



Informational, Add Amendment HB466
Health Equality for Service Members Act
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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. Maryland Right to Life supports the ability of members of Uniformed Services to access Health Care and to be employed in the healthcare field. However, we request an amendment to prevent this bill from being used for abortion purposes.

Page 7, lines 16-23: Planned Parenthood and other abortion businesses are nonprofit organizations and could qualify to receive funds from the Sheila E. Hixson Behavioral Health Services Matching Grant Program for Service Members and Veterans. Maryland already provides an exorbitant amount of funding for abortion purposes, including a non-lapsing \$3.5 million abortion training fund in the budget.

Health Occupations Boards Licensing: An amendment is needed to prevent this bill from being used to exploit members of Uniformed Services as a source for workers for the abortion workforce and to prevent funding for abortion training. A Uniformed Services member should not be disciplined or denied licensing for refusal to provide abortion services.

Abortion is not healthcare and is never medically necessary – and therefore, does not deserve public funding. A miscarriage is the ending of a pregnancy *after* the baby has died; an ectopic pregnancy is not a viable pregnancy and the baby cannot continue to develop. Abortion is the intentional killing of a developing human being and often causes physical and psychological injury to the mother. Sometimes, it is necessary for a woman to have a dilatation and curettage (D&C) to complete the miscarriage so she does not develop infection, sepsis or possibly die. This is NOT the same as using D&C for abortion. Nonviable pregnancies, such as ectopic and molar pregnancies, are just as stated - nonviable – the baby has not survived or will not survive. It is necessary to remove such pregnancies for the health of the mother. Again, these are not the same as abortion because the pregnancy is not healthy and developing – the baby has died or is dying. There are no laws to prevent physicians from treating these cases.

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



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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.

Maryland must stop subsidizing corporate abortion. Maryland taxpayers do not want their state to be an abortion destination with abortion for all.

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.*"

For these reasons, we request an amendment for **HB466**.