Annual Giving Chairs

Amy Bober Schenerman
Carol Renbaum

The program is funded by unspent premiums for abortion coverage. Since those funds cannot be returned, the legislation reinvests the funding in public health grants. There are approximately ~ \$25 million accumulated in surplus funds between 2014-2024 and it’s anticipated that the surplus funds will accrue an additional \$3 million a year.

Major Giving Chair

Jackie Cohen

Hadassah Greater Baltimore urges a favorable report on SB 0848 to affirm Maryland’s commitment to individual’s reproductive rights and access to healthcare and to create a model for other states to follow

Thank you .
Nancy Braverman and Barbara Deitch
Co-Presidents, Hadassah Greater Baltimore
P.O. Box 21571
Pikesville, MD 21282-1571
Nbraverman@hadassah.org
Bdeitch@hadassah.org
P 410.484.9590



HADASSAH

the power of women who **DO**™

SB848 Abortion Grant Program LOS Final.pdf

Uploaded by: Irnise Williams

Position: FAV



CAROLYN A. QUATTROCKI
Chief Deputy Attorney General

LEONARD J. HOWIE III
Deputy Attorney General

CARRIE J. WILLIAMS
Deputy Attorney General

ZENITA WICKHAM HURLEY
Chief, Equity, Policy, and Engagement

PETER V. BERNS
General Counsel

CHRISTIAN E. BARRERA
Chief Operating Officer

IRNISE F. WILLIAMS
Deputy Director

STATE OF MARYLAND
OFFICE OF THE ATTORNEY GENERAL

ANTHONY G. BROWN
Attorney General

March 4, 2025

TO: The Honorable Pamela Beidle, Chair
Senate Finance Committee

FROM: The Office of the Attorney General

RE: Senate Bill 0848- Public Health Abortion Grant Program – Establishment-
SUPPORT

The Office of the Attorney General supports Senate Bill 848, a bill that offers a creative solution to a significant funding problem for abortion care providers. An increase in the need for abortion care services and a decrease in access to, and funding for, those services is putting additional strain on an already fragile system. Maryland’s abortion clinics are struggling to remain fully operational due to the decrease in funds and support, and the increased cost of providing care. Many of these clinics depend on donations and resources from abortion funds to fill the financial gaps, but those donations and resources have dried up as priorities have shifted and new issues have arisen nationally. Abortion funds typically cover medical costs, while some abortion funds provide childcare, transportation assistance, meals, doula services, and other support services. Most abortion funds are funded primarily by local donors and grant-making institutions. Abortion funds are also facing a strain on resources, which decreases their ability to provide access, information and resources to those in need.

According to Nadine Finigan-Carr, PhD, MS, research associate professor and director of the Prevention of Adolescent Risks Initiative at the University of Maryland School of Social Work, “In 1982, we had 52 clinics across the state that offered broad-spectrum contraception and abortion, and we’re down to 25. Sixty-seven percent of our counties in Maryland don’t have an abortion clinic.¹” The remaining abortion care clinics are now considering limiting their hours and services or outright closing because of the lack of funding and resources to remain afloat. This, at a time when Maryland providers are performing more abortions than in the past. Recent [numbers](#) from the Guttmacher Institute, a nonprofit focused on reproductive health, found

¹ Face to Face: The Impact of Overturning Roe v. Wade <https://www.umaryland.edu/news/archived-news/june-2022/face-to-face-the-impact-of-overturning-roe-v-wade.php>

that in 2023, Maryland performed more than 38,000 abortions, experiencing a 29% increase compared to 2019. Unfortunately, there is no public grant funding for abortion care.

This bill identifies a sustainable funding source for a newly created Public Health Abortion Grant Program. Under the Affordable Care Act, qualified health plans that offer abortion coverage are required to collect at least \$1 per month from each enrollee. The money is kept in a separate account and can only be used to pay for non-Hyde abortion services. Because the actuarial value of abortion coverage is far less than \$1 per member per month, these segregated accounts have significant surpluses. This bill proposes to transfer 90% of the unspent funds into a newly created Abortion Care Access Fund, which will, through a newly created Public Health Abortion Grant Program, provide grants to abortion clinics and abortion funds that provide direct grants for abortion care clinical services across the state.

The Public Health Abortion Grant Program which will be established under the Department of Health, will provide grants to healthcare providers and abortion funds to pay for the cost of non-Hyde abortion clinical services for individuals without sufficient resources.

Access to abortion care in Maryland is at risk. Without a long-term solution to ensure that abortion care is funded, communities will lose care that is critically needed and a safety net for tens of thousands of people. This bill provides a creative solution for Maryland to take the lead at maintaining equitable abortion care and access for marginalized communities.

We urge a favorable report.

cc: The Honorable Guy Guzzone

2025 RJM SB 848 Senate Side.pdf

Uploaded by: Jakeya Johnson

Position: FAV



Reproductive Justice Maryland

Committee:	Senate Finance Committee
Bill:	Senate Bill 848 – Public Health - Abortion Grant Program and Establishment
Hearing Date:	March 6, 2025
Position:	Support

Reproductive Justice Maryland strongly supports *Senate Bill 848 – Public Health – Abortion Grant Program and Establishment*. The legislation establishes a public health abortion grant program using unspent insurance premium funds for abortion coverage.

In November 2024, 76% of Maryland voters supported Question 1, a constitutional amendment to provide the highest legal protections for reproductive freedom in our state:

“THAT EVERY PERSON, AS A CENTRAL COMPONENT OF AN INDIVIDUAL’S RIGHTS TO LIBERTY AND EQUALITY, HAS THE FUNDAMENTAL RIGHT TO REPRODUCTIVE FREEDOM, INCLUDING BUT NOT LIMITED TO THE ABILITY TO MAKE AND EFFECTUATE DECISIONS TO PREVENT, CONTINUE, OR END ONE’S OWN PREGNANCY.”

The right to abortion care does not equate to access. People without sufficient resources still struggle to access abortion care. This year’s SB 848 supports the ability of people to “*effectuate decisions*” on abortion care, as envisioned in Question 1.

In our healthcare system, we provide access to care for the uninsured through public health grant programs. However, our system treats abortion care differently because of the legacy of federal restrictions such as the Hyde Amendment. SB 848 recognizes that abortion care is healthcare. The legislation creates a public health abortion grant program that is administered by the Maryland Department of Health. The funds will support abortion care for people who are uninsured, underinsured, or afraid to use their insurance for confidentiality reasons.

Reproductive Justice Maryland advocates for reproductive justice and freedom for all people, including those who have face the barriers of structural racism and economic injustice. We ask for a favorable report on SB 848. If we can provide any additional information, please contact Jakeya Johnson, Executive Director, at jakeya@reproductivejusticemaryland.org.

2025 MdAPA SB 848 Senate Side.pdf

Uploaded by: Jennifer Navabi

Position: FAV



Committee: Senate Finance Committee

Bill: Senate Bill 848 – Public Health - Abortion Grant Program and Establishment

Hearing Date: March 6, 2025

Position: Support

The Maryland Academy of Physician Assistants (MdAPA) supports *Senate Bill 848 – Public Health – Abortion Grant Program and Establishment*. The bill creates a sustainable public health grant program to support equitable access to abortion care. The grants would be administered by the Maryland Department of Health.

MdAPA supports access to abortion care in alignment with the American Academy of Physician Assistants’ position that “Patients have a right to access the full range of reproductive healthcare services, including fertility treatments, contraception, sterilization, and abortion.”ⁱ This legislation provides resources for abortion care for people who are uninsured, underinsured, or unable to use their insurance because of confidentiality concerns.

We ask for an unfavorable report. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net.

ⁱ <https://www.aapa.org/news-central/2022/06/aapa-statement-on-supreme-court-decision/>

MLAW Testimony - SB848-Public Health Abortion Gran

Uploaded by: Jessica Morgan

Position: FAV



Bill No: SB848
Title: Public Health Abortion Grant Program – Establishment
Committee: Finance
Hearing: March 6, 2025
Position: FAVORABLE

The Maryland Legislative Agenda for Women (MLAW) is a statewide coalition of women’s groups and individuals formed to provide a non-partisan, independent voice for Maryland women and families. MLAW’s purpose is to advocate for legislation affecting women and families. To accomplish this goal, MLAW creates an annual legislative agenda with issues voted on by MLAW members and endorsed by organizations and individuals from all over Maryland. **SB848 - Public Health Abortion Grant Program – Establishment** is a priority on the [2025 MLAW Agenda](#) and we urge your support.

SB848 supports reproductive freedom and autonomy in Maryland. The bill will provide direct funding of abortion services and practical support services such as travel and child care. Individuals who are pregnant face significant barriers to obtaining abortion care including stigma, marginalization from the healthcare system, and cost. The Abortion Care Access Fund Act of 2025 will support women in navigating these barriers by providing financial support for the services they need to effectuate their reproductive health decisions.

Maryland enshrined the right to abortion in the Maryland Constitution with Question 1 on November 5, 2024. However, the right to abortion does not equate to access. Maryland’s abortion providers are on the verge of a crisis because funding for abortion care has dropped dramatically. Many providers rely on abortion funds to support care for people who are uninsured or underinsured. Abortion funds also support people who are too afraid to use their insurance, as they fear their spouse, parent or family member might find out. While there was a surge of donations to abortion funds following the Dobbs decision, those donations have dropped precipitously. Many abortion funds only have enough money to open about 3 days a week, leaving many people who need resources without anywhere to turn. Unlike other women’s health services, such as family planning or cancer screening, there are NO public health grant programs for abortion care. This situation is the legacy of federal restrictions such as the Hyde amendment.

The Abortion Care Access Fund Act of 2025 will ensure abortion remains accessible in Maryland to all, regardless of income level or insurance status. The fund will support abortion services as well as practical support services, such as travel and child care.

The Fund is made possible by tapping into unspent insurance premiums for abortion coverage. As a result of an obscure provision of the Affordable Care Act, insurance companies are forced to overcharge for abortion coverage (\$12 for each person a year), yet they are not allowed to spend those funds on anything other than abortion. As a result, insurers accrue about \$3 million in unspent abortion premiums a year. By the end of this year, insurers will have an accumulated surplus of about \$25 million collected over the past 10 years. The bill will transfer these funds to the Maryland Department of Health to distribute to non-profit organizations with abortion funds.

With this bill, Maryland would be the first-in-the-national to establish this type of fund. We can set a precedent for other states also seeking to shore-up abortion access. We urge you to support of **SB848**.

Maryland Legislative Agenda for Women
102 W. Pennsylvania Avenue, Suite 100 • Towson, MD 21204 • 443-519-1005 phone/fax
mdlegagenda4women@yahoo.com • www.mdlegagendaforwomen.org

MLAW 2025 Supporting Organizations

The following organizations have signed on in support of our 2025 Legislative Agenda:

1199 SEIU United Healthcare Workers East
AAUW Anne Arundel County
AAUW Garrett Branch
AAUW Howard County
AAUW Kensington-Rockville Branch
AAUW Maryland
Anne Arundel County NOW
Bound for Better, advocates for Domestic Violence
Calvert County Democratic Womens' Club
Charles County Commission for Women
Child Justice, Inc.
City of College Park MD
Court Watch Montgomery
Delta Sigma Theta Sorority North Arundel County Alumnae Chapter
FinnCORE, Inc.
Frederick County Commission for Women
Interfaith Action for Human Rights
Kids for Saving Earth
Maryland Chapter, National Organization for Women
Maryland Coalition Against Sexual Assault
Maryland Network Against Domestic Violence
Montgomery County Commission for Women
Montgomery County, MD, NOW
National Coalition of 100 Black Women, Inc., Anne Arundel County Chapter
NCBWSOMD
Salam Sudan Foundation (SSF)
ShareBaby, Inc.
Stella's Girls Incorporated
SUB&S LLC
The Rebuild, Overcome, and Rise (ROAR) Center of UMB
Trans Maryland
Unrooted Culture
Women of Honor International
Women's Equality Day Celebration across Maryland Coalition
Women's Equity Center and Action Network (WE CAN)
Women's Law Center of Maryland
Zonta Club of Annapolis

Maryland Legislative Agenda for Women

102 W. Pennsylvania Avenue, Suite 100 • Towson, MD 21204 • 443-519-1005 phone/fax
mdlegagenda4women@yahoo.com • www.mdlegagendaforwomen.org

20250304 Testimony Written SB848 Abortion Grant Fu

Uploaded by: Judy A. Carbone

Position: FAV



POSITION: **STRONG SUPPORT FOR SB848** - Public Health Abortion Grant Program - Establishment

TO: Maryland Senate Finance and Budget & Taxation Committees

FROM: Mountain Maryland Alliance for Reproductive Freedom (MMARF)
Contact: Judy A. Carbone, Founding Board Member and Legislative Committee Chair, 301-616-5036, mmarftreasurer@gmail.com

DATE: 3/4/3035

This is written testimony in support of SB848 from the Mountain Maryland Alliance for Reproductive Freedom (MMARF), a collaborative of members from Garrett and Allegany Counties.

There seems to be an erroneous belief that the citizens of the state's western-most counties are staunchly against abortion. It is a statement that you may have heard from some of our elected officials. True, this past election Garrett County was the only county in the state that voted against Question 1, adding reproductive rights to the Maryland State Constitution, however, the vote was 46% in favor of the amendment, an 83% increase in the pro-choice vote in Garrett County from the 1992 state referendum on abortion. On Question 1, the majority of Allegany County voters approved the amendment.

