

# **Maryland Catholic Conference\_FAV\_SB965.pdf**

Uploaded by: Diane Arias

Position: FAV



**March 6, 2025**

**Senate Bill 965  
Public Health - Women's Health Care Data – Report  
Senate Finance Committee**

**Position: Favorable**

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 965** requires the Maryland Department of Health to collect and annually report data regarding the costs of birth, postpartum care, pregnancy care, and abortion; requiring the development of a standardized system to ensure consistent data collection from providers; and ensuring compliance with all applicable federal and State privacy laws in the process of collecting and reporting such data.

Maryland's annual expenditure on women's reproductive health care is difficult to determine due to the lack of publicly available aggregated data. Reproductive health care encompasses a wide range of services, including postpartum care, pregnancy care, labor and delivery, and abortion, with funding provided by state programs, federal contributions, and private insurance. Understanding the fiscal impact of these services is critical to assessing women's healthcare needs and ensuring resources are allocated effectively.

One significant gap in Maryland's healthcare reporting is the absence of abortion data, especially regarding its fiscal impact on Maryland citizens. The state has not reported abortion statistics to the CDC since 2006, and the Maryland Department of Health does not maintain official records on induced terminations.<sup>1</sup> This lack of data prevents a comprehensive understanding of how abortion affects women, children, and families across the state. Without regular reporting, public health agencies lack vital information on demographics such as age, race/ethnicity, marital status, prior pregnancies, and gestational periods at the time of abortion. These insights are necessary for effective public health surveillance, allowing policymakers to evaluate the socioeconomic and clinical outcomes associated with abortion and other reproductive health services.

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<sup>1</sup> <https://lozierinstitute.org/abortion-reporting-maryland/>

In fiscal year 2022, the Maryland Department of Health reported that Medicaid funded 11,567 abortions, averaging \$659 per procedure, totaling approximately \$7.6 million.<sup>2</sup> These figures indicate that Maryland's Medicaid program has been allocating substantial funds annually for abortion services, with recent increases to enhance provider reimbursements. With ongoing administrative decisions regarding Medicaid spending, further regulatory oversight is expected. The increase in abortion services in Maryland, particularly in the wake of the 2022 Dobbs v. Jackson decision, has also contributed to a rise in abortion-related travel, with Maryland becoming a destination for out-of-state residents seeking these services. According to WYPR news citing data from the Guttmacher Institute, in 2023 alone, Maryland saw over 38,000 abortions—a 29% increase from previous years—including approximately 8,100 procedures performed for non-residents.<sup>3</sup> As Maryland expands services to non-residents, collecting data is essential to assess the financial impact on taxpayers and understand the cost burden on state resources.

In fiscal year 2025, the Moore-Miller Administration allocated \$5 million to increase Medicaid reimbursements for abortion care and reproductive health services. Additionally, the Maryland Department of Health granted \$10.6 million to the University of Maryland, Baltimore, to oversee the state's Abortion Care Clinical Training Program.<sup>4</sup> These expenditures highlight the substantial financial investment in reproductive healthcare, reinforcing the need for legislative oversight to ensure that funds are allocated responsibly. Maryland's estimated annual cost for Medicaid-funded medication abortions is approximately \$3.7 million, based on a national average cost of \$600 per procedure and the state's reported 11,567 Medicaid-funded abortions in 2022.<sup>5</sup> This estimate, assuming 53% of abortions are medication-based, does not include privately insured or out-of-pocket procedures.

The approximate average cost for prenatal care, labor/delivery, and postpartum care for Medicaid beneficiaries is \$36,000. Moreover, newborns born to Medicaid-eligible mothers are deemed automatically eligible for Medicaid benefits for their first year and typically retain eligibility for subsequent years.<sup>6</sup> On average, Medicaid pays \$9,700 for health care per eligible newborn annually (50% general funds and 50% federal funds). The extent of any increase in expenditures cannot be reliably estimated at this time. Federal fund revenues increase accordingly.

