



OPPOSITION STATEMENT SB420/HB6

Public Institutions of Higher Education – Pregnant and Parenting Students – Plan & Reporting

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We Strongly Oppose Abortion Promotion and Funding in Public Institutions of Higher Education

Under the letter of the law, **Section 15-140** (the original *Pregnant and Parenting Student Support Act*) is framed as "life-affirming" policy, but it further codifies federal **Title IX** which requires abortion accommodation on campus and its implementation is inextricably linked to **Section 15-136** (*Reproductive Health Services Plans*), which mandates abortion access and referrals. *While the bill has been amended to apply only to public senior higher education institutions and to remove some of the more intrusive collection of what should be private student information, the Assembly also removed the requirement under existing law that these institutions provide pregnant students information about or referrals to adoption services.* This leaves pregnant students vulnerable to abortion coercion on campus, in contradiction to the original intent of Title IX of the Civil Rights Act of 1964.

Maryland Right to Life (MDRTL) supports any public policy that enables and empowers young women and men to choose life for their preborn children. We applaud any effort to create an educational environment that supports students in their decisions to provide life to and/or to parent their children. However, we must oppose this bill and any mandate on public schools, community colleges and universities that requires referral to, promotion or funding of abortion and abortion providers as all Maryland programs require for "comprehensive" reproductive care.

Previous iterations of this bill expanded abortion access on certain University campuses within the University of Maryland system while rejecting equal access to lifesaving alternatives to abortion for students as required by federal Title IX's neutrality standard. This bill expands upon those non-compliant programs with their entrenched abortion bias, by increasing taxpayer spending in 2027.

Federal Title IX Requires Abortion Accommodation

MDRTL has been consistent in our position that we cannot support any bill that would expand abortion access and coordination by codifying federal Title IX. Regulations attached to Title IX since 1975, corrupted the intent of the federal Higher Education Act of 1965 by requiring that any institution that receives federal funds, must provide equal accommodation for pregnancy **AND termination of pregnancy** by abortion. These federal regulations were imposed as a result of the Supreme Court decision in *Roe v. Wade* (1973) which since has been overruled. Because this bill seeks to codify Title IX in Maryland statute and administrative policy, the bill cannot be cured by any amendment.

While federal Title IX requires any institution that receives federal funds to provide equal accommodation for pregnancy or termination of pregnancy, including things like larger desks and excused absences, the state has no legal obligation to provide access, coordination or public funding for abortion including on campuses.

Funding Disparity between Abortion and Healthy Birth

However, in 2023 the state enacted the **Reproductive Health Services Plan** to mandate abortion promotion on all college campuses. Amendments to appropriate equal funding to lifesaving alternatives to abortion, like adoption referral, were rejected.

The legislative record reflects a significant funding disparity between the "Reproductive Health" mandate (Section 15-136) and the original "Pregnant and Parenting" support mandate (Section 15-140):

- **Abortion Mandates:** Backed by **\$38.9 million** in specific state grants, training funds, and provider subsidies.
- **Healthy Birth/Adoption Mandates:** Currently have **\$0.00** in specific state appropriations. The Fiscal Note for the original Pregnant and Parenting legislation (HB771/SB741) states that these requirements must be met using "**existing resources.**" This means universities must divert money from their current general operating funds. **ADOPTION INFORMATION AND REFERRAL REQUIREMENTS HAVE BEEN REMOVED FROM THE BILL.**

Based on testimony from the 2024 session, the focus was on the *availability* of the option, as advocates noted that students previously had "zero" formal resources for adoption on many campuses. As of January 2026, there is **no publicly available data** on the specific number of adoption referrals made by Maryland schools under these laws.

Bill Goes Further than Title IX

No Conscience Protections - This bill does not contain a conscience clause to protect the rights of faculty or staff who do not want to participate in abortion coordination or practices. Existing conscience protections in state law for medical providers are insufficient and would not automatically extend to college staff.

Referrals to Abortion Providers – The existing program requires that pregnant students be referred to state programs that fund abortions including the Maryland Medical Assistance Program and the Maryland Children's Health Insurance Program. In 2023, the state reports that 12,727 abortions were committed and abortionists were reimbursed \$7.9 million in taxpayer funds under the Medical Assistance Program. Less than 11 of those taxpayer-funded abortions were for reasons of rape, incest or to save the physical life of the mother.