Despite our growing support for reproductive freedom and choice, we remain a highly conservative part of the state. You may be wondering why SB848 is so important to Mountain Maryland. There are 3 main reasons we would like to put forward.

First, we need accurate information on abortion and other reproductive healthcare options. The discussion around Question 1 in the last election was negatively influenced by disinformation aggressively put out by anti-abortion radicals. MMARF has been involved in numerous efforts to get fact-based information about reproductive rights to our community members, especially young adults who struggle to get accurate information on all of their reproductive options. Yet, the disinformation campaign about abortion and reproductive health options continues.

Secondly, Mountain Maryland has some of the highest poverty rates in the state, with Allegany County being the second highest with a median household income of \$49,449 (43.2% below state average) and Garrett County being the fifth highest with a median household income of \$54,542 (37.4% below state average).

And third, until a year and a half ago, Mountain Maryland was also an abortion care desert, with the nearest providers being located several hours away in Charleston, WV, and Hagerstown, MD. Pregnant people in both Mountain Maryland counties were often referred by their doctors and community service professionals to the Crisis Pregnancy Centers located here. As you all are aware, CPCs are not healthcare providers and are not providers of neutral, accurate, fact-based information about reproductive options. But, in the absence of appropriate care, for desperate women it was often the only option regardless of their health, their religious affiliation, and their socio-economic status. That changed in June 2023 when the Women's Health Center of Maryland opened its doors in Cresaptown, MD, just outside of Cumberland.

Maryland, particularly Mountain Maryland, has benefitted ever since by having the first healthcare facility to offer the full range of factual, compassionate, quality reproductive healthcare services including medication and procedural abortions. Mountain Marylanders seeking these kinds of services now have a place to go. We desperately need to keep the clinic doors opened.

As an independent clinic in an impoverished area of the state with many out-of-state residents seeking abortion services, the Women's Health Center of Maryland relies heavily on grants from abortion funds across the country. These funds received a wealth of donations immediately after Dobbs, but donations have drastically been reduced due to the uncertainty in the country's political environment and the economic challenges faced by so many. As a result, abortion funds have had to significantly reduce funding for direct patient care. This places an overwhelming financial strain on independent, nonprofit clinics that operate without substantial resources or widespread name recognition, leaving their financial margins razor thin. Despite these challenges, the Women's Health Center of Maryland is committed to ensuring that no patient is turned away, keeping costs as low as possible to serve our most marginalized community members, and has pledged to seek donations to increase funding for patient care by 15% more compared to the same period last year. This level of support is unsustainable without additional resources.

For these reasons, SB848 and the Public Health Abortion Grant Program is critical to Mountain Maryland. Redirecting state funds from insurance providers to abortion providers – at no expense to taxpayers – would directly support patient care, alleviating the financial burden on our clinic and ensuring access to essential services for those who need them most, especially in Garrett and Allegany Counties.

The Board of Directors and the members of Mountain Maryland Alliance for Reproductive Freedom urge this Committee to vote favorably on SB848.

Thank you.

2025-03-04-WrittenTestimonyInSupportOfPublicHealth

Uploaded by: Julie Rosen

Position: FAV

Testimony in support of SB848, Public Health Abortion Grant Program

March 4, 2025

To the honorable members of the Maryland Senate Finance Committee

My name is Julie A. Rosen, and I am a constituent of MD District 16, as well as a volunteer member of the National Council of Jewish Women, Maryland State Policy Advocacy Committee (NCJW, MD SPA). I am writing to express strong support for SB848.

This support is based on NCJW resolution IV.2, "The advancement of every person's right to reproductive freedom, including access to legal abortion, medically accurate information, contraception, fertility treatments, adoption, and the elimination of obstacles that limit reproductive justice."

Since the Dobbs decision that overturned the right to abortion in the USA, access to abortion care clinical services is largely dependent on an individual's zip code and socioeconomic status. Given the vengeful approach to reproductive health care advancing in the federal Congress, I believe the Maryland legislature must use every available option to generate funding to aid those seeking necessary and life-saving abortion care.

SB848 is a state-wide law that 'weaves the thread' between monies available, but left unused, and a state-level law that can uphold our values to 'do good' for those in need, especially in light of the restrictions being imposed nationally. The innovative, but legal, use of previously allocated premium funds collected by health insurance carriers will aid both individuals in need of abortion care and the medical providers with expertise in this practice. Finally, I favor SB848 because these monies will not place a fiscal 'hit' on the Maryland taxpayer and yet will 'do good' for those in need.

On behalf of myself, as well as my friends, family, neighbors, and the larger community of Jewish women who—as evidenced in the book of Exodus-- value life and affirm that protecting existing life is paramount at all stages of pregnancy, I urge the committee to support SB848.

Thank you for considering this testimony,

Julie A. Rosen, Ph.D.
6307 Blackwood Road
Bethesda, MD 20817
julie.a.rosen@verizon.net

Testimony-SB 848 Abortion Grant Program- support-

Uploaded by: Kari Alperovitz-Bichell

Position: FAV



Unitarian Universalist Legislative Ministry of Maryland

Support [SB 848](#) / [HB 930](#) -

Public Health Abortion Grant Program - Establishment

TO: Chair Pamela Beidle, and Members of the Finance Committee and
Chair Guy Guzzone and Members of the Budget and Tax Committee
FROM: Janice Bird, MD
Unitarian Universalist Legislative Ministry of Maryland Health Care
DATE: February 27, 2024

We are supporting this bill as members of the Unitarian Universalist Legislative Ministry of Maryland—UULM-MD. We stand in strong support of the right to abortion care and bodily autonomy. Reproductive freedom and our ability to determine if, when, and how we become pregnant and choose to parent cannot be separated from other fundamental rights, including racial justice, economic security, and access to health care...But, how do you pay for it?

As people of faith, we believe in the inherent worth and dignity of each person. Reproductive healthcare, including abortion care, should be available for all in order to provide each individual with health, wholeness, and dignity. Most Marylanders agree with us; over 76% of the state voted for Question 1 to insure reproductive freedom in Maryland.

This bill will provide grants to improve access to abortion care clinical services for individuals in the State who cannot otherwise access or pay for it. It uses no taxpayer money and is funded through a surplus of insurance premiums separated and earmarked only for abortion services per the federal Affordable Care Act. The program will be managed by the Department of Health, like all other public health programs with 90% of all money going directly to grantees and providers.

Please vote favorably for Public Health Abortion Grant Program

It will fund a critical reproductive health service to those who cannot afford it, without adding to the budget deficit.

Thank you
Jan Bird, MD

UULM-MD c/o UU Church of Annapolis 333 Dubois Road Annapolis, MD 21401 410-266-8044,

Senate Testimony - Public Health Abortion Grant Pr

Uploaded by: Kate Stewart

Position: FAV



MONTGOMERY COUNTY COUNCIL
ROCKVILLE, MARYLAND

KATE STEWART
PRESIDENT
MONTGOMERY COUNTY COUNCIL

March 4, 2025

TO: The Honorable Senator Pamela Beidle
Finance Committee

FROM: Kate Stewart
Montgomery County Council President, Councilmember District 4

RE: Senate Bill 848, *Public Health Abortion Grant Program - Establishment*
Support

My name is Kate Stewart and I serve as the Montgomery County Councilmember for District 4 and, currently, sit as the President of the Montgomery County Council. Today, I am speaking on behalf of myself in support of **Senate Bill 848, Public Health Abortion Grant Program.**

Marylanders have made their voices heard by voting favorably for reproductive freedom. With people's fundamental reproductive rights enshrined into our State Constitution, we must protect access to care and establish the Public Health Abortion Grant Program.

Given the current instability with our federal administration and federal funds, community partners that provide reproductive care are facing unease to continue their work without knowing what will happen next. After the *Dobbs* decision, we know that clinical providers have experienced a peak in people seeking services. We must support the work that our providers are doing and the Abortion Grant Program could ease some of their difficulties.

The right to choose is about body autonomy but, unfortunately, oftentimes access to reproductive care becomes a privilege that excludes people who cannot afford medical services. The decision to seek abortion care clinical services can be difficult enough, whether for a person experiencing

intimate partner violence, or for a person whose life is at risk due to medical complications. Regardless of reason, everyone should have the ability to access reproductive care.

Throughout my position this year, I am committed to addressing mental health in our community and understand that, no matter the issue or walk of life, mental health impacts us all. Research has shown that people who are denied access to an abortion experience mental health issues, in addition to experiencing negative mental health outcomes when navigating the barriers to seeking abortion care.¹ With numerous barriers, such as transportation, support systems, and stigma, the financial aspect of seeking clinical abortion services should not be one of them. The great aspect of this bill is that the Abortion Grant Program would use no taxpayer money as it is funded through a surplus of insurance premiums.

For these reasons, I ask that you please support SB 848 to protect Marylanders' reproductive freedom and access to reproductive care.

Thank you,

A handwritten signature in black ink that reads "Kate Stewart". The signature is written in a cursive, flowing style.

Councilmember.Stewart@montgomerycountymd.gov

¹ [National Institute of Health](#).

Testimony on MD Public Health Abortion Grant - SB

Uploaded by: Kaylan Tanner

Position: FAV

Lexi White
All* Above All
611 Pennsylvania Ave. NE #508
Washington, DC 20003
Lexi@allaboveall.org
March 4, 2025

RE: Testimony on Senate Bill 848 – FAV

Dear Chair Pamela Beidle, Vice Chair Antonio Hayes, and Members of the committee,

We strongly support **Senate Bill 848**, which establishes the **Public Health Abortion Grant Program Fund** to expand access to abortion care across Maryland. This bill ensures dedicated state funding and directs certain abortion care-related premiums into the fund, supporting clinical services and breaking down financial barriers to care. As federal threats to abortion funding intensify and restrictions like the [Hyde Amendment](#) continue to deny coverage, it is critical that states take proactive steps to safeguard equitable access. Without this investment, countless individuals will be left without the care they need, deepening health disparities and undermining reproductive freedom.

At [All* Above All](#), we have been leading the fight for abortion justice since 2013, launching as a women of color-led initiative to restore and protect public insurance coverage of abortion. In 2021, we expanded our mission to address broader barriers to abortion access, working at every level to ensure that everyone—regardless of income, race, or zip code—can make their own reproductive decisions.

Across Maryland, many individuals—especially those who are uninsured, underinsured, or facing systemic barriers—struggle to access timely and affordable abortion care. Financial constraints, provider shortages, and restrictive policies disproportionately harm low-income communities, Black and Brown individuals, and those in rural areas. Without adequate state funding, many are forced to delay or forgo care, exacerbating health disparities and placing abortion access even further out of reach.

SB 848 directly tackles these challenges by creating a dedicated funding mechanism to support clinical abortion services. By securing state resources and directing abortion care-related premiums into the fund, this bill strengthens the provider network and reduces financial obstacles for patients. Uninsured and underinsured individuals stand to benefit the most, gaining access to the care they need without facing economic hardship or political interference.

Maryland has been a long leader in protecting and expanding reproductive freedom, and SB 848 continues this legacy. By pioneering a funding model that no other state has implemented, Maryland is setting a national precedent—one that can be replicated in other states to secure access in communities across the country. This bill is not just about protecting abortion care in Maryland; it is about shaping the future of abortion access nationwide.

We urge the Maryland General Assembly to pass **SB 848** and reaffirm the state's commitment to reproductive freedom, equity, and justice.

Sincerely,

Lexi White
Director of State Strategies

Testimony SB0848 pdf.pdf

Uploaded by: Lesley Frost

Position: FAV

SB0848 - the Public Health Abortion Grant Program.

Position - Favorable

March 4, 2025

To the Honorable Chair and Members of the Maryland Senate Finance Committee

My name is Lesley Frost and I am the Co Chair of National Council of Jewish Women, Maryland State Policy Advocacy Committee (NCJW MDSPA) and I am writing to express strong support for SB0848 - the Public Health Abortion Grant Program.

SB0848 builds on the work last year that passed a constitutional amendment guaranteeing the right to abortion in Maryland. That right however, does not come with a guarantee of access to abortion care. Unlike other health care services there is no public grant funding for abortion and since the Dobbs decision, the increased need for abortion services has dictated a need for an increase in public donations to cover that care. The cost of abortion care in Maryland averages between \$400 to over \$2 000 depending on the type of procedure needed.

Maryland Medicaid coverage of abortion services is strictly controlled and difficult to access and although private insurance plans that cover labor and delivery must also cover abortion care, not all Maryland residents have medical insurance, and out of state patients, traveling here for abortion care denied them in their own state, have to find their own financing.

To address this financial need the abortion funding organizations, and clinics, raise money and the competition for their scarce dollars is intense. Today they are facing budget shortfalls and the possibility of closing and HB 930 by making 90% of grant money available directly to abortion care providers and nonprofit funds, would help them remain in business, and address the current need for their services.

The Public Health Abortion Grant Program provides an innovative method of funding abortion care and sets a new national model for creating access to abortion services. The money for this program comes from an existing surplus in segregated insurance accounts (set aside by the Affordable Care Act) to reimburse abortion providers and nonprofit funds, and no taxpayer funds would be involved.