Access to comprehensive fiscal data is essential for assessing associated health risks and ensuring that adequate support is available for women. The current understanding of the fiscal scope of women's reproductive health care is understood through Medicaid reporting and is solely underrepresenting the remainder of Maryland women who are not eligible for Medicaid or choose other insurance providers. The Maryland Catholic Conference remains committed to protecting women's health and the sanctity of life from conception to natural death. Collecting and analyzing data on reproductive healthcare services would not only help address gaps in

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<sup>2</sup> [https://mgaleg.maryland.gov/2023RS/fnotes/bil\\_0008/hb0958.pdf?utm](https://mgaleg.maryland.gov/2023RS/fnotes/bil_0008/hb0958.pdf?utm)

<sup>3</sup> <https://www.wypr.org/2024-08-12/in-a-post-roe-u-s-maryland-is-seeing-rise-in-abortions-and-nonresident-visitors>

<sup>4</sup> <https://governor.maryland.gov/news/press/pages/governor-moore-announces-156-million-investment-to-improve-abortion-care-access-statewide.aspx?utm>

<sup>5</sup> [https://mgaleg.maryland.gov/2023RS/fnotes/bil\\_0008/hb0958.pdf?utm](https://mgaleg.maryland.gov/2023RS/fnotes/bil_0008/hb0958.pdf?utm)

<sup>6</sup> [https://mgaleg.maryland.gov/2023RS/fnotes/bil\\_0008/hb0958.pdf?utm](https://mgaleg.maryland.gov/2023RS/fnotes/bil_0008/hb0958.pdf?utm)

support for pregnant women but also provide a clearer picture of how to better serve women in need.

For these reasons, the Maryland Catholic Conference asks for a favorable report on **SB 965**.

Thank you for your consideration.

# **Testimony in Support of SB 965 - Data and Childbir**

Uploaded by: Jeffrey Trimbath

Position: FAV



Maryland Family Institute  
PO Box 1841, Annapolis MD 21404

Testimony of Jeffrey S. Trimbath, President  
in Support of  
SB 965  
March 6, 2024

Good afternoon, Chair Beidle and members of the Committee. My name is Jeff Trimbath and I am the President of the Maryland Family Institute. I write in support of this bill which will improve data collection for the costs associated with delivery, postpartum care, pregnancy care, and abortion.

All of these are important. Maryland, like the rest of the country, has a birth rate well below what we need to sustain the population. We just released our [Family Structure Index](#) last week showing a fertility rate of 1.69 for Maryland (well-below mere replacement rate of 2.1 children per women). Undoubtedly this contributes to Maryland's declining population, which Comptroller Lierman has [highlighted](#) as a significant factor in Maryland's stagnant economy.

There are many reasons for our sagging birth rate, but cost is certainly a factor. I remember well the journey home from Anne Arundel Medical Center with our first, then second, then third child. It was a journey with a bundle of joy, but also a bundle of stress due to the financial burden of having a child.

This bill, which will collect data on birth, pregnancy care and postpartum care, will give us greater insight into these expenses, and new ways to support new parents and strengthen families in Maryland. Better data will drive better outcomes for parents.

Collecting data on abortion costs is also important. Importantly, this bill is neither pro-abortion nor anti-abortion. It merely attempts to gather information to make better decisions.

Unfortunately too much of this argument goes on in the dark because abortionists and abortion businesses in the state are resistant to releasing broader data on their policies, methods and costs.

This bill promises a big improvement allowing for greater transparency and upholding the state's values of protecting new families. And that's why we recommend your favorable report.

# **SB 965 Testimony.pdf**

Uploaded by: Joann Manole

Position: FAV



March 4, 2025

The Grace Center for Maternal and Women's Health expresses its support for Senate Bill 965 – Public Health – Women's Health Care Data – Report, which requires the Maryland Department of Health to collect and compile data on an annual basis regarding the cost of birth, postpartum care, pregnancy care, and abortion services. This will help gain a clearer understanding of the financial impact of these services on individuals, providers, and the State. It is our experience that maternal healthcare services available to women in the Eastern Shore are extremely underserved. Data collection will help identify the need for maternal and supportive services within these areas. As a nonprofit agency providing free services and supported by donations, we are stretched to our limit trying to supplement services for women in our geographic area.

Respectfully,

Joann Manole, Executive Director  
Grace Center for Maternal and Women's Health

# **SB965 Public Health Women's Health Care Data.pdf**

Uploaded by: kim chambers

Position: FAV

Written Testimony of Kim Chambers  
Submitted to the Finance Committee  
On SB965  
Public Health – Women’s Health Care Data - Report

Members of the Finance Committee,

Thank you for giving me the opportunity to submit my written testimony to the committee in favor of SB965.