State referral practices are extremely problematic, as the Maryland Department of Health and the Maryland Department of Education routinely refer pregnant women to Planned Parenthood despite the fact that only 14% of their facilities provide even minimal prenatal care, and their advertised adoption counseling services have been proven to be negligible but intended instead to serve as a feeder system for abortion sales.

Coordination of Abortion Services - This bill requires that all colleges and universities coordinate services through an undefined "referral network of health care providers".

In 2023, the members of the Maryland General Assembly enacted Chapters 250 and 251 - *Public Senior Higher Education Institutions – Reproductive Health Services Plans – Requirements*, now Section 15-136 of the Education Article of the Maryland Code. The Assembly codified your clear intention to mandate abortion on campuses, by requiring the coordination of abortion services while rejecting amendments to provide students resources or referrals for healthy birth and delivery outcomes. Section 15-136 already requires that colleges and universities develop and implement reproductive health services plans to provide or refer students to a “comprehensive” range of reproductive health services, expressly including abortion (See additional details below.) *Pregnant and Parenting Student legislation* is inextricably linked to **Section 15-136**, which mandates abortion referrals. Whether a student is referred to an abortion provider under Section 15-140 depends on which office they visit and how the university has integrated its legal mandates.

Because of the state of Maryland's abortion bias, the state systemically discriminates against pro-life organizations and providers and excludes them from participation in any state programs or procurement contracts claiming they do not provide “comprehensive” care because they will not commit or refer for abortions. Conversely the state routinely entrusts the profit-minded abortion industry and their network to define and implement state programs to target pregnant women and students, despite the fact that after nearly 50 years of taxpayer subsidization, they have failed to eliminate unplanned pregnancies.

State is in Violation of Title IX

It is MDRTL’s position that the State of Maryland is in direct violation of Title IX by refusing to provide pregnant students in public universities and colleges equal accommodation or access to pro-life providers and lifesaving alternatives to abortion. In 2023, the members of the Maryland General Assembly enacted Chapters 250 and 251 - *Public Senior Higher Education Institutions – Reproductive Health Services Plans – Requirements*, now Section 15-136 of the Education Article of the Maryland Code. The Assembly codified your clear intention to mandate abortion on campuses, by requiring the coordination of abortion services while rejecting amendments to provide students resources or referrals for healthy birth and delivery outcomes.

State is Engaging in Abortion Coercion

As a result of the state’s blatant abortion bias and systemic discrimination against pro-life speech and providers, the state is depriving women real choice and engaging in constructive abortion coercion. Under current Maryland law, there is no explicit measure prohibiting any individual from coercing a woman into abortion.

The *majority* of women who have had abortions (64%) report afterward that they were pressured into the decision. With the documented severity of physical and psychological repercussions of abortion, protection from abortion coercion becomes even more essential in ensuring that the best interests of students are protected. But this bill will require colleges and universities to refer pregnant students to providers who may coerce them into using abortion drugs or procedures for their own financial gain.

Coercion encompasses any situation in which a pregnant mother is made to feel - by any means - that she has *no choice* but an abortion. Coercion sends a mother into the belief that *either the baby dies or I will die*

or suffer great harm, which may include losing a scholarship, being displaced from a team or even temporarily delaying education.

The abortion industry self-identifies as *pro-choice*, but in reality, choice has little to do with the abortion transaction. Far from enshrining protections from coercion, the abortion industry operates on omission: they omit important questions about coercion during pre-abortion "counseling" and fail to provide information about the effects of a coerced abortion.

Abortion providers also have demonstrated an unwillingness to protect women and girls against sexual abuse and trafficking by refusing to report suspected abuse to law enforcement or other public authorities while agreeing to commit abortions on suspected victims.

State Government Obligation to Parents and Students

Parents send their daughters to college for an education, not for an abortion. The State of Maryland has an obligation to provide a safe and healthy environment for all students attending institutes of higher education within this state. The state cannot reasonably entrust abortion providers and others who stand to gain financially from the sale of abortions, with the education and care of pregnant students.