The support for SB0848, the Public Health Abortion Grant Program is based on NCJW resolution IV.2, "The advancement of every person's right to reproductive freedom, including access to legal abortion, medically accurate information, contraception, fertility treatments, adoption, and the elimination of obstacles that limit reproductive justice."

On behalf of the more than 700 advocates of the National Council of Jewish Women in Maryland, I strongly urge the committee to support SB0848, the Public Health Abortion Grant Program, and continue the “advancement of every person’s right to reproductive freedom.”

Thank you for considering this testimony.

Lesley Frost
7707 Wisconsin Avenue
Bethesda MD 20814
lesleyfrost0@gmail.com

Co Chair NCJW MDSPA
ncjw.mdacts@gmail.com

SB0848_LindaBergofsky_FAV.pdf

Uploaded by: Linda Bergofsky

Position: FAV

Date of Hearing: February 26, 2025, 1:00 PM
Linda Rae Bergofsky
Poolesville, MD 20837

TESTIMONY ON SB0848 - POSITION: FAVORABLE
Public Health Abortion Grant Program – Establishment

TO: Chair Guzzone, Vice Chair Rosapepe, and members of the Budget and Taxation Committee

FROM: Linda Bergofsky

I am a resident of District 15. I am submitting this testimony in support of SB0848, Public Health Abortion Grant Program - Establishment

By way of background, I am a member of Oseh Shalom synagogue in Laurel, MD and serve as the chair of its Social Justice committee. I am also a member of the National Council of Jewish Women and an advocate for preserving access to reproductive services for all Marylanders. I campaigned to successfully pass Question 1 in last year's election and now I am asking the Maryland General Assembly to take the next step and ensure that people can pay for abortion care, irrespective of income or insurance coverage.

Federal restrictions, such as the Hyde Amendment, have prohibited federal funding for abortion care. Unlike other health care services - family planning, breast and cervical cancer screening, prenatal services - there is no public grant funding for abortion care. As a result of Federal funding prohibitions, abortion care for low-income individuals has been marginalized with limited sources of funding. While eighteen states, including Maryland, use state funding for abortion coverage in Medicaid, non-profit abortion funds have been left to fill the gaps.

Through private donations, these funds support people who are uninsured or under insured, or have insurance but afraid to use it for confidentiality reasons, and to cover travel and wrap around services. Financial shortfalls are putting Maryland clinics at risk of closing. Partners in Care, an all trimester clinic that serves many out of state patients, is on the verge of closing. The Baltimore Abortion Fund, the largest in the state, can't keep its office open half the time due to lack of funds.

I am urging you to support SB0848 and help create the Public Health Abortion Grant Program to be administered by the MD Department of Health (MDH). Specifically, this program would be funded through the transfer of segregated funds from insurance carriers accounts (as specified in the ACA). The grant program will fund abortion care services for the uninsured and underinsured as well as individuals who have confidentiality concerns about an explanation of benefits being sent to the policy holder. MDH will award funds to non-profit abortion funds and providers only and must award grants using 90% of funds and only use 10% for costs. Program and participants would be prohibited from imposing restrictions inconsistent with law (e.g. spousal consent). Privacy protections are included to protect personal information of grant administrators, providers and patients.

Maryland is a leader in protecting the rights of people to reproductive care. The Public Health Abortion Grant Fund is the necessary next step in ensuring people who need abortions get financial support. **I respectfully urge this committee to return a favorable report on SB0848.**

SB0848 Public Health Abortion Grant Program - SUPP

Uploaded by: Lindsey Turnbull

Position: FAV



**COMMISSION FOR WOMEN
COMMUNITY ENGAGEMENT CLUSTER**

January 12, 2025
Senator Guzzone
Budget and Taxation Committee
3 West Miller Senate Office Building
11 Bladen St.
Annapolis, MD 21401

RE: SB0848 - Public Health Abortion Grant Program - Establishment

Position: **SUPPORT**

Dear Senator Guzzone and Members of the Finance and Budget and Taxation Committees,

On behalf of the Montgomery County Commission for Women, I, Commissioner Lindsey Turnbull, am writing to ask for your support of SB0848 - Public Health Abortion Grant Program - Establishment.

The Public Health Abortion Grant Program would create a state fund to support abortion services, as well as support services, such as travel and child care. This bill would support the newly passed legislation that enshrines reproductive healthcare- including abortion- into the state constitution, in addition to Gov. Wes Moore's shield legislation that protects Marylanders and those from out of state who seek abortion care in Maryland.

This bill creates a state fund to support abortion services as well as practical support services, such as travel and child care. This bill would *not* use any taxpayer money, rather, it would tap into unspent insurance premiums that can only be used for abortion. This bill would transfer unspent funds to the Maryland Department of Health, who would distribute the money to nonprofits across the state that run abortion funds.

Montgomery County Commission for Women advocates for legislation that supports equal access to healthcare. Abortion care is an essential component of reproductive and sexual health. This bill will better position women to make choices that are best for themselves and their families, especially in the post-Roe era. With so many states restricting or banning abortion nationwide, it is also inevitable that Maryland will see an influx of people seeking abortion care that they cannot access at home.

Research shows that access to legal abortion improves women's lives, especially in the areas of education, mental health, income, and long-term career goals. Women of color are disproportionately affected by abortion bans, due to racial and socio-economic barriers to accessing reproductive care. Unhoused persons, LGBTQ+ people, and those who experience intimate partner violence also face additional barriers to accessing abortion care. Nationwide, approximately 60% of abortion patients already have children, and half of those have two or more children. Allowing women to access abortion allows them to best support their families.

Overall, the Commission believes the Public Health Abortion Grant Program gives women and their families the option to choose what is right for them, and it does so with existing surplus money, rather than taxpayer dollars.

We urge a favorable report on SB0848.

Sincerely,

Commissioner Lindsey Turnbull
Member, Policy & Legislative Committee
Montgomery County Commission for Women

Abortion Care - grant fund - testimony - house -

Uploaded by: Lisae C Jordan

Position: FAV



Working to end sexual violence in Maryland

P.O. Box 8782
Silver Spring, MD 20907
Phone: 301-565-2277
www.mcasa.org

For more information contact:
Lisae C. Jordan, Esquire
443-995-5544

Testimony Supporting Senate Bill 848
Lisae C. Jordan, Executive Director & Counsel
March 6, 2025

The Maryland Coalition Against Sexual Assault (MCASA) is a non-profit membership organization that includes the State's seventeen rape crisis centers, law enforcement, mental health and health care providers, attorneys, educators, survivors of sexual violence and other concerned individuals. MCASA includes the Sexual Assault Legal Institute (SALI), a statewide legal services provider for survivors of sexual assault. MCASA represents the unified voice and combined energy of all of its members working to eliminate sexual violence. MCASA urges the Finance Committee and the Budget & Taxation to issue a favorable report on Senate Bill 848.

Senate Bill 848 – Public Health Abortion Grant Program

This bill establishes the Public Health Abortion Grant Program to provide grants to improve access to abortion care clinical services and improve access to abortion care clinical services.

Access to abortion care is vital to survivors of rape.

The CDC reports that almost 3 million women in the U.S. experienced Rape-Related Pregnancy (RRP) during their lifetime. <https://www.cdc.gov/violenceprevention/sexualviolence/understanding-RRP-inUS.html>

A three year longitudinal study of rape-related pregnancy in the U.S., published in the American Journal of Obstetrics and Gynecology (1996, vol. 175, pp. 320-325), found:

5% of rape victims of reproductive age (age 12-45) became pregnant as a result of rape, with the majority of pregnancies in adolescents. Of these, half terminated the pregnancy, 5.9% placed the child for adoption, and 32.2% kept the child.

Survivors of Reproductive Coercion Need Access to Abortion Care

Reproductive coercion is a form of intimate partner violence where a woman's partner tries to control reproductive decisions by preventing access to or tampering with birth control, or forcing sexual intercourse with the intent of causing pregnancy. Of women who were raped by an intimate partner, 30% experienced a form of reproductive coercion by the same partner. Specifically, about 20% reported that their partner had tried to get them pregnant when they did not want to or tried to stop them from using birth control. About 23% reported their partner refused to use a condom. <https://www.cdc.gov/violenceprevention/sexualviolence/understanding-RRP-inUS.html>

Senate Bill 848 will help provide survivors of rape and reproductive coercion with abortion care.

**The Maryland Coalition Against Sexual Assault urges the
Finance Committee and the Budget & Taxation Committee to
report favorably on Senate Bill 848**

SB0848_Abortion Funding_FAVORABLE.pdf

Uploaded by: Liz Enagonio

Position: FAV



Indivisible: Central Maryland

Susan Radke, Lead Advocate

Dsusan56@gmail.com

Liz Enagonio, Lead Advocate

lenagonio@icloud.com

TESTIMONY FOR SB0848

Public Health Abortion Grant Program - Establishment

Bill Sponsor: Senator Guzzone

Committee: Finance

Organization Submitting: Indivisible Central Maryland

Person Submitting: Liz Enagonio and Susan Radke, lead advocates

Position: FAVORABLE

Our names are Liz Enagonio and Susan Radke, lead advocates for Indivisible Central Maryland, a grassroots organization of constituents dedicated to protecting progressive and democratic values. Indivisible Central Maryland **strongly supports SB0848, Public Health Abortion Grant Program – Establishment.** We ask you to VOTE FAVORABLY for SB0848.

SB0848 creates a first-in-the nation grant program to cover abortion care for people who are uninsured, underinsured, or struggling financially. It uses existing funds (\$25 million from surplus insurance premiums), so would not cost taxpayers anything. This bill is so important! A right you cannot afford to exercise is not a real right. Thankfully, Marylanders voted overwhelmingly to protect abortion rights, but for many people, cost remains an obstacle. As well, abortion care should not rely on charity. Right now, non-profits and individuals work to help poor people pay for abortion care, but this is unjust and unreliable.

Maryland has led on reproductive freedom, for which we are grateful. Let's extend the right to abortion care to everyone. **Abortion care is for everyone, not just the wealthy. Your FAVORABLE vote on SB0848 can extend this right to any Marylander who needs it.**

Respectfully,

Liz Enagonio

Susan Radke

lead advocates, Indivisible Central Maryland
members, Maryland Legislative Coalition

SB0848 Testimony.pdf

Uploaded by: Lucy Font

Position: FAV

Tuesday, March 3, 2025

To Hon. Chair Beidle and Honorable Members of the Senate Finance Committee:

We submit this testimony on behalf of Partners in Abortion Care, an independently owned abortion clinic located in College Park, Maryland. We strongly support the passage of SB0848 in order to establish a Public Health Abortion Grant Program, and we urge a favorable report on this bill.

Partners in Abortion Care is one of just a handful of clinics in the country that offer abortion throughout pregnancy, and as such, many of our patients have traveled hundreds of miles for care. Of the mere five later abortion clinics in the country, two are here in Maryland. We see pregnant people in some of the most tragic and desperate situations you can imagine: people losing deeply wanted pregnancies, people experiencing intimate partner and/or sexual violence, and young people that don't learn about their pregnancies until the second or third trimester.

What all of these patients have in common is that they come to Maryland seeking compassionate healthcare that they cannot access closer to home. In fact, Maryland shares a border with West Virginia, a state where there are currently no abortion clinics. **Our state has become a place of refuge where pregnant people can expect to be treated with dignity.** An abortion grant program would provide tangible financial support not only for abortion seekers in Maryland, but also for those forced to travel to Maryland for their care. It would also serve as a model for other states looking to Maryland for leadership in public health policy.

About 90% of our patients are reliant on non-profit organizations that can help pay for the procedure, as well as the additional costs of travel, accommodation, childcare, and other expenses incurred by pregnant people forced to travel hundreds of miles for healthcare. **This philanthropy-based healthcare model is unsustainable and inequitable.** A statewide abortion grant program would ensure that abortion remains accessible, not a luxury reserved only for those who can afford it.

In November 2024, Marylanders overwhelmingly supported the addition of a constitutional amendment protecting abortion rights. **A grant program that funds clinics and abortion seekers would be consistent with public support of abortion care in our state.** Additionally, the grant program utilizes unused funds earmarked for abortion care: it would not cost taxpayers a penny. It is our state's responsibility to employ available funds to expand public health initiatives, especially in light of the fact that federal funding cannot be used for abortion care.

Independently owned abortion clinics provide 58% of all abortions nationwide¹. Despite our crucial role in the abortion access landscape, independent clinics tend to be underfunded, and 76 have been forced to close since Roe v. Wade was overturned in 2022. **The implementation of the Public Health Abortion Grant Program would ensure that Maryland clinics remain operational and can continue to provide essential healthcare.**

With an anti-abortion administration in the White House, **there has never been a more urgent time to protect and expand abortion access.** The establishment of a Public Health Abortion Grant Program will solidify Maryland's role as a national leader in the abortion rights movement, provide crucial financial support to patients and clinics, and actualize Marylanders' support of abortion rights. We urge a favorable report on this bill.