You should be in favor of this bill for the following reasons:

1. The data collection and reporting on costs of many women’s procedures and health care would give conformation on how much money is being spent, from the individuals, providers and the state.
2. It would help further develop policy decisions which are related reproductive and maternal health care for women and their unborn babies.
3. For promoting transparency and accountability in health care spending and also safeguarding privacy and dignity of all individuals.
4. Data collection and compiling data would be on many facets of women’s health care. From prenatal, delivery, neonatal, postnatal, abortion. Any costs associated with care should be included.
5. No data should be collected or reported that would violate state or federal privacy laws. Patient data should be anonymous and that patient should not be able to be identified in any manner.

For these reasons, I strongly encourage the members of this committee to vote in favor of this bill.

Thank you for your time and consideration,

Kim Chambers

# **FAVORABLE.SB965.HB1357.LauraBogley.MDRTL.pdf**

Uploaded by: Laura Bogley

Position: FAV



### **Favorable Statement SB965/HB1357**

Public Health – Reproductive Health Care Data - Report

Laura Bogley, JD

Executive Director, Maryland Right to Life, Inc.

### **We Strongly Support SB965/HB1357**

On behalf of the Board of Directors of Maryland Right to Life, I strongly support this bill that would advance reproductive healthcare in Maryland by requiring funding data reporting to the Maryland Department of Health. This bill will enable the State of Maryland to measure the degree to which public investments in reproductive healthcare are serving the needs of pregnant women and their families. It has no bearing on a woman's access to abortion.

### **Why Abortion Data Reporting is Important for Women's Health**

Abortion data has broad implications for women's reproductive health. Abortion data is a key supplement to studies involving the rate of pregnancies, pregnancy complications, and maternal and fetal morbidity rates. Incomplete data on abortions could lead to less accurate calculations on the failure rates of various contraceptives and less knowledge about who gets pregnant. It could also lead to less information about the kind of reproductive support people need. Information on the number of pregnancies ending in abortion is used in conjunction with data on births and fetal losses to estimate the number of pregnancies in the United States and determine rates for various outcomes of public health importance. (SOURCE: Kortsmit K, Nguyen AT, Mandel MG, et al. Abortion Surveillance — United States, 2021. MMWR Surveill Summ 2023;72(No. SS-9):1–29.

DOI: <http://dx.doi.org/10.15585/mmwr.ss7209a1>)

### **Maryland Fails to Collect and Report Abortion Data**

Until 2006, the Maryland Department of Health maintained a voluntary abortion reporting system. Maryland's reports cautioned that the "State of Maryland has a voluntary abortion reporting system, so the data contained in this report are incomplete. The number of facilities submitting data can change from year to year, making comparisons over time unreliable. The quality of the data is uncertain because no independent verification has been done."

After 2006, Maryland discontinued its abortion reporting system. In response to an inquiry from the Charlotte Lozier Institute in August 2018, the Maryland Department of Health informed CLI that "Maryland does not require reporting, or record information, on induced terminations. Therefore the Vital Statistics Administration does not produce reports on these events." The Centers for Disease Control's **2006 abortion surveillance report** was the last to include Maryland data.

Maryland should adopt the goal of collecting and publishing aggregate funding and statistical data on abortion on a timely basis. This data will allow the state to determine whether or not, in fact,

abortion is becoming significantly less frequent and to what degree, especially in year-over-year comparisons. This data also is relevant to any comprehensive studies by the Maryland Maternal Mortality Review Board. Without abortion data, any reporting by that body is incomplete and insufficient. More accurate data can facilitate information campaigns of all kinds that pursue the goal of reducing abortion and ultimately making it rare in Maryland, assisting policymakers in adopting the best approaches that protect both women and the children they carry.

## **Maryland Subsidizes Corporate Abortion**

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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.

### **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 has failed to end childhood poverty, rape, incest and unplanned pregnancies. In fact, the amount of abortions has increased proportionately to the increase in public funding to the abortion industry.

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>).