The bill undermines parental rights to make medical decisions for their children as many young adults remain on their parents' insurance policies until the age of twenty-six. However, parents who do not have the right to consent to abortion procedures for their children, will be financially responsible for any medical or psychological health interventions necessary as a result of abortion injuries or death. By enacting this bill the state will violate the trust of parents and far exceed its limited authority to act in place of the parents on campus, particularly in the matter of student health.

MDRTL Opposes Public Funding for Abortion on Campus

It is MDRTL's position that the state of Maryland is failing in its fiduciary responsibility to state taxpayers and failing to provide for the legitimate healthcare needs of pregnant women and girls in Maryland.

The fact that the number of abortions is highest among college-aged students, demonstrates that decades of public funding to abortion activists in Maryland k-12 public education, has failed to prepare our youth with sound family planning practices. Throwing additional public funding toward the multi-billion dollar abortion industry's failed practices, is not sound fiscal policy and harms those most in need of quality maternal health care options.

Maryland taxpayers should not be forced to subsidize abortion indoctrination, promotion and abortion violence. **A 2026 Marist poll showed that 54% of people polled oppose the use of tax dollars to pay for abortion and 88% favor laws that protect both the lives of women and unborn children.** Public funds instead should be prioritized to fund legitimate health and family planning services which have the objective of saving the lives of both mother and children, including programs for improving maternal health and birth and delivery outcomes, well baby care, parenting classes, foster care reform and affordable adoption programs.

Pregnant women and students have better alternatives for maternal health. There are 14 federally qualifying

health centers and 4 pregnancy centers for each Planned Parenthood in Maryland. Planned Parenthood profits from abortion sales and is not a significant provider of prenatal care or adoption referrals.

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.*”

Abortion is not healthcare

Abortion is not healthcare. It is violence and brutality that ends the lives of unborn children through suction, dismemberment or chemical poisoning. The fact that 85% of OB-GYNs in a representative national survey do not perform abortions on their patients is glaring evidence that abortion is not an essential part of women's healthcare.

Recent acts of abortion activists occupying the Maryland General Assembly have completely removed abortion from the spectrum of healthcare. As a result of the *Abortion Care Access Act* of 2022, sponsored by Delegate Ariana Kelly (D-Montgomery), a former NARAL employee, poor women will be deprived access to care through a licensed physician. To the detriment of women's reproductive health, the state is now allowing any “certified provider of abortion care” to perform or provide both surgical and chemical abortion through birth.

Combine this with the fact that nearly 75% of abortions are now “Do-It-Yourself” abortions where women are remotely prescribed dangerous abortion pills without a physician's examination and are left to hemorrhage alone until their bodies forcefully expel their babies' bodies, and the argument that abortion is healthcare is completed discredited.

Abortion is a Failed Policy

Nearly fifty years of federal abortion mandates on the state have failed to cure the underlying socio-economic challenges women face in raising their families. The abortion industry has failed to reduce pregnancies, but only reduced the number of *live births*. In fact, the number of abortions has increased proportionately with the increase in public funding for abortion businesses.

Planned Parenthood and their network of organizations are financially invested in unplanned pregnancies that increase abortion profits. They cannot be trusted to instruct children and young adults in human reproduction and sexuality or to promote their abortion business under the guise of student “health”.

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Disparate Impact Statement: Abortion is having a genocidal impact on Black Marylanders

Abortion has a disproportionate impact on Black Americans who have long been targeted by the abortion industry for eugenics purposes. Even today 78% of abortion clinics are located in minority communities. As a result abortion violence has become the leading killer of Black lives, more than gun violence and all other causes combined. More than half of all pregnancies to Black women in Baltimore City end through abortion violence.

The state fails to measure or report the correlation between the increased use of abortion with increased risk to maternal mortality, infertility, miscarriage, pre-term births for Black mothers. This makes any argument that abortion is healthcare a morally repugnant call for state-sponsored genocide of Black children in Maryland.

For these reasons we respectfully urge you to issue an unfavorable report on this bill and encourage the sponsor to introduce a bill that is narrowly tailored to ensure that pregnant students are provided access to lifesaving alternatives to abortion without fear of abortion coercion on campus.