Sincerely,

Morgan Nuzzo CNM

Co-Founder and Executive Director, Partners in Abortion Care

Diane Horvath MD, MPH

Co-Founder and Chief Medical Officer, Partners in Abortion Care

¹ <https://abortioncarenetwork.org/cnc2024/>

250304 BAF Written Testimony for S.B. 848.pdf

Uploaded by: Lynn McCann-Yeh

Position: FAV

March 3, 2025

Senator Pamela Beidle, Chair
Senate Finance Committee
Maryland General Assembly
3 East Miller Senate Office Building
Annapolis, Maryland 21401

**Testimony of Baltimore Abortion Fund
In Support of S.B. 848: Public Health Abortion Grant Program - Establishment**

Dear Chair Beidle and distinguished members of the Senate Finance Committee Committee:

The Baltimore Abortion Fund (BAF) submits this testimony in strong support of S.B. 848, which would establish a public health abortion grant program to increase access to abortions in Maryland. The Baltimore Abortion Fund is a community-based nonprofit organization that helps people pay for their abortions and supports individuals to overcome the obstacles that make it challenging, if not impossible, for so many people to get the abortions they need. That includes paying for the cost of abortion, travel, childcare, and more. Every year, BAF supports hundreds of Maryland residents from all twenty-three counties and Baltimore City, as well as hundreds of people who are forced to travel to Maryland for care due to extreme abortion bans and restrictions. This committee has an opportunity to pass this first-of-its-kind legislation and lead the nation in better supporting abortion funds, providers, and people seeking care.

The reality is that even before the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization*, which overturned *Roe v. Wade* and the constitutional right to abortion, state abortion bans and restrictions, alongside long-standing systemic barriers to care, have made it difficult, if not impossible, for countless people to get abortions. To add insult to injury, the Hyde Amendment prohibits federal funding from being used for abortion care except in narrow circumstances, creating a severe gap in access – even here in Maryland.

Following the rise in increasingly hostile abortion bans and restrictions in the wake of the *Dobbs* decision, both demand and costs for care have skyrocketed. At BAF, requests for assistance have continued to increase dramatically each year, rising from 10,000 inbound calls in 2023 to 15,000 in 2024. This surge includes both Maryland residents—who make

up about two-thirds of those we serve—and an increasing number of out-of-state clients receiving care in Maryland.

Due to severe funding limitations, the BAF helpline operates on a fixed weekly budget to ensure that financial assistance is available year-round. Last year, BAF was forced to drastically reduce its hours as the demand for assistance far outpaced available resources. BAF's helpline is now open just 12 hours a week, Monday through Thursday. Many requests are left unanswered once available funds are depleted, leaving hundreds of Maryland residents and patients with few, if any, alternatives.

Available funds are often exhausted within 24-48 hours. At this current level of resourcing, BAF can only cover a fraction of the support needed for Maryland residents and patients. Last year, BAF clients faced unaffordable procedure costs totaling over \$6.7 million, of which BAF was able to provide just \$850,000 of financial assistance. That total does not include the logistical costs of accessing healthcare, nor does it include hundreds of requests that went unanswered.

Though the need has increased exponentially, resources have not kept pace with demand. Our statewide network of abortion funds, clinics, and providers that facilitate access to abortion is being pushed to the brink. We cannot emphasize enough how vital it is that abortion clinics and abortion funds, like ours, are adequately resourced. It is often the difference between someone getting the care they need and being forced to remain pregnant. This is why we strongly support S.B. 848.

S.B. 848 would create a **first-of-its-kind public health grant program** funded by existing and unspent premiums for abortion coverage already set aside and required to be collected by the Affordable Care Act. These funds, which would otherwise go unused, will be reinvested directly to abortion funds and abortion clinics with their own abortion funds in Maryland. BAF appreciates in particular that these funds can be used whether or not someone has insurance - meaning these funds are available if someone is uninsured, underinsured, or has security or privacy concerns with using their insurance coverage.

At BAF, over 10 percent of our clients who contact us for financial support have some form of insurance but can't use it because their coverage is insufficient or unusable because of Hyde-like restrictions. We also appreciate that S.B. 848 has no state residency requirement so these grants can be used to support anyone who needs them, regardless of their immigration status. Everyone deserves to get the care they need regardless of who they are, where they live, whether they have insurance, or how much money they earn, and S.B. 848 brings us closer to making that a reality.

There is currently available in Maryland an estimated \$25 million that has accumulated from unspent premiums for abortion coverage, and it is anticipated that these surplus funds will continue to accrue an additional \$3 million a year. Under this bill, BAF would be eligible to receive funding. This immense influx of support would enable us to more

effectively meet skyrocketing demand and costs and begin to address severe gaps in access.

Right now, the average client needs \$3,400 to pay for the cost of their abortion, which is particularly concerning when you consider that most Americans cannot afford an unplanned expense of \$1,000. This does not include the costs of practical support such as childcare, gas, or airfare. While the funds from S.B. 848 can only be used to provide abortion services, BAF could help thousands more people with the cost of care and stretch its existing budget even further to provide the wrap-around practical support that so many people need.

S.B. 848 is also responsive to the increased risks and threats of criminalization faced by abortion providers, abortion funds like us, other supporters, and people who get abortions. Given the legal and political landscape and the increased risk, it is more essential than ever to protect people's private health information from misuse and unnecessary disclosure. We appreciate that S.B. 848 recognizes this and prohibits the release, publication, or disclosure of any identifying information about staff at organizations that receive grants, health care providers who provide care, or people who request or obtain support from abortion funds.

Finally, last year, Marylanders enshrined the right to abortion in the state constitution, a critical first step to ensure Maryland remains a state that is ready, willing, and able to continue supporting abortion seekers both within our communities and beyond. But a right in name is not enough. Maryland must make the right a reality by ensuring people, especially those who are low-income, uninsured, or underinsured, can get the care they need. We urge the Committee to return a favorable report on S.B. 848.

If you have any questions or need additional information from BAF, please do not hesitate to contact us at info@baltimoreabortionfund.org.

Sincerely,



Lynn McCann-Yeh and Porsha Pinder
Co-Executive Directors
Baltimore Abortion Fund

SB848_WomensCaucus_FAV

Uploaded by: Maryland Women's Caucus

Position: FAV

DEL. DANA JONES, DISTRICT 30A
President

DEL. MICHELE GUYTON, DISTRICT 42B
1st Vice-President

DEL. JENNIFER WHITE HOLLAND, DISTRICT 10
2nd Vice-President

DEL. SARAH WOLEK, DISTRICT 16
Secretary



DEL. LINDA FOLEY, DISTRICT 15
Treasurer

DEL. KAREN R. TOLES, DISTRICT 25
Parliamentarian

DEL. JACQUELINE T. ADDISON, DISTRICT 45
At Large

DEL. KYM TAYLOR, DISTRICT 23
At Large

WOMEN LEGISLATORS OF MARYLAND
THE MARYLAND GENERAL ASSEMBLY

February 24, 2025

To: Senator Pamela Beidle, Chair
Senator Antonio Hayes, Vice Chair
Finance Committee

The Maryland Women's Caucus is proud to express our unanimous support for **SB848: Public Health Abortion Grant Program – Establishment**. This critical legislation is a necessary step in ensuring that individuals—particularly women—have access to essential, comprehensive reproductive health care, including abortion services, without financial or logistical barriers.

As you are aware, access to abortion care is a fundamental component of reproductive health and autonomy. However, for many individuals in Maryland, particularly those in rural areas, low-income communities, and marginalized populations, accessing these services remains a significant challenge. Financial constraints, lack of nearby providers, and systemic barriers disproportionately impact women who are already facing economic and social hardships. SB848 directly addresses these obstacles by establishing a Public Health Abortion Grant Program that will provide funding to improve access to clinical abortion services across the state.

This legislation ensures that individuals can receive the reproductive health care they need without undue financial strain. By creating a special, nonlapsing fund, SB848 provides sustainable resources to expand abortion care accessibility, ensuring that no Marylander is forced to delay or forgo essential medical care due to cost concerns. Additionally, requiring that certain premium funds collected by health insurance carriers be allocated toward expanding access to abortion services further reinforces Maryland's commitment to reproductive freedom and health equity.

Ensuring accessible and affordable abortion care is not just a health issue—it is an issue of economic justice, gender equity, and fundamental rights. Women must have the ability to make decisions about their own bodies and futures without unnecessary barriers. SB848 is a vital step toward guaranteeing that reproductive health care remains a protected and accessible right for all individuals in Maryland, regardless of income or geographic location.

For these reasons, the Maryland Women's Caucus strongly urges the Finance Committee to issue a favorable report for SB848. Thank you for your time and consideration. We appreciate your commitment to improving the lives of Marylanders.

SB 848 - FIN - MDH - LOS.docx (1).pdf

Uploaded by: Meghan Lynch

Position: FAV



Wes Moore, Governor · Aruna Miller, Lt. Governor · Ryan Moran, DrPH, MHSA, Acting Secretary

March 6, 2025

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

RE: Senate Bill 848 – Public Health Abortion Grant Program - Establishment – Letter of Support

Dear Chair Beidle and Committee members:

The Maryland Department of Health (the Department) respectfully submits this letter of support for Senate Bill (SB) 848 – Public Health Abortion Grant Program - Establishment. This bill establishes the Public Health Abortion Grant Program to provide grants to improve access to abortion care clinical services for individuals in the State; establishes the Public Health Abortion Grant Program Fund as a special, non-lapsing fund to provide grants under the Program; and requires that certain premium funds collected by health insurance carriers be used to provide certain coverage and to support improving access to abortion care clinical services under certain circumstances.

While Maryland’s abortion policies are among the most protective in the country, abortion access is threatened by uncompensated out-of-pocket costs borne by both providers and patients. Though Maryland requires insurers, including Medicaid, to cover abortion care, the reimbursement rates do not always cover the full cost. This discrepancy is especially true for later abortion care, which is more costly than early abortion care, leaving patients and providers with larger cost gaps to fill. Additionally, about 20% of Maryland’s abortion patients travel from out of state, illustrating Maryland’s role as a safe haven for abortion access; yet these patients are typically unable to use insurance to cover the cost of their care.

Due to a lack of federal and state funding, abortion clinics and patients have relied on nonprofits, such as abortion funds, to help cover costs. However, after an initial outpouring of financial support after the overturning of *Roe v. Wade*, donations from the public have dwindled. As a result of waning donations, the National Abortion Federation recently suspended two funding support streams and cut overall funding for clinics by nearly 50%, which has significantly impacted Maryland providers. Unwilling to sacrifice patient access, some clinics continue to provide abortion services at their own financial expense, but this approach is unsustainable.

As a state known for its leadership in reproductive rights, Maryland should continue to set an example by taking concrete action to support abortion access. At least four other states have committed state funds for local abortion fund organizations.¹ Emulating these efforts would continue to solidify Maryland's critical role in the movement to protect and expand abortion rights, access, and care, and would strengthen existing investments related to clinical training, insurance coverage, and data protection.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,

A handwritten signature in blue ink that reads "Ryan B. Moran". The signature is written in a cursive style with a horizontal line underneath the name.

Ryan Moran, Dr. PH, MHSA
Acting Secretary

¹ Eight Ways State Policymakers Can Protect and Expand Abortion Rights and Access in 2023. (2023, January). Guttmacher. Retrieved February 15, 2025, from <https://www.guttmacher.org/2023/01/eight-ways-state-policymakers-can-protect-and-expand-abortion-rights-and-access-2023>

NNAF - (FAV) Testimony in Support of - S.B. 848 (

Uploaded by: MiQuel Davies

Position: FAV



NATIONAL NETWORK OF
ABORTION FUNDS

March 4, 2025

Senator Pamela Beidle, Chair
Senate Finance Committee
Maryland General Assembly
3 East Miller Senate Office Building
Annapolis, Maryland 21401

**Testimony of the National Network of Abortion Funds
In Support of S.B. 848: Public Health Abortion Grant Program - Establishment**

Dear Chair Beidle and distinguished members of the Senate Finance Committee:

The National Network of Abortion Funds (NNAF) submits this testimony in strong support of S.B. 848, which would establish a **first-of-its-kind public health abortion grant program** to increase access to abortion and resource the support network of abortion funds and providers in Maryland. NNAF is a national membership organization of nearly 100 independent abortion funds located across the United States, including the Baltimore Abortion Fund in Maryland. Abortion funds exist because it is challenging, if not impossible, for many people to get the abortions they want and need without financial and logistical support. That longstanding abortion access gap has become a full-blown crisis, and abortion funds are struggling to meet the skyrocketing demand, all while navigating an increasingly hostile and complex legal landscape. With this groundbreaking legislation, Maryland has the opportunity to take the bold and decisive action this moment requires and lead the nation by truly resourcing the support networks on which so many people and communities rely to get the abortions they want and need.

Abortion funds are at the forefront of abortion access in their communities. Even before the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization* overturned *Roe v. Wade* and gutted the constitutional right to abortion, abortion funds were often the difference between someone getting an abortion or being forced to remain pregnant. The cost of abortion—which currently varies between \$560 and over \$20,000, depending on the circumstances—alone is prohibitive for many, and is frequently compounded by other systemic barriers due to economic inequality, racism, xenophobia, abortion stigma, and extreme and ungrounded abortion restrictions.¹ Federal lawmakers exacerbate the abortion access gap by prohibiting the use of federal funding for abortions, and only a few states have granted additional funds for this purpose

¹ See Ortal Wasser, et al., *Catastrophic Health Expenditures for In-State and Out-of-State Abortion Care*, JAMA NETWORK OPEN (Nov. 8, 2024), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2826000>; Ivette Gomez, et al., *Abortions Later in Pregnancy in a Post-Dobbs Era*, KAISER FAMILY FOUND. (Feb. 21, 2024), <https://www.kff.org/womens-health-policy/issue-brief/abortions-later-in-pregnancy-in-a-post-dobbs-era/>.