### **Improve the Quality of Reproductive Care for Women**

The State of Maryland should redirect taxpayer funds to federally qualifying health centers that outnumber Planned Parenthood facilities 4 to 1 in Maryland. These centers provide comprehensive care, from cancer screenings to prenatal and postpartum services, without destroying human life. This change would be a victory for taxpayers, ensuring government resources are being used to benefit the people, not a progressive political interest group.

The practice of abortion in America has become the “**red light district**” of medicine, populated by dangerous, substandard providers. With the proliferation of chemical abortion pills, the abortion industry itself has exposed women to “back alley” style abortions, where they bleed alone without medical supervision or assistance.

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

- 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 education

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.

**Comprehensive reproductive healthcare data, including transparency in public investments in various forms of care, is essential to women's health in Maryland. For these reasons we urge you to put patient health and safety before abortion profits and politics and urge your favorable report of SB965/HB1357.**

## **Support SB0965.pdf**

Uploaded by: Mark Meyerovich

Position: FAV

# Support SB0965

Dear Chair Beidle and members of the Committee,

This bill is crucial for informed decision-making and effective policy development. As you know, without accurate, current, and detailed data, it is challenging to develop meaningful legislation that addresses the needs of Maryland's citizens. This bill will enable policymakers to make informed decisions about reproductive health care.

I believe that Senate Bill 965 is a step in the right direction towards promoting transparency and accountability in health care spending while safeguarding the privacy and dignity of all individuals. I urge you to pass this bill and ensure that Maryland has the necessary data to inform public policy decisions related to maternal and reproductive health care.

Sincerely,  
Mark Meyerovich  
Gaithersburg, MD

# **Maureen Wambui - Support Testimony for SB0965 – Pu**

Uploaded by: Maureen Wambui

Position: FAV

Maureen Wambui

7827 Rolling View Ave, Nottingham, MD, 21236

Maureen.w.m.2030@gmail.com

03/04/2025

The Honorable Members of the Senate Finance Committee

Maryland General Assembly, Annapolis, MD 21401

## **Support Testimony for SB0965 – Public Health - Women’s Health Care Data – Report**

Hearing Date: March 06, 2025

Chairperson and Esteemed Members of the Committee,

My name is Maureen Wambui, and I am a proud Immigrant, Parent, Community advocate and resident of Legislative District 8 in Maryland. I appreciate the opportunity to testify to and express my strong **support** for SB0965, a bill that will enhance transparency in women’s healthcare costs and promote data-driven policymaking to improve health outcomes for all Marylanders.

For many immigrant and low-income women, the cost of essential reproductive health services, such as pregnancy care, birth, postpartum care, and abortion, can be a significant barrier to accessing the care they need. Without clear data on these costs, we risk deepening existing disparities and failing to address the financial burdens that disproportionately impact women of color, immigrants, and underserved communities.

SB0965 is a necessary step toward healthcare equity and affordability for several reasons:

### **1. Transparency in Healthcare Costs**

- By requiring the Maryland Department of Health to report on the costs of women’s health services, SB0965 ensures that policymakers and the public have accurate, comprehensive data to identify cost disparities across the state.
- Many immigrant and minority women struggle with unpredictable medical expenses. Public access to this data will allow for better consumer awareness and financial planning regarding maternal and reproductive health services.

### **2. Data-Driven Policy Decisions**

- Without concrete data, we cannot effectively advocate for lower costs or improved funding for critical services.

- The bill will help lawmakers identify cost trends and gaps in access, enabling targeted interventions to reduce financial barriers and improve health outcomes.

### **3. Potential for Cost Reduction & Expanded Access**

- High healthcare costs discourage women, especially those from low-income and immigrant backgrounds from seeking necessary care.
- If the report reveals rising or inequitable costs, the state will have the evidence needed to implement cost-reduction strategies, such as expanded insurance coverage, subsidies, or direct state funding for maternal and reproductive health services.

### **4. Addresses Health Equity for Immigrant & Minority Communities**

- Data collection will highlight whether communities of color, rural areas, or immigrant populations are facing disproportionate financial burdens in accessing care.
- This report is an opportunity to ensure all Maryland women—regardless of immigration status or economic background—can afford the healthcare they need.

SB0965 does not create new regulations or impose additional costs on healthcare providers. Instead, it provides essential information to guide responsible, fair, and inclusive policymaking that benefits all Marylanders. I urge the committee to pass this bill to ensure that women's healthcare remains transparent, accessible, and equitable for all.

