



HB672
2025

Opposition Statement HB672

School Health and Wellness Personnel Assessment
and Maryland Council on Advancement of School-Based Health Centers
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Maryland Right to Life

We oppose HB672

On behalf of our Board of Directors and members across the state, we strongly object to the appropriation and use of any public funds for the purposes of abortion violence. The personnel named in the bill could be used to promote abortion and abortion services. School-based health centers (SBHC) in California have links to the abortion industry (<https://www.washingtonexaminer.com/opinion/planned-parenthood-plans-to-infiltrate-high-schools>). We oppose the abortion industry using the public school system to bypass parental rights to gain access to minor children and the use of public money for this purpose. **Maryland Right to Life requests an amendment to exclude abortion purposes from the application of this bill.**

Maryland is a state sponsor of abortion. This bill would allow the public school system to be used as a conduit into the abortion industry and use taxpayer money to do so. The state of Maryland including the Department of Education and the Department of Health have become state sponsors of the abortion industry, using taxpayer funds to contract out educational curriculum development programs, training and school health services to questionable third-party organizations that are financially interested in abortion sales, including Planned Parenthood and Advocates for Youth. Together they have established the existing **Maryland Comprehensive Health Education Framework** and the **Maryland Standards for School-Based Health Centers**. They are pushing a radical sexuality agenda beginning as early as pre-kindergarten, that includes a medically inaccurate curriculum that is not healthful or appropriate at any age. They are intentionally miseducating children about human reproduction, falsely instructing that a new human life does not begin at fertilization but at implantation, and therefore justify the use of common abortifacient drugs to “prevent pregnancy”. This is despite the scientific fact that 95% of biologists agree that new life begins at fertilization. Recently, the Maryland General Assembly removed oversight of School Based Health Centers from the Department of Education and gave the Department of Health unilateral bureaucratic control over health education. They broadly expanded what type of providers may manage and operate School-Based Health Centers. We are opposed to any policy that allows Planned Parenthood to manage clinics on school grounds as they currently do in Los Angeles, California (see Washington Examiner article).

Abortion always kills a human child and often causes physical and psychological injury to women and girls. 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 abortion cures no illness or disease and therefore is not healthcare. 85% of obstetricians and gynecologists refuse to commit 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 abortion. **These medical interventions do not constitute intentional 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. Amber Thurman of Georgia died from sepsis caused by the incomplete abortion initiated by the deadly abortion pills. Abortion pills are promoted as safe and easy. This young girl had no idea how serious her condition was until it was too late.

In addition to the lowered safety standards imposed by the General Assembly, this body, under the guise of “patient privacy”, enacted shield laws to protect abortion businesses from criminal and civil litigation. Maryland does not require the reporting of abortion statistics, including adverse events, to the Centers for Disease Control. We do not have records of all the women and girls in Maryland who have been harmed by chemical and surgical abortions. Why is abortion NOT treated like other procedures that are considered healthcare? Why are abortion businesses NOT required to report in the same way a dialysis clinic is required to report their statistics? **Maryland is not looking out for the safety and well-being of women and girls.**

Public Funding

Maryland is one of only 4 states that forces taxpayers to fund abortions. Regardless of how one feels about the legality of abortion, there is longstanding bi-partisan unity on prohibiting the use of taxpayer funding for abortion. 57% of those surveyed in a January 2025 Marist poll say they oppose taxpayer funding of abortion. 67% of Americans in that same poll support legal limits on abortion, particularly after the first trimester.

Abortion is big business in Maryland. Maryland taxpayers are forced to 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 involved in reproductive health policy 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 for the Advancement of School Based Health, Community Health Resource Commission, Maryland Children’s Health Program (MCHP) and Maryland Stem Cell Research Fund.



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Maryland must stop subsidizing corporate abortion. Maryland taxpayers do not want their state to be an abortion destination with abortion for all. Certainly, Marylanders do not want public schools used to give open access to the abortion industry to prey on Maryland's children.

Parental notice and consent provide better outcomes for youth. State law needs to recognize the natural and legal right of parents to provide consent for their children's medical care. But the state has repeatedly demonstrated a wanton disregard for the rights of parents and the welfare of school children. Under the influence of the abortion industry, the state removed the requirement that parents must first give permission for their child to participate in the sex ed curriculum, or to "opt in". Parents now have the obligation to "opt out" if they are provided notice at all.

Maryland Right to Life opposes the promotion of the abortion industry via the public school system. We ask for an amendment excluding abortion and abortion purposes from this bill. **Without an amendment, we respectfully ask you to give an unfavorable report on HB672.**