(and none on this scale). That means the costs associated with getting an abortion are covered almost entirely by people seeking abortions and private dollars, usually from abortion funds. As the abortion access gap widens, abortion funds provide essential funding and logistical support to make the impossible possible for many people.

While abortion funds experienced a momentary spike in donations after the *Dobbs* decision, that temporary increase was eclipsed by surging demand and has dwindled since. Abortion funds reported a 39% increase in requests for help in the year after *Dobbs*, and some abortion funds reported a 200% increase in call volume. In that time, abortion funds across the country disbursed over \$36 million to pay for the cost of abortions and over \$10 million to pay for logistical support, like transportation, lodging, childcare, and more. Since then, the complexity and cost of supporting callers has only continued to increase. Last year, in 2024, abortion funds disbursed more than \$50 million to pay for the costs of abortions and over \$13 million to pay for logistical support.² Many abortion funds, like the Baltimore Abortion Fund in Maryland, are struggling to meet that staggering demand and have been forced to close their health lines early most months because they frequently exceed their monthly funding budget within the first few weeks of the month. The network of abortion funds, clinics, and providers in Maryland is straining under the weight of this demand, and the unmet need continues to grow. That means that truly resourcing this critical support network by passing S.B. 848 may very well be the difference between many Marylanders and others getting an abortion or being forced to remain pregnant.³

S.B. 848 would create a first-ever public health grant program funded by existing and unspent premiums for abortion coverage already set aside and required to be collected by the Affordable Care Act. An estimated \$25 million has accumulated from unspent premiums for abortion coverage in Maryland, and these surplus funds will likely continue to accrue at a rate of \$3 million a year. These funds, which must be used for abortions and would otherwise go unused, will be reinvested directly into abortion funds (and abortion clinics with in-house abortion funds) in Maryland. The grant funding from S.B. 848 would enable potential grant recipients like the Baltimore Abortion Fund to support **thousands** more people in paying for their abortions. We applaud supporters of S.B. 848 for recognizing that our communities are interconnected and enabling the use of grant funds for abortion seekers who are forced to travel to Maryland from restrictive states to get an abortion. And we appreciate that funding from S.B. 848 can be used to pay for an abortion regardless of whether someone has insurance, which is critical for abortion seekers who are uninsured, underinsured, or who are unable to or endangered if they use their own insurance. This unprecedented influx of state funding would be transformative for your communities and for people who travel to Maryland because they cannot get abortions where they work or live, particularly from Southern states with abortion bans or restrictions.

² Data on file with the National Network of Abortion Funds.

³ Studies show that denying someone an abortion has profound impacts on their lives and health that often persist for decades. They are more likely to experience health issues during pregnancy, which is already one of the most dangerous times in a person's life due to the maternal health crisis in this country. Denying an abortion to someone experiencing intimate partner violence harder for them to leave, and increases the odds that their abuser will severely harm or murder them. And people who are forced to remain pregnant are more likely to experience poverty and to struggle to cover basic living expenses like food, housing, and transportation for years afterward. See Diana Greene Foster, et. al, *The Turnaway Study*, ANSIRH (2025), <https://www.ansirh.org/research/ongoing/turnaway-study>.

S.B. 848 also recognizes the increased risks and threats of criminalization that so many abortion providers, abortion funds, other supporters, and people who get abortions are facing now. In this increasingly complex, constantly shifting, and hostile legal landscape, it is essential to protect the private information of people who get abortions or support others in getting abortions. NNAF appreciates that S.B. 848 prohibits the release, publication, or disclosure of any identifying information about staff at abortion funds, abortion providers, or people whose abortions are funded by S.B. 848.

Maryland has a long history of supporting access to abortion, and abortion is extremely popular among voters in Maryland. Just last year, Marylanders enshrined the right to abortion in the state constitution, a critical step toward ensuring Maryland is a safe haven for people seeking abortions. But a right in name is not enough. NNAF believes that all people should have access to the abortions they want and need when they want and need them, regardless of who they are, where they live, whether they are insured, or how much money they earn, and S.B. 848 is a bold and decisive step toward that reality.

We urge the Committee to return a favorable report on this groundbreaking and deeply impactful legislation, and to model for other states what leadership looks like in this moment. If the Committee has questions about this testimony, please contact Alanna Peterson, Chief Legal Officer, and MiQuel Davies, Associate General Counsel, at legal@abortionfunds.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'Poonam', with a large, stylized flourish at the end.

Poonam Dreyfus-Pai
Interim Executive Director
National Network of Abortion Funds

Testimony in support of SB0848 - Public Health Abo

Uploaded by: Richard KAP Kaplowitz

Position: FAV

SB0848_RichardKaplowitz_FAV
03/06/25
Richard Keith Kaplowitz
Frederick, MD 21703-7134

**TESTIMONY ON SB0848 - POSITION: FAVORABLE
Public Health Abortion Grant Program – Establishment**

TO: Chair Beidle, Vice Chair Hayes, and members of the Finance Committee
FROM: Richard Keith Kaplowitz

My name is Richard Kaplowitz. I am a resident of District 3, Frederick County. I am submitting this testimony in support of/ SB0848, Public Health Abortion Grant Program – Establishment

This bill recognizes a significant problem exists in providing reproductive healthcare and identifies a non-state source and allocation of funding to resolve the problem.

For decades, anti-abortion policies have tried to limit access to care, with federal restrictions like the Hyde Amendment preventing public funding for abortion services. Abortion funds and providers are facing a funding crisis, struggling to keep up with demand, especially since the Dobbs decision overturned Roe v. Wade. Local providers like Partners in Care in College Park, the Baltimore Abortion Fund, and the Women's Health Center near Cumberland are already feeling financial strain, with some facing the real possibility of closing their doors.

The bill makes the following happen to address the identified problems:

- Establishes a public grant program that will distribute funds **from an existing surplus** in segregated insurance accounts (set aside by the Affordable Care Act) to reimburse abortion providers and nonprofit funds. **No taxpayer funds are involved.** In Maryland, our estimated fund is \$25 million, with \$3 million expected annually.
- Supports uninsured and underinsured individuals, those facing confidentiality concerns, and people who must travel for care due to restrictive laws in neighboring states.
- Allocates 90% of available funds directly to abortion care providers and nonprofit funds, with a special focus on equity and access.
- Protects privacy and confidentiality for individuals seeking care.
- Keeps our abortion providers in business.
- Provides a model for other reproductive rights sanctuary states.

This bill establishes the Public Health Abortion Grant Program to provide grants to improve access to abortion care clinical services for individuals in the State. It will establish the Public Health Abortion Grant Program Fund as a special, non lapsing fund to provide grants under the Program. It further requires that certain premium funds collected by health insurance carriers be used to provide certain coverage and to support improving access to abortion care clinical services under certain circumstances.

I respectfully urge this committee to return a favorable report on SB0848.

2025 ACNM SB 848 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

Bill: SB 848 – Public Health - Abortion Grant Program and Establishment

Hearing Date: March 6, 2025

Position: Support

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) strongly supports *Senate Bill 848 – Public Health – Abortion Grant Program and Establishment*. The bill addresses the urgent need for sustainable resources to ensure equitable abortion access in Maryland.

In November 2024, Maryland codified the right to reproductive freedom in Maryland’s Constitution with 76% of the voters supporting Question 1. Yet the right to abortion does not equate to access. People still face many barriers to accessing abortion care in their communities. While Maryland’s law requires abortion coverage in state-regulated plans, about two-thirds of people have insurance plans that do not have to meet that requirement.

People who are uninsured or underinsured often turn to abortion providers and non-profit abortion funds for support. However, the abortion provider and abortion fund community are extremely stretched because of the tumultuous reproductive health landscape.

We support SB 848 because it creates a public health grant program to support equitable access to abortion care. Unlike other types of health care, such as family planning and cancer screening, there are no public health grants for abortion care. This dearth of public health grant funding is the legacy of federal restrictions such as the Hyde Amendment.

Abortion care is healthcare. Please vote favorably on SB 848. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net.

2025 WLCM SB 848 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV

Committee:	Senate Finance Committee
Bill:	Senate Bill 848 – Public Health – Abortion Grant Program - Establishment
Hearing Date:	March 6, 2025
Position:	Support

The Women's Law Center of Maryland strongly supports *Senate Bill 848 – Public Health – Abortion Grant Program - Establishment*. The bill establishes the Public Health Abortion Grant and identifies a sustainable funding source through unspent insurance premiums for abortion coverage.

The Need for Sustainable Resources for Equitable Abortion Access

The right to reproductive freedom is protected in Maryland's Constitution, as a result of 76% of Maryland voters supporting Question 1 in November 2024. However, the legal right to abortion care does not equate to access. People with limited resources still struggle with accessing abortion care. Unlike other kinds of women's health services – including family planning and cancer screening, there are no public health grant programs that support abortion care. This lack of resources is a legacy of the federal Hyde amendment which prevents the use of federal dollars to support abortion care.

SB 848 addresses this long-standing equity by creating a public health program to support abortion care for uninsured and underinsured people. The bill explicitly recognizes that even some fully insured individuals may need support, as some people cannot use their insurance for abortion care as their safety could be at risk if a family member received an explanation of benefits for the care.

Following the *Dobbs* decision, many states – including California, Massachusetts, New Jersey, New York, and Oregon - allocated emergency funding to address the immediate impact

on abortion care access in their states. With almost half the state attempting abortion bans and federal restrictions looming on the landscape, we need to identify long-term grant funding to sustain abortion access in Maryland. We can no longer rely on charitable donations as those resources are spread too thin. Some providers have reported that they have seen a 50% reduction in charitable support now that we are over two years beyond the *Dobbs* decision.

We are deeply concerned about the impact of reduced resources on abortion access in Maryland:

- Providers have reported that they may need to reduce their hours or even consider closing. We already have too few providers, particularly in rural communities.
- Abortion funds, which are organizations that provide funding support for abortion care, have reduced hours, meaning they are turning people away for support of abortion care and travel costs. The abortion funds do not have the resources to determine what happened to the people they turned away; and
- Patients are having to choose medication abortion even if they prefer procedural care because it is less expensive.

These access problems are going to become more severe as the reproductive health landscape becomes even more tumultuous.

Maryland Has Identified a Sustainable Funding Source for Public Health Abortion Grants

Under federal law requires, qualified health plans (also known as Exchange plans) must charge \$1 per month for abortion coverage for every insured individual. The insurers must keep track of the collection and expenditure of these premium dollars in a separate account, called a segregated account under Section 1303.

Under federal law, funds in segregated funds cannot be used for any purpose other than abortion care. This condition has been imposed to ensure that no federal funds are being used to support abortion coverage. Since the actuarial value of abortion coverage is far under \$1 per member per month, the segregated accounts have surpluses. According to annual reports by the Maryland Insurance Administration, insurers have an average of almost \$3 million in unspent abortion premiums each year which has resulted in accrued 11-year fund balance of

approximately \$25 million in December 2024 . HB 930 taps into these unspent funds to provide a sustainable funding source for the Public Health Abortion Grant Fund. The Insurance Commissioner would move 90% of unspent funds to the Public Health Abortion Fund under the Department of Health.

Maryland Department of Health Can Support Equitable Access with Public Health Abortion Grants

SB 848 establishes the Public Health Abortion Grant Fund under the Maryland Department of Health. The Department would administer the program, similar to other public health grants for healthcare services. The Department would be required to use the majority of funds to provide grants to healthcare providers and abortion funds to pay for the cost of abortion clinical services for people who are: 1) uninsured; 2) underinsured; or 3) too afraid to use their insurance for fear of an explanation of benefits being sent home.

The Governor is required to appropriate \$2 million for the first year to support start-up of the program in fiscal 2026 and then approximately \$3 million a year after that. If more funding is needed, there will be reserves in the Public Health Abortion Grant Fund because of the accrued surplus of approximately \$25 million from 1303 accounts between 2014 and 2024.

Conclusion

We ask for a favorable report of SB 848. Please contact Robyn Elliott for any additional information at relliott@policypartners.net.

The Women's Law Center of Maryland is a private, non-profit, legal services organization that serves as a leading voice for justice and fairness for women. It advocates for the rights of women through legal assistance to individuals and strategic initiatives to achieve systemic change, working to ensure physical safety, economic security, and bodily autonomy for women in Maryland.

MD SB 848_ Testimony in Support from SiX Action.do

Uploaded by: Rosann Mariappuram

Position: FAV



STATE INNOVATION EXCHANGE

March 4, 2025

RE: FAV/Supporting SB 848: Public Health Abortion Grant Program

Dear Committee Members,

On behalf of State Innovation Exchange (SiX) Action, I am writing in **SUPPORT** of **SB 848** a bill that will ensure people in Maryland not only have the right to reproductive freedom but also that they can actually access abortion care.

SiX's Reproductive Freedom Leadership Council (RFLC) is the country's only network of state legislators who champion reproductive health, rights, and justice. The RFLC network is made up of 600+ visionary leaders who are changing the game to achieve an equitable, resilient, healthy, and prosperous future - including reproductive freedom for all.

The overturning of *Roe v. Wade* created chaos across our country as millions of people lost access to abortion care. Patients now travel hundreds of miles for abortion care, and often have to pay out of pocket for this critical healthcare.