Thank you for your time and consideration.

Respectfully submitted,

Maureen Wambui

# **SB 965 - Carozza Testimony\_FINAL.pdf**

Uploaded by: Senator Mary Beth Carozza

Position: FAV

MARY BETH CAROZZA  
Legislative District 38  
Somerset, Wicomico,  
and Worcester Counties

Education, Energy, and  
the Environment Committee

Executive Nominations Committee



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**THE SENATE OF MARYLAND**  
**ANNAPOLIS, MARYLAND 21401**

**March 6, 2025**

**The Senate Finance Committee**

**SB 965 – Public Health – Women’s Health Care Data - Report**

**Statement of Support by Bill Sponsor Senator Mary Beth Carozza**

Thank you Chair Beidle, Vice Chair Hayes, and members of the distinguished Senate Finance Committee for this opportunity to present Senate Bill 965 – Public Health – Women’s Health Care Data – Report.

SB 965 would require the Maryland Department of Health to collect and compile data annually regarding the cost of birth, postpartum care, pregnancy care, and abortion to better understand the financial impact of these services on individuals, providers, and the State. This legislation would promote transparency and accountability in health care spending while safeguarding the privacy and dignity of individuals.

SB 965 strikes a balance between providing transparency and accountability in health care while protecting privacy. The bill specifically states on page 3, line 23, that “The Department is not required to collect or report data that would violate federal or State privacy laws” and additionally, on page 4, line 1, the bill states that the entities reporting to the Maryland Department of Health shall “anonymize and de-identify patient data as necessary to comply with applicable laws.”

We want to ensure privacy, but we also want to ensure that women’s health is prioritized in Maryland. The number of women who die giving birth in the United States has nearly doubled in the last two decades, and we are the only first-world country with a consistently rising maternal mortality rate. As a State with a prominent African-American population, we also must consider that African-American women are three times more likely to die from pregnancy-related complications than white women in the United States. With data collection, these disparities can be identified and addressed.

It especially was alarming to me, as I would think it would be for all of us as policymakers, to learn that Maryland is one of three states that does not collect this information. That means 47 other states have figured out a way to compile and collect this important women’s health data while still protecting privacy, but not the State of Maryland.

Federal legislation has been introduced prior to the new Administration that would mandate states to report abortion-related data as a condition for receiving Medicaid funding. To ensure Maryland remains compliant with federal funds and secures continued Medicaid funding, this state-level legislation is essential for establishing proper reporting procedures.

### **Informed Policy Decisions**

The need to collect women's health data should go well beyond the federal pressure to collect the data to avoid losing Medicaid funding. Comprehensive data on costs for women's health and reproductive care – including pregnancy, postpartum care, birth and abortion – allows policymakers to make informed decisions based on factual evidence. Without this data, it is challenging to evaluate the impact of healthcare programs and allocate limited resources in an effective manner, especially during Maryland's current budget crisis.

### **Budget Transparency**

Collecting and reporting cost data ensures transparency in the allocation and utilization of public funds, particularly Medicaid. This is essential for evaluating how taxpayer dollars are spent and in determining if programs are cost effective and equitable.

### **Identifying Gaps in Healthcare Access**

Data collection can reveal disparities in healthcare access and affordability, particularly for underserved populations, such as low-income women and women of color. Understanding cost variations enables the state to address inequities and improve access to necessary care.

### **Support for Women and Families**

By analyzing the financial burdens associated with birth, postpartum care, pregnancy and abortion, the state can identify areas where families may struggle and consider implementing support mechanisms to reduce these burdens.

### **Preventive Healthcare Strategies**

Cost data can highlight the financial impact of preventable complications, such as untreated postpartum depression or pregnancy-related health issues. This allows for the development of preventive care programs, which are often more cost-effective and improve long-term health outcomes for women and children.

### **Accountability for Abortion Costs**

Collecting data on Medicaid funding used for chemical and surgical abortions ensures accountability and compliance with state and federal regulations. This transparency is critical in understanding the financial and societal impact of such procedures.

### **Evaluation of Training Programs**

Data on the costs of abortion care training programs helps assess their financial sustainability and effectiveness. This is necessary to ensure appropriate use of resources and adherence to statutory requirements.

