

Written Testimony in Opposition to HB 616 and SB 515 (2026)
Submitted to the Maryland General Assembly
Health and Government Operations Committee (House) / Finance Committee (Senate)

Submitted by:
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Chair Beidle, Vice Chair Hayes, and distinguished members of the Committee:

My name is Danielle White, and I serve as General Counsel for Heartbeat International. Heartbeat International is the world’s largest network of pregnancy help organizations, supporting more than 4,000 affiliated pregnancy care centers, medical clinics, maternity homes, and adoption agencies across all 50 states and in over 100 countries. For more than 50 years, our mission has been to equip life-affirming ministries that reach women and families in unexpected pregnancies with compassionate, holistic care. In Maryland, our affiliates operate pregnancy help organizations (PHOs) that serve thousands of women each year with free or low-cost services including pregnancy testing, limited obstetric ultrasounds, STD/STI testing, parenting education, material assistance (diapers, formula, baby clothing), peer counseling, transportation support, and adoption referrals.

I submit this testimony in strong opposition to House Bill 616 and Senate Bill 515. These bills would expand the jurisdiction and authority of the Health Services Cost Review Commission (HSCRC) to additional “health facilities.” This legislation’s broad language risks sweeping in charitable, nonprofit pregnancy help organizations—particularly those that offer limited obstetric ultrasounds or other basic medical services. The result would be the imposition of hospital-style rate-setting, auditing, reporting, and compliance requirements on donor-funded, charitable organizations whose “rates” are typically zero. This is both misguided policy and constitutionally problematic.

Inappropriate Application of Hospital Regulation to Charitable Nonprofits

The HSCRC was created to regulate hospital rates within Maryland’s unique all-payer system, a framework designed to control costs in large, revenue-generating inpatient institutions. Pregnancy help organizations bear no resemblance to hospitals or even commercial outpatient clinics in that their services are overwhelmingly free. PHOs are nonprofits funded almost entirely by private donations and community support—not insurance reimbursements, Medicaid, or taxpayer dollars. They do not engage in the commercial billing or cost-shifting practices that justify HSCRC oversight.

Expanding rate-setting and audit authority to these entities would impose pointless administrative burdens: rate applications, detailed financial reporting, compliance audits,

and potential user fees on organizations that charge nothing or nominal fees for services. For centers that provide no ultrasounds or diagnostic procedures at all, there is literally zero medical or cost-control justification for their inclusion. Even for those that do offer limited obstetric ultrasounds (typically basic scans to confirm intrauterine pregnancy, detect fetal heartbeat, and estimate gestational age), the services are provided for free or at very low cost.

Applying hospital-level regulation to charitable entities that exist to fill gaps in the social safety net is bureaucratic overkill. It will divert donor dollars away from critical direct client services—medical services, diapers, formula, parenting classes, transportation, and peer counseling—and into compliance paperwork, additional staff, and legal fees. Smaller and rural centers, which already operate on razor-thin margins, will be hit hardest. Some will be forced to reduce hours, eliminate services, or close entirely. The women who lose access will be the very ones the General Assembly claims to want to help: low-income mothers, minority communities, and those facing unplanned pregnancies.

Constitutional and Legal Concerns

As an attorney, I must highlight the serious legal vulnerabilities created by this legislation.

First, many pregnancy help organizations are faith-based and view their work as a religious calling to support life and families. Imposing costly, intrusive regulatory requirements that have no nexus to actual health care cost inflation raises serious religious liberty concerns under both the U.S. Constitution and Maryland law. Such burdens would be subject to strict scrutiny under precedents such as *Fulton v. City of Philadelphia* (2021). The government would need to demonstrate a compelling interest and narrow tailoring—standards this bill cannot meet when applied to donation-funded charities that do not contribute to the cost problems the HSCRC was designed to address.

Second, the selective focus on nonprofits (particularly those with a pro-life, life-affirming mission) while leaving unregulated other counseling services, community programs, or for-profit entities raises viewpoint discrimination and equal protection issues. If enforcement disproportionately targets organizations whose counseling includes moral or religious perspectives on pregnancy and parenting, it risks chilling protected First Amendment speech and association. Forcing these centers to divert resources to regulatory compliance could effectively compel them to alter or cease certain activities, violating core constitutional protections.

Third, the bill lacks any demonstrated rational basis. There is no evidence that pregnancy help organizations drive health care cost inflation in Maryland. On the contrary, by providing free services, these organizations save the state money. Regulating them as “health facilities” is arbitrary and would likely fail rational basis review, particularly for non-medical centers.

Quality and Safety Are Already Addressed

Pregnancy help organizations affiliated with Heartbeat International and other national life-affirming pregnancy help groups already adhere to rigorous ethical standards. We require adherence to the national Commitment of Care and Competence, a code of ethics that emphasizes truthful, compassionate, and competent care. Medical services are provided only by properly licensed professionals who are accountable under existing state licensing boards. There is no evidence of systemic quality or safety problems that would justify layering duplicative HSCRC oversight on top of these existing safeguards.

Better Alternatives Exist

If the goal is truly to control health care costs and improve access for Maryland families, the General Assembly should pursue targeted, narrowly tailored approaches rather than blunt expansion of hospital regulation. Options include:

- Explicitly exempting nonprofits who do not charge for services.
- Focusing oversight on high-volume, revenue-generating outpatient providers that actually participate in the commercial health care market.
- Supporting pregnancy help organizations through positive measures such as grants, tax credits, or public-private partnerships that increase—not decrease—access to comprehensive support for pregnant women and families.

Women in unplanned pregnancies deserve real choices and practical help, not fewer community resources. Over-regulating the very organizations that provide free medical services, practical assistance, and support will reduce options at the precise moment they are most needed.

Conclusion

Heartbeat International respectfully urges the Committees to reject HB 616 and SB 515 in their current form or, at minimum, amend them to include clear, robust exemptions for nonprofit pregnancy help organizations and other charitable entities that do not function as commercial health care providers. Maryland families—especially vulnerable mothers and children—cannot afford the loss of these critical, life-affirming services.

Thank you for the opportunity to testify. I am happy to answer any questions or provide additional information about the work of our Maryland affiliates.

Respectfully submitted, Danielle White, Esq.
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