SB 848/HB 930 is an innovative, first-of-its kind solution to this funding gap. Sponsors Delegate Lesley Lopez and Senator Guy Guzzone have led with their values by ensuring the grant does not discriminate on the basis of insurance coverage, immigration status, or state residency. This legislation could be a powerful template that could be replicated across the country in other states that protect abortion care.

SiX writes today in support of SB 848 because it will protect abortion care and affirms Maryland as a state committed to reproductive freedom.

Sincerely,

Rosann Mariappuram, J.D., M.A.
she/her
Senior Policy Counsel, Reproductive Rights
State Innovation Exchange
1360 Regent St PMB 257
Madison, WI 53715

SB 848 FAV for AAUW MD.pdf

Uploaded by: Roxann King

Position: FAV



Testimony of American Association of University Women of Maryland
to the
Maryland General Assembly
Senate Finance Committee
in support of
Senate Bill 848: Public Health Abortion Grant Program - Establishment

March 4, 2025

Submitted by Roxann King, co-Vice President, Public Policy, AAUW Maryland
2535 Painter Court, Annapolis, MD 21401

The American Association of University Women Maryland (AAUW Maryland) strongly supports 2025 SB 848. Founded in 1881, AAUW's approximately 170,000 members and 1,000 branches nationwide are leaders in gender equity research, advocacy, and education. In Maryland, our members and supporters, and college and university partners are strong advocates for laws that promote the well-being of women and families.

It is so fortunate that previous legislation created the bill requiring health insurance providers to dedicate funds to be used only for abortion care. These funds are so needed now by Marylanders and citizens of states where abortion has recently been outlawed. Please make these funds available, especially to women uninsured by Maryland insurers, for abortion care by providers in Maryland.

AAUW MD urges that you provide a favorable report on Senate Bill 848, Public Health Abortion Grant Program - Establishment.

NWLC_SB848 Letter of Support.pdf

Uploaded by: Sawyeh Esmaili

Position: FAV



1350 I STREET NW
SUITE 700
WASHINGTON, DC 20005
202-588-5180
NWLC.ORG

March 6, 2025

Maryland Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland

RE: SUPPORT Senate Bill 848, Public Health Abortion Grant Program

Dear Committee Members:

The National Women’s Law Center (“The Law Center” or “NWLC”), based in Washington, D.C., is a non-profit legal and advocacy organization dedicated to the protection and advancement of gender justice. The Law Center is submitting comments in support of Senate Bill 848, creating a Public Health Abortion Grant Program.¹ We urge the Committee to advance this innovative bill that, if passed, would meet a critical need.

At the Law Center, we use the law in all its forms to change culture and drive solutions to the gender inequity that shapes our society and to break down the barriers that harm all of us – especially those who face multiple forms of discrimination. We know that access to critical health care, including abortion care, is vital to gender equity. Specifically, abortion access is critical to our economic security and ability to determine our own futures.² We know that states like Maryland also understand this fundamental principle, given its leadership in protecting reproductive freedom. Access to abortion has been increasingly restricted or outright banned around the country since the Supreme Court’s erroneous decision in *Dobbs v. Jackson Women’s Health Organization*,³ and we commend the tireless work in states like Maryland, where lawmakers and advocates have advanced critical protections for people who seek abortion care.

Passing SB 848 would demonstrate Maryland’s continued leadership in protecting abortion care access and, in effect, would improve economic security for people with the capacity for pregnancy. It would also be a crucial step in guaranteeing the right to reproductive freedom – a freedom that an overwhelming majority of voters in Maryland agree is fundamental.⁴ As such, NWLC strongly supports SB 848’s passage.

¹ Md. Senate Bill 848, Reg. Sess. 2025.

² Amy K. Matsui, *Abortion Access Is Critical to Economic Security*, NATIONAL WOMEN’S LAW CENTER (July 18, 2022), <https://nwlc.org/abortion-access-is-critical-to-economic-security/>.

³ 597 U.S. 215 (2022).

⁴ The State Board of Elections of Maryland, *Official 2024 Presidential General Election Results for Question 1* (Dec. 5, 2024), https://elections.maryland.gov/elections/2024/general_results/gen_qresults_2024_1.html.

I. SB 848 advances economic justice and, as a result, is a step towards gender justice.

The intersecting legal and public health crises with respect to pregnancy and reproductive health care continue to intensify following the Supreme Court’s erroneous decision in *Dobbs*. With abortion bans and restrictions becoming even more widespread, seeking abortion care has become even more cumbersome and costly. According to a study, published in November 2024, of patients in the U.S. seeking abortion care before *Dobbs*, “many [abortion seekers] and their households were estimated to incur [catastrophic health expenditures], particularly those traveling from out of state.”⁵ The study’s authors acknowledged that the burdens have likely exacerbated following the Supreme Court’s overturning of *Roe v. Wade*: “the financial and psychological burdens of abortion seeking have likely worsened after the *Dobbs* decision, as more people need to cross state lines to reach abortion care.”⁶ This prediction has become reality—there has been a surge of out of state travel for abortion care, with data showing that the proportion of people crossing state lines to seek an abortion doubled in 2023, as compared to 2020.⁷

Deciding when and whether to have a child is one of the most significant economic decisions a person can make. According to data from the Guttmacher Institute, “the majority of people who get an abortion are already struggling to make ends meet: 71% of abortion patients have low incomes and the majority are already parents.”⁸ Studies show that being denied an abortion can increase the amount of debt 30 days or more past due by 78%, and it can also increase the rate of bankruptcies and evictions by 81%.⁹

Conversely, access to reproductive care is critical to ensure economic wellbeing.¹⁰ Access to family planning services, including abortion care, has a significant impact on people’s ability to control their futures, allowing individuals to have higher career goals and aspirations, as well as plan better for their future.¹¹ A study found that “women who live in states with Medicaid funding for abortion are more likely to change occupations year-over-year, which is linked to higher earnings and better job matches, compared to women who

⁵ Ortal Wasser, et al., *Catastrophic Health Expenditures for In-State and Out-of-State Abortion Care*, JAMA NETWORK (Nov. 8, 2024), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2826000>.

⁶ *Id.*

⁷ Kimya Forouzan et al., *The High Toll of US Abortion Bans: Nearly One in Five Patients Now Traveling Out of State for Abortion Care*, GUTTMACHER INSTITUTE (December 2023), <https://www.guttmacher.org/2023/12/high-toll-us-abortion-bans-nearly-one-five-patients-now-traveling-out-state-abortion-care>.

⁸ Guttmacher Institute, *10 Points to Consider When Engaging with Policy Debates Around Abortion* (October 2024), <https://www.guttmacher.org/fact-sheet/10-points-consider-when-engaging-policy-debates-around-abortion>.

⁹ Sarah Miller et al., *The Economic Consequences of Being Denied an Abortion*, NATIONAL BUREAU OF ECONOMIC RESEARCH (Jan. 2020, rev. Jan 2022), <https://www.nber.org/papers/w26662>.

¹⁰ Kate Bahn & Emilie Openchowski, *What The Research Says About The Economic Impacts Of Reproductive Care*, WASHINGTON CENTER FOR EQUITABLE GROWTH (June 2022), <https://equitablegrowth.org/wp-content/uploads/2022/06/062722-repro-care-fs.pdf>.

¹¹ See, e.g., *id.*

live in states that do not have public insurance funding for abortion care.”¹² When women¹³ have the ability to control when they start a family, their wages can significantly increase.¹⁴ Access to reproductive health care is particularly important for women of color, who face added barriers due to systemic racism.¹⁵ For example, Black women see a 10% increase in their earnings as a result of having the ability to control when and whether to have children.¹⁶

Our ability to decide when and whether to have a child is fundamental to our economic security. With economic security, we are able to plan for a better future both for ourselves and our families. It is in that vein that SB 848 promotes economic justice. With the Abortion Grant Program of SB 848, abortion seekers in Maryland would face one less hurdle in accessing care. If passed, this bill would generate a significant positive impact towards economic and gender justice.

II. SB 848 is an allowable and much needed use of funds.

The majority of people seeking abortion care are already in difficult financial situations, struggling to make ends meet.¹⁷ Seventy one percent of people who obtain abortion care have low incomes.¹⁸ The decision to have an abortion can be costly. The cost of abortion care can depend on several factors, including (but not limited to) the method of abortion care obtained, gestational duration, and location where the person who wants or needs an abortion lives or seeks care. Thanks to the Affordable Care Act (“ACA”), millions of women gained health insurance coverage.¹⁹ Yet, the ACA treated abortion differently than other kinds of medical care. Rather than requiring coverage of abortion care, it allows states to prohibit insurance plans from covering abortion, and in the absence of a ban, allows insurance plans to decide for themselves whether to cover abortion. This means that,

¹² *Id.* (Describing findings from another study conducted by the author.)

¹³ We use “women” in reference to the studied populations in the cited research; however, we recognize that abortion access impacts all people who may become pregnant, including cisgender women, transgender men, and non-binary people.

¹⁴ Kate Bahn & Emilie Openchowski, *What The Research Says About The Economic Impacts Of Reproductive Care*, WASHINGTON CENTER FOR EQUITABLE GROWTH (June 2022), <https://equitablegrowth.org/wp-content/uploads/2022/06/062722-repro-care-fs.pdf>. (Describing a study by Ali Abboud at The Ohio State University.)

¹⁵ See, e.g., *id.*

¹⁶ *Id.*

¹⁷ Most abortion seekers say they cannot afford a child or another child. See, e.g., Heather D. Boonstra, *Abortion in the Lives of Women Struggling Financially: Why Insurance Coverage Matters*, GUTTMACHER INSTITUTE (July 14, 2016), <https://www.guttmacher.org/gpr/2016/07/abortion-lives-women-struggling-financially-why-insurance-coverage-matters>.

¹⁸ Guttmacher Institute, *10 Points to Consider When Engaging with Policy Debates Around Abortion* (October 2024), <https://www.guttmacher.org/fact-sheet/10-points-consider-when-engaging-policy-debates-around-abortion>.

¹⁹ National Women’s Law Center, *Millions Of Women Have Gained Health Insurance Coverage Thanks To The Affordable Care Act* (April 11, 2018), <https://nwlcc.org/resource/millions-of-women-have-gained-health-insurance-coverage-thanks-to-the-affordable-care-act/#>.

unlike other forms of sexual and reproductive health care, abortion care is not always covered by insurance plans. In 2021-2022, for example, over 50% of people paid out of pocket for their abortion care.²⁰ Although some insurance plans cover abortion care, most people who access abortion care in the U.S. pay out of pocket due to insurance coverage restrictions on abortion.²¹ Even when a person's insurance plan does include abortion care coverage, a person may choose not to cover the cost of their abortion through their insurance due to privacy concerns.²² Because of the Hyde Amendment and restrictions in the ACA on the use of federal financial assistance (in the form of tax credits and cost-sharing reduction payments) to pay for abortion services beyond limited exceptions, there are no federal funds that go towards the payment of abortion care services,²³ even though there is federal funding that goes towards other forms of sexual and reproductive health care.

Moreover, the overall cost of getting an abortion often goes beyond just the cost of care. Factors that can contribute to abortion-related expenses include the costs of transportation, time off work, and child care. In fact, the need for logistical support and inability to cover those costs are so great and common that abortion funds often offer practical support, like travel, child care, and translation services, in addition to financial support for the cost of the procedure itself.²⁴

If passed, SB 848 would be the first program of its kind in the United States and could serve as a model for other states wanting to advance gender justice. Notably, the funds of SB 848's Abortion Grant Program would come from the premium funds collected in accordance with Section 1303 of the Affordable Care Act, a provision that is intended to make insurance coverage of abortion care burdensome by imposing segregation of fund and administrative requirements on insurance companies who cover abortion beyond limited exceptions. The ACA requires those plans to create a separate allocation account made up of consumer contributions from the premium they pay, which can only be used to pay for abortion services beyond limited exceptions. This allocation account already exists and would be the source of funding for SB 848's grant program. As a result of this allocation account, taxes will not increase for Marylanders for the purpose of funding this grant. In fact, no taxpayer funding would go towards this grant program at all.

²⁰ Guttmacher Institute, *Abortion in the United States* (June 2024), <https://www.guttmacher.org/fact-sheet/induced-abortion-united-states> ("More than half (53%) of people paid out of pocket for their abortion in 2021–2022.").

²¹ Ortal Wasser, et al., *Catastrophic Health Expenditures for In-State and Out-of-State Abortion Care*, JAMA NETWORK (Nov. 8, 2024), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2826000>.

²² For example, a person may not want to proceed through their insurance plan because they do not want their explanation of benefits sent to the insurance plan policy holder.

²³ Alina Salganicoff, et al., *The Hyde Amendment and Coverage for Abortion Services Under Medicaid in the Post-Roe Era*, KFF (March 14, 2024), <https://www.kff.org/womens-health-policy/issue-brief/the-hyde-amendment-and-coverage-for-abortion-services-under-medicaid-in-the-post-roe-era/>. Note: The Hyde Amendment permits federal funding of abortion care only in very narrow exceptions.

²⁴ National Network of Abortion Funds, *Common Questions*, <https://abortionfunds.org/need-an-abortion/common-questions-abortions-abortion-funds/>.