### **Address Rising Healthcare Costs**

Healthcare costs for pregnancy-related care have risen significantly in recent years. Tracking these costs provides a baseline for understanding trends and developing strategies to contain costs without compromising quality of care.

### **Promote Maternal and Child Health**

Data collection helps identify areas where investments are needed to improve maternal and child health outcomes. For example, understanding the costs of postpartum mental health care can lead to targeted funding for mental health resources.

### **Comparison with National Benchmarks**

Collecting state-level data enables comparisons with national benchmarks and other states. This can help Maryland evaluate how it performs relative to others and adopt best practices for improving women's health and reproductive care.

### **Ethical Considerations and Oversight**

Transparent reporting on costs associated with reproductive care, especially for abortion, ensures ethical oversight and public accountability. It also provides clarity on how public funds are being used to address these sensitive issues.

### **Fostering Public Trust**

Accurate and transparent data collection fosters trust between the public, providers, and policymakers. It demonstrates the state's commitment to responsible governance and prioritizing the health and well being of women and families.

Access to comprehensive fiscal data is essential for assessing associated health risks and ensuring that adequate support is available for women. It should be noted that the Maryland Health Department has developed a capability to create specialized public health data by using the state's data utility housed at CRISP – Chesapeake Region Information System for our Patients). It is the state-designated Health Information Exchange (HIE) by the Maryland Health Care Commission. The data utility has a board created originally by a coalition of hospitals in 2006 with board members from the Maryland Health Department's Public Health and Medicaid.

The Maryland Department of Health started using CRISP as a public health utility for a platform to support the opioid crisis mitigation, particularly for the Prescription Drug Monitoring Program

(PDMP) that was required by the legislature. During Covid, CRISP became a critical tool in monitoring cases and creating reports for public health action.

As former Maryland Health Secretary Dennis Schrader points out in his written testimony: “CRISP can readily support public health data projects cost effectively as Senate Bill 965 envisions.”

This legislation requiring the Maryland Department of Health to collect and compile data annually regarding the cost of birth, postpartum care, pregnancy care, and abortion would lead to informed policy decisions, budget transparency, identifying gaps in healthcare access, preventive healthcare strategies, accountability for abortion costs, evaluation of training programs, and using data to identify strategies to promote maternal and child health.

For all of these reasons, I ask for your kind consideration and favorable report of SB 965 – an important women’s health care bill benefitting Maryland women and families.

# **SB 965 testimony.pdf**

Uploaded by: Dennis SCHRADER

Position: FWA

Dennis R. Schrader  
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Senate Bill 965 testimony, favorable with amendments

Over the past decade, MDH had developed a capability to create specialized public health data by using the state's data utility housed at CRISP (Chesapeake Region Information System for our Patients.) It is the state-designated Health Information Exchange (HIE), by the Maryland Health Care Commission. The data utility has a board created originally by a coalition of hospitals in 2006. MDH had 2 board members during my tenure from Public Health and Medicaid. This was supported by funding that was created in 2009 and the Obama Administration investments in technology from the federal government. We continued this practice during the Hogan Administration by using Medicaid grants.

We started using CRISP as a public health utility for a platform to support the opioid crisis mitigation, particularly for the Prescription Drug Monitoring Program (PDMP) that was required by the legislature. During Covid, CRISP became a critical tool in monitoring cases and creating reports for public health action.

CRISP can readily support public health data projects cost effectively as Senate Bill 965 envisions.

Dennis R. Schrader  
Former Maryland Secretary of Health

## **SB 965 Public Health - Reproductive Health Care Da**

Uploaded by: Catherine OMalley

Position: UNF

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BILL NO:	Senate Bill 965
TITLE:	Public Health - Reproductive Health Care Data - Report
COMMITTEE:	Finance
HEARING DATE:	March 06, 2025
POSITION:	<b>OPPOSE</b>

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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 oppose Senate Bill 965 and its requirement that the Maryland Department of Health collect and compile annual data on the costs of birth, postpartum care, pregnancy care, and abortion in the state as another attempt to subjugate reproductive freedom as codified in the Maryland constitution.

