



INFORMATIONAL - Request for Amendment

SB300/HB461 –Economic Development - Rural Readiness Program and Rural Maryland Capacity Building Fund - Establishment

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We Oppose Taxpayer Funding for Elective Abortions

On behalf of the Board of Directors of Maryland Right to Life and our 200,000 followers across the state, we respectfully **seek your amendment** on SB300/HB461 to exclude public grant funding to businesses and organizations that promote or profit from elective abortions. This bill allows public grant funding to be used for Health purposes. While improvements to rural healthcare, and in particular prenatal and obstetrical care is critically necessary for rural areas of our state, elective abortion is not healthcare, is never medically necessary and competes against women's access to legitimate reproductive care.

The majority of the public opposes taxpayer funding for abortion and prefers programs that protect the lives of both mothers and children. Any legislation to promote economic development should prioritize public investments in the health of both mothers and children, but exclude public grants to subsidize the abortion industry, its facilities, providers or workforce.

Telabortion Puts Women's Lives at Risk

Public policy has failed to keep pace with the abortion industry's rapid deployment of chemical abortion drugs, which now make up nearly three-quarters of all abortions. Chemical abortion drugs are harmful to women's health, almost always result in the death of a fetal human being, and are often misused due to the reckless deregulation of these drugs by the Food and Drug Administration and State of Maryland. The state of Maryland has a duty to ensure that abortion is safe and must intervene on behalf of women and girls by adopting a protocol and standard of medical care for the use of chemical abortion drugs.

We are opposed to any policies that would expand funding for telabortion, abortion by pharmacist, and the remote distribution of dangerous chemical abortion drugs. Reducing the credentials of those who may perform or provide abortions, including reimbursing pharmacists who distribute abortion drugs, is increasing the number of preborn children being killed, subjecting more women to injury and death, and straining emergency room providers who must provide emergency interventions for botched abortions as abortion drug providers who routinely deny their customers care for abortion complications.

Catastrophic complications can occur through telabortion, and emergency obstetrical care may not be readily available in rural areas of our state. Chemical abortion is at least 4 times more dangerous than even surgical abortion. At least 11% of women using abortion drugs experience serious complications that require hospitalization. When women in rural or other remote areas are able to purchase these lethal drugs remotely and without being under an obstetrician's care, abortion drug manufacturers and providers offer no aid when women experience complications. This creates an artificial demand on Emergency Room personnel to deal with elective abortion complications has increased 500%, increasing medical scarcity and threatening the conscience rights of medical providers.

Remote access to lethal abortion drugs also increases the risk of abortion coercion and forced ingestion of abortion drugs against a woman's consent are increasing nationwide as men can now easily order and be prescribed these lethal drugs without sufficient oversight. This bill would put Maryland women at greater risk of harm.

While we oppose all abortion, we strongly recommend that the state of Maryland enact reasonable regulations to protect the health and safety of girls and women by adopting the previous FDA Risk Evaluation and Mitigation Strategies (REMS) safeguards that required that the distribution and use of mifepristone and misoprostol, the drugs commonly used in chemical abortions, be under the supervision of a licensed physician because of the drugs' potential for serious complications including, but not limited to, uterine hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death.

The Public Opposes Funding for Abortions

A [2026 Marist poll](#) showed that 54% of Americans, both "pro-life" and "pro-choice" oppose the use of tax dollars to pay for a woman's abortion. Maryland taxpayers believe that the state only uses public funds for abortions that are deemed "medically necessary" in order to save the life or health of the mother. Taxpayers do not support the use of public funds for elective abortions, which make up the vast majority of abortions committed in Maryland.

Without amendment, this bill could allow additional public funds to be used as corporate welfare for the abortion industry and abortion drug manufacturers, further subsidizing these for-profit businesses and their non-profit partners. This is in direct conflict with the will of 88% of people who prefer funding for programs that protect the lives of both mothers and children.

Subsidizing Corporate Abortion

Abortion is big business in Maryland. In just one year, the abortion industry received at least **\$40 million** in taxpayer funding. Maryland taxpayers subsidize the abortion industry 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. Public departments and programs subsidizing abortion and abortion providers include the Maryland State Department of Education, Maryland Department of Health, Abortion Care and Reproductive Clinical Health Program, 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) and Maryland Stem Cell Research Fund.

Public Funding through Maryland Medicaid - 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.

According to the Maryland Department of Legislative Services in their *Analysis of the FY2025 Maryland Executive Budget*, Maryland taxpayers, through the Maryland Medical Assistance Program, are being forced to pay for *elective* abortions. In 2023, taxpayers spent at least \$7.9 million for 12,727 abortions, with **less than 11 of those abortions due to rape, incest or to save the life of the mother.**

Medical Assistance Expenditures on Abortion Language attached to the Medicaid budget since 1979 authorized the use of State funds to pay for abortions under specific circumstances. Specifically, a physician or surgeon was required to certify that, based on his or her professional opinion, the procedure is medically necessary. Similar language was attached to the appropriation for **MCHP** since its advent in fiscal 1999. However, this language was repealed in 2022.

Maryland Abortion Care Access Act- In 2022, the Maryland General Assembly repealed this final safeguard for women by enacting the Abortion Care Access Act, making it legal for non-physicians (including any certified pharmacist) to provide abortions and forcing taxpayers to pay to train abortion providers. The Act established the Abortion Clinical Care Training Program in the Maryland Department of Health (the Department), renamed as the Abortion and Reproductive Clinical Health Program, and established the Abortion Care Clinical Training Program Fund. In 2025, the State gave at least \$13.6 million to the abortion industry to train abortion providers.

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.*"

The Maryland General Assembly must put patient safety before abortion politics and profits. For these reasons, we respectfully urge you to amend this bill to preserve its otherwise commendable purposes, by excluding funding for abortion providers or promoters including the remote distribution of dangerous abortion drugs through pharmacies or other non-physicians. Women in rural areas and across the state deserve access to legitimate reproductive healthcare which should be the priority of public investments and grants.

We appeal to you to prioritize the state's interest in human life, healthy pregnancy outcomes and to restore to all people, born and preborn, our natural and Constitutional rights to life, liberty, freedom of speech and religion.