The funding granted through SB 848’s Abortion Grant Program would go exclusively towards the costs of clinical abortion services. Abortion funds are eligible to receive grants through this program, and the Program’s grants related to clinical abortion services would free up some of the abortion funds’ funding so that it may go towards much needed practical support instead. This is of particular importance given that donations to abortion funds have recently decreased drastically, and, as a result, abortion funds are struggling to meet the increasing need for support.²⁵

SB 848’s passage would be protecting a fundamental right in Maryland. When 76% of Maryland voters voiced their strong support for Question 1 in the 2024 election, Marylanders made their voices clear: an individual has a fundamental right to reproductive freedom, which includes terminating a pregnancy.²⁶ In passing SB 848, Maryland would maintain its legacy as a leader in protecting reproductive freedom. SB 848’s passage would give meaning to the saying “put one’s money where one’s mouth is” - it would help make a right a reality for many people seeking abortion care in Maryland.

Senate Bill 848 and its innovative and allowable use of funds is an important step in advancing both economic and gender justice. Importantly, the program laid out in SB 848 could serve as a model for other states looking to protect abortion access and promote abortion seekers’ economic wellbeing. No one should have to worry about cost when seeking essential health care. We all deserve the ability to control our bodies and our futures. The National Women’s Law Center urges Maryland’s Senate Finance Committee to advance Senate Bill 848.

Sincerely,



Sawyeh Esmaili
Senior Counsel, Reproductive Rights and Health
National Women’s Law Center

²⁵ Nathaniel Weixel, ‘Rage’ Abortion Donations Dry Up, Leaving Funds Struggling To Meet Demand, THE HILL (Jan. 28, 2024), <https://thehill.com/policy/healthcare/4432629-rage-abortion-donations-dry-up/>.

²⁶ The State Board of Elections of Maryland, *Official 2024 Presidential General Election Results for Question 1* (Dec. 5, 2024), https://elections.maryland.gov/elections/2024/general_results/gen_qresults_2024_1.html.

SB0848 Abortion Care Access Grant WDC Testimony 3.

Uploaded by: Virginia Macomber

Position: FAV



MONTGOMERY COUNTY, MARYLAND
WOMEN'S DEMOCRATIC CLUB

P.O. Box 34047, Bethesda, MD 20827

www.womensdemocraticclub.org

**Senate Bill 0848 - Public Health Abortion Grant Program - Establishment
Finance Committee – March 6, 2025**

SUPPORT

Thank you for this opportunity to submit written testimony concerning an important priority of the **Montgomery County Women's Democratic Club (WDC)** for the 2025 legislative session. WDC is one of Maryland's largest and most active Democratic clubs with hundreds of politically active members, including many elected officials.

WDC urges the passage of [SB0848 - Public Health Abortion Grant Program – Establishment](#). This bill will establish a State Special Fund and grant program to provide operating grants to Maryland clinical abortion care providers to enable them to serve individuals who have insufficient resources to pay for these services and for whom the use of federal funds is prohibited. This program will be funded by surplus insurance premiums that the Affordable Care Act requires Qualified Health Plans to set aside in segregated accounts for abortion coverage. These surplus insurance premium funds will be transferred annually to the segregated, non-lapsing State Special Fund. No tax dollars are required. Organizations receiving these grants may not restrict the use of these funds in a manner that is inconsistent with Maryland Law, such as requiring spousal consent. This grant program will be administered by the Maryland State Department of Health. The Department will be prohibited from disclosing any identifying information about those seeking or providing abortion care services through this grant program.

Maryland is a safe harbor for abortion care. However, Maryland abortion care providers are struggling to keep up with demand and some are in danger of closing because of a lack of funds. The federal Hyde amendment prevents federal funds from being used for elective abortion care. Passage of this bill will help Maryland clinical abortion providers have sufficient funds to stay open and ensure that women seeking access to clinical abortion care will be able to receive this care, regardless of their ability to pay or fear of retaliation. This program will be a national model for other States.

We ask for your support for SB0848 and strongly urge a favorable Committee report.

Tazeen Ahmad
WDC President

Ginger Macomber
WDC Reproductive Health
Subcommittee

Diana Conway
WDC Advocacy Co-Chair

Maryland Catholic Conference_UNF_SB848.pdf

Uploaded by: Diane Arias

Position: UNF



MARYLAND
CATHOLIC
CONFERENCE

March 6, 2025

Senate Bill 848
Public Health Abortion Grant Program - Establishment
Senate Finance and Budget and Taxation Committee

Position: Unfavorable

The Maryland Catholic Conference (MCC) is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

Senate Bill 848 establishes the Public Health Abortion Grant Program to provide grants to improve access to abortion care clinical services for individuals in the State; establishing the Public Health Abortion Grant Program Fund as a special, nonlapsing fund to provide grants under the Program; and requiring that certain premium funds collected by health insurance carriers be used to provide certain coverage and to support improving access to abortion care clinical services under certain circumstances.

The Affordable Care Act (ACA) mandates that all enrollees, regardless of gender or age, contribute \$1 per month toward abortion coverage, leading to a surplus of funds.¹ This surplus suggests that the demand for abortion is lower than anticipated, with more women choosing life and carrying their pregnancies to term. Rather than using these surplus funds to sustain abortion services—especially when they disproportionately affect women of color and those in difficult socioeconomic circumstances—legislation should prioritize supporting women and families. Redirecting resources toward maternal healthcare, financial assistance, and pregnancy support services would empower women to choose life, address systemic inequities, and help reduce the economic pressures that often make abortion seem like the only option.

Funds saved from insurance premiums should not be redirected to support abortion, as doing so further entrenches a throwaway culture that disregards the dignity and worth of unborn children. Every human life, from the moment of conception, has inherent dignity and deserves to be protected and nurtured. Statistics show that abortion disproportionately affects certain demographics, with higher lifetime abortion rates among non-Hispanic Black women compared to non-Hispanic White women, among cohabiting women compared to married women, and

¹ <https://housedocs.house.gov/energycommerce/ppacacon.pdf>

among women with some college education compared to college graduates.² These disparities highlight the need for policies that support women and families rather than expanding abortion access.

Abortion clinics do not provide essential follow-up care for women who may experience physical and emotional trauma from chemical or surgical abortions. Yet, this bill proposes using federal funds to expand abortion services instead of allocating surplus funds to labor and delivery costs or pregnancy centers that offer critical, life-affirming support.

For these reasons, the Maryland Catholic Conference asks for an unfavorable report on **SB 848**.

Thank you for your consideration.

² <https://onlinelibrary.wiley.com/doi/10.1111/1475-6773.14358?af=R#:~:text=In%20this%20adjusted%20model%2C%20Medicaid,a%20higher%20risk%20of%20abortion.&text=Critical%20to%20interpretation%20of%20results,these%20assumptions%20in%20Appendix%202>.

UNFAVORABLE.SB848.HB930.MDRTL.LauraBogley.pdf

Uploaded by: Laura Bogley

Position: UNF



UNFAVORABLE STATEMENT

SB848/HB930 Public Health Abortion Grant Program - Establishment

Laura Bogley, JD
Executive Director
Maryland Right to Life, Inc.

On behalf of our Board of Directors and members across the state, we strongly object to the State's endorsement and promotion of abortion violence and perpetrators of abortion violence. This bill allows the lethal abortion industry to target poor and underinsured women by establishing an abortion grant fund to terminate the pregnancies of women who cannot afford proper healthcare. Poor women do not need free abortions. They need public support programs that will empower them to choose life for their children. For this reason we urge your unfavorable report.

By using insurance premiums to create this abortion fund, the State is continuing to compel both public and private insurance companies to fund abortion violence. Since 2022, the State has forced most private insurance companies to fully fund elective abortions with no co-pays or deductibles. As a result, all insurance rate payers are forced to subsidize abortion as a method of birth control. This not only increases healthcare costs for all, it also infringes on our First Amendment freedoms including rights of conscience and the free exercise of religion.

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 or promotion.

Abortion Is Not Healthcare

We urge the Governor of Maryland and the Maryland General Assembly to immediately cease all funding for the promotion of abortion violence under the guise of “healthcare” and to cease the infringement on the people's free exercise of religion and rights of conscience to not participate in abortion funding.

Induced abortion is not healthcare but an act of violence that intentionally ends the life of a living human being. Abortion always kills a human child and often causes physical and psychological injury to women. Abortion enables the exploitation of women and girls by sexual abusers and sex traffickers to continue in the course of their crimes and victimization.

Pregnancy is not a disease and induced abortion cures no illness or disease and therefore is not healthcare. 85% of obstetricians and gynecologists refuse to commit induced abortions as their medical oath requires them to first do no harm to their patients – either mother or baby. In the rare cases when continuation of pregnancy threatens the physical life of the mother, medical providers may induce birth, but have a duty to treat both the mother and the baby. There is no law in any state that prohibits medical intervention to save the physical life of the mother in the case of medical emergency, such as ectopic pregnancy or miscarriage. These medical interventions do not constitute induced abortion and are performed in hospitals, not in abortion clinics.



Recent radical enactments of the Maryland General Assembly have completely removed abortion from the spectrum of “healthcare”. Because of the *Abortion Care Access Act of 2022*, the state is denying poor women access to care by licensed physicians making abortion unsafe in Maryland. With the unregulated proliferation of chemical “Do-It-Yourself” abortion pills, women are self-administering back-alley style abortions, where they suffer and bleed alone, without examination or care by a doctor. When women experience complications from abortion, they are typically refused care by the abortionist and referred to hospital emergency rooms where medical providers are often coerced into completing abortions against their rights of conscience.

Abortion Industry Profits from Unplanned Pregnancies

Planned Parenthood does not plan parenthood; it ends parenthood. The abortion industry is financially invested in unplanned pregnancy and cannot be trusted to provide for the reproductive health needs of Maryland women and families. 50 years of legal abortion never ended childhood poverty, rape and incest or unplanned pregnancies. In fact, the amount of abortions has increased proportionately to the increase in public funding for abortion.

The stated intent of the abortion industry is to increase abortion sales, particularly lethal chemical abortion sales, by expanding the number of health care workers who may perform or provide abortions, by redefining their **scope of practice** and incentivizing them with financial inducements at taxpayer expense. Reducing the credentials of those who may perform or provide abortions will increase the number of preborn children being killed and will put more women at risk of substandard medical care, injury and death.

Planned Parenthood kills nearly 400,000 unborn children in our nation every year. On average, they commit 1,076 abortions every day. That's nearly 45 every hour, or one every 80 seconds. In its 2024 annual report, the abortion giant boasted record-high abortion numbers and over \$2.9 billion in net assets. It receives \$700 million annually in taxpayer funding—roughly \$1.9 million per day—and its focus is not on providing health care but on promoting abortion. Since 2000, taxpayer funding has surged by 245 percent, while the number of abortions at Planned Parenthood have doubled—at the same time, cancer screenings and prenatal care have declined.

In the past decade (from 2012-2013 to 2022-2023), as annual taxpayer funding to Planned Parenthood rose over 29 percent, from \$540.6 million to nearly \$700 million, abortions conducted by Planned Parenthood also increased over 20 percent, from 327,166 to 392,715—the highest number of abortions ever reported by the corporation.

In addition, over the past 10 years, its profits ballooned from \$58.2 million to \$178.6 million—an increase of more than 200 percent.

Continuing to fund Planned Parenthood with tax dollars is not just fiscal irresponsibility—it is a human-rights catastrophe. Investigations have uncovered many instances of negligence in reporting rape and sexual abuse and complicity in aiding sex traffickers in the exploitation of young girls. This reveals a



pattern of failure to report the sexual abuse of minors, enabling predators to keep illegally exploiting vulnerable girls and perpetuating abortions.

Undercover footage has also exposed Planned Parenthood staff negotiating the sale of organs and body parts from aborted babies. Planned Parenthood has even been sued over allegations it engaged in Medicaid fraud.

To sustain its operations, Planned Parenthood's political arm, the Planned Parenthood Action Fund, funnels millions of dollars into campaigns to elect candidates who pledge unwavering support for its agenda—promoting unrestricted abortion at every stage of pregnancy for any reason. In 2024 alone Planned Parenthood political affiliates invested tens of millions of dollars to defeat President Trump.

(SOURCE: <https://www.newsweek.com/700-million-question-why-are-taxpayers-still-funding-planned-parenthood-opinion-2032692>).

Maryland is Failing Pregnant Women – By prioritizing abortion violence over legitimate healthcare, the State of Maryland and Maryland Department of Health have 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.

- The Department has routinely failed to enforce existing state health and safety regulations of abortion clinics, even after two women were near fatally injured in botched abortions.
- The Department has routinely failed to provide women with information and access to abortion alternatives, including the Maryland Safe Haven Program (see Department of Human Services), affordable adoption programs or referral to quality prenatal care and family planning services that do not promote abortion.
- The Department has demonstrated systemic bias in favor of abortion providers, engaging in active partnerships with Planned Parenthood and other abortion organizations to develop and implement public programs, curriculum and training. In doing so the Department is failing to provide medically accurate information on pregnancy and abortion.
- The Department systemically discriminates against any reproductive health and educational providers who are unwilling to promote abortion and in doing so, suppresses pro-life speech and action in community-based programs and public education.
- The Department fails to collect, aggregate and report data about abortion and the correlation between abortion and maternal mortality, maternal injury, subsequent pre-term birth, miscarriage and infertility.
- The Department is failing to protect the Constitutionally-guaranteed rights of freedom of conscience and religion for health care workers, contributing to the scarcity of medical professions and personnel in Maryland.