To obtain such data, the Department of Health would have to establish a data collection system for providers to report the requested information to the Department. The Women's Law Center of Maryland is opposed to this legislation for the following reasons:

- **Public Health Data is Already Available:** The bill presumes that there is no information available about reproductive healthcare data in Maryland. However, the Guttmacher Institute routinely collects this information and calculates pregnancy-related rates in every state. In addition, the Society for Family Planning also collects this data in partnership with providers, and its "We Count" reports track the impact of the Dobbs decision on the provision of abortion care within each state.
- **Public Health Survey Data is More Accurate:** When analyzing pregnancy-related data, the Guttmacher Institute does not use data from mandated state abortion reporting systems. According to Guttmacher, "abortions are almost always underreported to the state surveillance systems." Because of this discrepancy, Guttmacher uses its own survey data.
- **Intimidating to Patients:** Patient's fears about the confidentiality of reproductive health services are very real and merited as abortion opponents have publicized confidential and highly personal information about recipients of reproductive health care on websites and to the press. Unfortunately, this creates a uniquely hostile environment for patients unlike any other environment in which individuals seek healthcare services. Mandated reporting for women's reproductive healthcare services, especially since there are no such mandates for any other type of health care service, would only validate their fears.

We oppose SB 965 and its visceral attempts to undermine and delegitimize Maryland's legacy as a leader in reproductive freedom. SB 965 mandates data be reported in aggregate, meaning it does not intend to help address inequities in the system. It only looks at female reproductive data, so men's reproductive health – including erectile dysfunction, vasectomies, etc. – are purposefully excluded from governmental review.

The Women's Law Center strongly urges an unfavorable report for SB 965, and all legislation designed to inculcate an environment of fear around medical decisions and the right to assert one's bodily autonomy.

*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.*

## **SB0965\_UNF\_MedChi, MDACOG\_PH - Women's Health Care**

Uploaded by: Christine Krone

Position: UNF



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Senate Finance Committee  
March 6, 2025  
Senate Bill 965 – *Public Health – Women’s Health Care Data - Report*  
**POSITION: OPPOSE**

On behalf of The Maryland State Medical Society (MedChi), and the Maryland Section of the American College of Obstetricians and Gynecologists (MDACOG), we submit this letter of opposition for Senate Bill 965.

Senate Bill 965 proposes the collection of annual data on the costs of birth, postpartum care, pregnancy care, and abortion in Maryland, which raises concerns. The bill mandates that the Department of Health gather detailed cost data from healthcare providers and hospitals, potentially increasing the administrative burden on already overburdened medical professionals. The collected data would include sensitive information related to abortion procedures, delivery complications, and postpartum care, potentially leading to privacy risks for patients.

Additionally, there is already reliable data available on the costs associated with reproductive health services. Organizations like the [Guttmacher Institute](#) and the [Society for Family Planning](#) regularly collect and publish accurate data on pregnancy care, abortion, and related costs. These organizations have the necessary expertise and systems in order to track this information, making it unnecessary for the state to create a separate and potentially invasive reporting system.

Finally, imposing such data collection requirements on healthcare providers would add unnecessary administrative burdens. In an already strained healthcare environment, providers would be forced to divert resources away from patient care to comply with additional reporting demands. Moreover, by implementing a system that tracks the costs of such services, the state risks intruding on the doctor-patient relationship and impeding individuals’ ability to make decisions about their health without fear of external surveillance or intervention.

For these reasons MedChi and MDACOG oppose Senate Bill 965.

**For more information call:**

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## **2025 ACNM SB 965 Senate Side.pdf**

Uploaded by: Robyn Elliott

Position: UNF



**Committee:** Senate Finance Committee

**Bill:** Senate Bill 965 - Public Health – Reproductive Health Care Data – Report

**Hearing Date:** March 6, 2025

**Position:** Oppose

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The Maryland Affiliate of the American College of Nurse Midwives (ACNM) opposes *Senate Bill 965 – Public Health – Reproductive Health Care Data*. The bill would require healthcare providers to report sensitive data about reproductive health services to the Department of Health. The data would include a range of pregnancy care services, including abortion care.

Maryland enacted data privacy legislation in 2023 and 2024 to protect reproductive health data. We believe it would be a reversal of policy to move forward with HB 1357. ACNM believes that Maryland should continue to protect the privacy of reproductive health data, especially given the recent efforts by the federal Department of Government Efficiency to gain access to sensitive data despite federal privacy protocols.

If we can provide any further information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).