- The Department is failing to protect women and girls from sexual abuse and sex trafficking by waiving reporting requirements for abortionists, waiving mandatory reporter requirements for abortionists, and failing to regulate abortion practices.

The State of Maryland should redirect taxpayer funds away from abortion business to lifesaving alternatives to abortion, including legitimate family planning services, prenatal care providers, and affordable adoption options. This change would be a victory for taxpayers, ensuring government resources are being used to benefit the people, not a progressive political interest group.

Maryland Already Subsidizes Corporate Abortion

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% percent 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.

Abortion is big business in Maryland. 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 violence, abortion providers or promotion and other 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.

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 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 abortions for any reason including convenience.

According to the Maryland Department of Legislative Services in their *Analysis of the FY2025 Maryland Executive Budget, 2024* 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.)**



Governor Wes Moore increased the budget for Medicaid reimbursements to abortionists by **\$5 million** last year.

An additional \$14.4 million with annual increases in public funding was spent 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.

\$3.2 million per year is used to bail out abortion providers who fail to qualify for federal Title X Family Planning federal funds because they refused to separate their abortion practices from their family planning services.

In 2023, Governor Moore took more than **\$1.1 million dollars** from the Maryland Board of Public Work budget to stockpile abortion drugs mifepristone and misoprostol.

Many more millions of dollars of state taxpayer funding are siphoned to the abortion industry in the way of departmental contracts, memoranda of understanding and grants.

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.*”

Disparate Impact Statement - 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 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.

For these reasons, we respectfully urge you to vote against any and all measures to allocate public funds for abortion or to compel private insurance companies to fund abortion. We appeal to you to prioritize the state's interest in human life and restore to all human beings, our natural and Constitutional rights to life, liberty, freedom of speech and religion.

No on SB848.pdf

Uploaded by: Rebekah Esko

Position: UNF

No on SB848

As a concerned voter, I urge you to give an unfavorable report to SB848.
Marylanders do not support this bill because it:

- Seizes funds from health insurers
- Requires \$2 million of taxpayer funds
- Creates an ongoing obligation of taxpayer funds
- Has a lack of transparency
- Introduces a huge opportunity for fraud due to restrictions on data collection
- Will raise insurance costs for everyone

Please give an unfavorable report to SB848

SB 0848 AbortionCareGrantsProgram.pdf

Uploaded by: SHARON CARRICK

Position: UNF



Ella Ennis, Legislative Chairman
Maryland Federation of Republican Women
PO Box 6040, Annapolis MD 21401
Email: eee437@comcast.net

The Honorable Pamela Beidle, Chair
and Members of the Finance Committee
Senate of Maryland
Annapolis, Maryland

RE: **SB0848** – Abortion Care Grants Program and Fund – **UNFAVORABLE**

Dear Chair Beidle and Committee Members,

The Maryland Federation of Republican Women opposes SB0848 for these reasons:

- It establishes an annual mandated budget allocation of at least \$2 million when the State is facing a serious budget deficit. It will exacerbate the structural deficit for years to come.
- The sole purpose appears to be to create a mechanism for government-funded abortions for anyone who wants one – no questions asked.
- There appears to be no precedent for this redirection of insurance premiums.
- Grant program services are not restricted to Marylanders, which means that health insurance premiums paid by Marylanders could be used to pay for abortions for non-residents.
- It is incomprehensible that medical treatment to save the life of a baby born alive during an abortion is not an element of “abortion care”.

Preborn babies can survive outside the womb at 22 weeks. Abortions performed at 22 weeks and beyond should be by methods that allow the child the chance to live. It would be more humane and would not require that the woman having the abortion keep the child.

The United States is approaching a level of births below the replacement level needed to maintain the population. There are so many Marylanders with fertility issues who would welcome the opportunity to adopt. We should be promoting life, not destruction.

Please vote an **UNFAVORABLE** report for **SB0848**.

Sincerely,
Ella Ennis
Legislative Chairman

Oppose SB 848.pdf

Uploaded by: Suzie Scott

Position: UNF



Moms for Liberty Maryland Legislative Committee urges an unfavorable report for Senate Bill 848: *Public Health Abortion Grant Program - Establishment*

Senate Bill 848 will harm parents' rights in several ways:

1. Lack of Parental Notification or Consent for Minors: One of the most significant concerns is the possibility that minors could access abortion services without the involvement or knowledge of their parents. Expanding access to abortion services through public funding could increase the likelihood that minors are able to seek an abortion without parental consent or notification, bypassing parents' rights to be involved in their child's healthcare decisions. Parents should have the ability to guide their children through difficult decisions, including those regarding reproductive health, and this bill could undermine that fundamental right.

2. Erosion of Parental Authority: Senate Bill 848 may shift the decision-making power away from parents, making it easier for minors or young adults to make decisions about abortion without the support or guidance of their parents. Many parents feel it is their responsibility to make healthcare decisions for their children, and this bill could potentially undermine that authority by allowing individuals to seek abortion care without parental consent.

3. Encouragement of Alternative Options Without Parental Knowledge: The bill may incentivize healthcare providers to offer abortion services or other reproductive health options to minors and young adults

without engaging parents in the decision-making process. If public funds are used to expand access to abortion, it might promote a system where healthcare professionals are encouraged to assist in abortions without first informing or involving the parents, leaving them out of an important conversation about their child's wellbeing.

4. Potential for Increased Government Intervention: By increasing the role of the state in providing abortion services, Senate Bill 848 could create a situation where the government has more influence over personal and family decisions. Parents have the right to make informed choices about their children's healthcare, and expanding state-funded abortion services might lead to concerns that state interests override parental rights in sensitive medical decisions.

5. Limited Focus on Alternatives to Abortion: If the focus shifts too heavily on facilitating access to abortion services, parents may feel that their rights to ensure their child is fully informed about all available options are overlooked. Parents often want their children to be aware of alternatives like adoption, parenting support, and counseling, and public funding for abortion services might deprioritize these options, limiting the ability of parents to guide their children in considering all possible paths.

6. Violation of Conscience: Finally, the bill introduces a program funded by taxpayer dollars to support abortion services, which many Marylanders find deeply troubling. For many Marylanders abortion represents a moral and ethical issue that cannot be overlooked. Using public funds to support these services forces taxpayers to contribute to a practice that conflicts with their personal beliefs, values, and religious convictions. This raises significant concerns about the separation of government and personal moral or religious beliefs.

In summary, SB 848 will harm parents' rights by limiting their involvement in decisions related to their minor children's reproductive health, eroding parental authority, and shifting decision-making power away from families and into the hands of healthcare providers or government entities. Parents should have the right to be informed and involved in major decisions regarding their children's health, and this bill will diminish that fundamental responsibility and authority. **For all these reason, Moms for Liberty Maryland Legislative Committee urgently requests an unfavorable report for SB 848.**

Written Testimony for SB 848_HB 930_ Public Health

Uploaded by: Trudy Tibbals

Position: UNF

Written Testimony for **SB 848/HB 930**: Public Health Abortion Grant Program - Establishment - Please **VOTE NO** on this bill.

Dear Finance Committee:

This bill reads “(A) THERE IS A PUBLIC HEALTH ABORTION GRANT PROGRAM. (B) THE PURPOSE OF THE PROGRAM IS TO PROVIDE GRANTS TO IMPROVE ACCESS TO ABORTION CARE CLINICAL SERVICES FOR INDIVIDUALS IN THE STATE. (C) (1) THE SECRETARY SHALL PROVIDE OPERATING GRANTS TO ELIGIBLE ORGANIZATIONS TO SUPPORT EQUITABLE ACCESS TO ABORTION CARE CLINICAL SERVICES ACROSS THE STATE. (2) GRANT FUNDS PROVIDED UNDER THE PROGRAM SHALL BE USED TO SUPPORT ABORTION CARE CLINICAL SERVICES FOR WHICH FEDERAL FUNDING IS PROHIBITED FOR INDIVIDUALS WITHOUT SUFFICIENT RESOURCES, INCLUDING TO COVER REASONABLE ADMINISTRATIVE COSTS OF MANAGING SERVICES PROVIDED UNDER THE GRANT...”

This is **not** a bill that should be about **public health**, but about private, individual health. There is no reason that tax paying Marylanders should have their taxes pay for a “Public Health Abortion Grant Program”. After all, it is the taxpayer who will be funding this “Public Health Abortion Grant Program”!! Insurance carriers should pay for and fund this Grant Program, as is stipulated in the bill. This is a health care issue, after all. However, having all Marylanders pay for or fund this Grant Program is ludicrous. If there are people in Maryland that want to contribute to this Grant Program voluntarily, that’s fine. But not every single taxpayer should pay for other people to choose to end the lives of unborn children. For people that do not believe in abortion, they should not have to pay!! This bill is asking all taxpayers to pay into a Grant Program that goes against some taxpayers’ religion and sincerely held, fundamental religious beliefs. In fact, this would violate the First Amendment’s Free Exercise clause. The First Amendment’s Free Exercise Clause limits the government’s involvement in religious matters. It protects the freedom to practice one’s religion, or no religion at all, without interference from the government. This clause upholds people’s right to hold whichever religious beliefs they choose. A religious belief need not adhere to the principles of Christianity or any particular faith. Indeed, the Courts have even noted that notions beyond traditional theism may be considered as part of the ever-broadening understanding of the modern religious community.

In 1971, the Courts established our current standard for determining whether government action complies with the Establishment Clause. In *Lemon v. Kurtzman*, the Court set forth what we now refer to as the three-pronged *Lemon* test. It requires the government action to:

- Serve a primarily secular purpose
- Not promote or hinder religion
- Not excessively entangle church and state

State action that fails to meet one or more of these criteria violates the Establishment Clause.

This bill violates the second “prong” *Lemon* test by “hindering” religion and sincerely held, fundamental religious beliefs.

By all means have insurance carriers pay for abortions or have the individuals wanting to end an unborn child’s life pay for their own abortion. But to discriminate against someone’s religion is illegal as shown above.

Therefore, you must **VOTE NO** on this bill to show Marylanders that you will not hinder their practice of their religion.

Thank you.

Respectfully,

Trudy Tibbals

DOCS-#238875-v1-SB_848_LOI_League_Abortion_Grant_P

Uploaded by: Matthew Celentano

Position: INFO



15 School Street, Suite 200
Annapolis, Maryland 21401
410-269-1554

March 6, 2025

The Honorable Pam Beidle
Chair, Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, MD 21401

Senate Bill 848 – Public Health Abortion Grant Program - Establishment

Dear Chair Beidle,

The League of Life and Health Insurers of Maryland, Inc. respectfully submits this *letter of information* relating to *Senate Bill 848 – Public Health Abortion Grant Fund – Establishment*.

Senate Bill 848 establishes the Public Health Abortion Grant Program for the purpose of providing grants to improve access to abortion care services. Under the provisions of the bill, the grant program would receive funds, in part, from excess premium collected by a carrier in accordance with §1303(b)(2)(B) of the Patient Protection and Affordable Care Act (“ACA”), and from funds appropriated by the state budget, interest, and any other source accepted for benefit of the program. Senate Bill 848 would require a carrier to, in cases where the funds collected by a carrier in accordance with §1303(b)(2)(B) of the ACA exceed certain amounts to use excess funds to support improving access to abortion care services in Maryland.

Since its enactment in 2010, Section 1303 of the ACA establishes several requirements with which Qualified Health Plan (“QHP”) issuers must comply in relation to coverage of certain abortion services. Notably, Section 1303 restricts the use of Federal funds from being used to pay for coverage by QHP’s of abortions for which payment would be inhibited by the Hyde Amendment. If a QHP seeks to cover abortion services, provisions of Section 1303 require the QHP to charge and collect at least \$1 per enrollee per month for such coverage, deposit the collected funds into a segregated account, and use only those segregated funds to pay for abortion services.

The provisions of Section 1303, specifically Section 1303(b)(2)(D), requires insurers to determine the amount of, and collect from its enrollees, a separate payment that equals the actuarially-determined cost of coverage for non-Hyde abortion services on an annual basis. Thus, if an insurer disburses funds for a non-Hyde abortion, it must draw those funds from the allocated amount residing in the covered individual’s segregated account. **According to a 2017 bulletin issued by the Center for Medicare and Medicaid**

Services, funds in a covered individual’s segregated account *may not be used for any other purpose.*¹ Failure to comply with the requirements of Section 1303 may result in decertification or civil monetary penalties. League members appreciate the intent of Senate Bill 848, but we also must be aware of federal guidelines and our inability to operate outside of those parameters.

We also believe that this legislation could be considered a taking of the carrier’s property. The Fifth Amendment of the Constitution prohibits a state from taking property “without just compensation,” even if there is a compelling state interest, such as protecting access to abortion care. As noted in Armstrong v. United States (1960), “The Fifth Amendment’s [Takings Clause] . . . was designed to bar Government from forcing some people alone to bear public burdens which, in all fairness and justice, should be borne by the public as a whole.”

The League appreciates the opportunity to provide the aforementioned information on Senate Bill 848. We are happy to answer any questions and provide further information as the committee considers this piece of legislation.

¹ Randy Pate, Director, Center for Consumer Information and Insurance Oversight, “CMS Bulletin Addressing Enforcement of Section 1303 of the Patient Protection and Affordable Care Act” (October 6, 2017).