Written Testimony of Emily Hoegler, J.D.
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In Opposition to Senate Bill 563
Submitted to the Finance Committee
February 17, 2025

Dear Chairwoman Beidle and Members of the Committee:

My name is Emily Hoegler, and I serve as Policy Counsel at Americans United for Life ("AUL"). Established in 1971, AUL is a national law and policy nonprofit organization with a specialization in abortion, end-of-life issues, and bioethics law. AUL publishes pro-life model legislation and policy guides,[1] tracks state bioethics legislation,[2] and regularly testifies on pro-life legislation in Congress and the states. Our vision at AUL is to strive for a world where everyone is welcomed in life and protected in law. As Policy Counsel, I specialize in life-related legislation, constitutional law, and abortion jurisprudence.

Thank you for the opportunity to testify in opposition to Senate Bill 563 ("S.B. 563", which targets pro-life Pregnancy Resource Centers ("PRCs") by regulating them under the regulatory standards of a surgical hospital when these PRCs are facilities that primarily distribute material goods and personal support services. PRCs help ensure that more underserved women will receive quality professional care, at usually no cost to them. For this reason, I strongly urge the Committee to oppose this bill and support the work of PRCs in Maryland.

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[1] *Pro-Life Model Legislation and Guides*, AMS. UNITED FOR LIFE, https://aul.org/law-and-policy/ (last visited Oct. 16, 2025). AUL is the original drafter of many of the hundreds of pro-life bills enacted in the States in recent years. *See* Olga Khazan, *Planning the End of Abortion*, ATLANTIC (July 16, 2020), www.theatlantic.com/politics/archive/2015/07/what-pro-life-activists-really-want/398297/ ("State legislatures have enacted a slew of abortion restrictions in recent years. Americans United for Life wrote most of them."); *see also* Anne Ryman & Matt Wynn, *For Anti-Abortion Activists, Success of 'Heartbeat' Bills was 10 Years in the Making*, CTR. PUB. INTEGRITY (Jun. 20, 2019), https://publicintegrity.org/politics/state-politics/copy-paste-legislate/for-anti-abortion-activists-success-of-heartbeat-bills-was-10-years-in-the-making/ ("The *USA TODAY/Arizona Republic* analysis found Americans United for Life was behind the bulk of the more than 400 copycat [anti-]abortion bills introduced in 41 states.").

[2] *Defending Life: State Legislation Tracker*, AMS. UNITED FOR LIFE, https://aul.org/law-and-policy/state-legislation-tracker/ (last visited Oct. 16, 2025).

I. S.B. 563 Erroneously Categorizes Charitable Support by PRCs as High-Risk Medical Care.

Maryland S.B. 563 discriminates against pro-life PRCs by reclassifying non-medical PRCs as "health care providers" under the state's Health-General Article. Under current Maryland Health Occupations Article, a health care provider is defined by professional licensure and the ability to provide clinical services in the "ordinary course of business."[3] Facilities like hospitals, nursing homes, and health maintenance organizations are regulated because they perform invasive procedures, dispense medication, and provide diagnostic services like X-rays and laboratory testing. The law also includes health care providers who treat patients in crisis, such as those in mental health or substance use disorder facilities.

S.B. 563 redefines "crisis pregnancy clinics" as "health care providers," subjecting them to increased restrictions and regulations. However, PRCs primarily offer material support and peer counseling, which do not fall under the high-risk clinical categories of health care providers. PRCs provide material goods, such as diapers, baby clothes, and formula; non-diagnostic tools, such as self-administered pregnancy tests (similar to those bought at a pharmacy); and support services, such as parenting classes and peer-led counseling. This attempt to govern charitable outreach through a framework designed for invasive medical intervention is legally inconsistent and discriminates against pro-life PRCs.

Furthermore, S.B. 563 is a redundant and unnecessary measure because PRCs already operate under strict, self-imposed privacy protocols that mirror the protections of the federal Health Insurance Portability and Accountability Act (HIPAA). By forcing these centers into a regulatory framework they already effectively emulate for their non-medical status, the bill serves no practical public health purpose. Instead, it singles out organizations based on their pro-life mission.

By including PRCs in the same category as hospitals and medical laboratories, S.B. 563 imposes medical-grade requirements on facilities that do not provide high-risk medical treatment. Applying the rigorous regulatory standards of a surgical hospital to a facility that primarily distributes material aid creates a fundamental legal mismatch. The state should not apply medical-grade regulations to non-medical facilities.

II. PRCs Provide Essential Support Services to Women, Children, and Families.

[3] *Md. Code Ann., Health-Gen. § 4-301(h).*

Imposing the administrative burdens of a "health care provider" on PRCs will prevent PRCs from providing resources to families in need without providing any meaningful increase in public health safety. This would detract from the invaluable services PRCs provide to their communities.

Over the past 50 years, PRCs have provided invaluable, free services to low-income women across the United States. According to CareNet and the Charlotte Lozier Institute, over 2,750 PRCs served 3,255,856 people in the United States in 2022 alone.4 This included 546,683 free ultrasounds, 703,835 free pregnancy tests, 3,590,911 free packs of diapers, 1,216,438 free packs of wipes, 43,192 free new car seats, 4,256,274 free baby clothing outfits, 30,188 free strollers, 23,486 free new cribs, 300,008 free new cans/bottles of infant formula, and 967,251 free consultations with new clients.[5] *PRCs also provide additional* services*, such as adoption information, onsite adoption agencies, college/university outreach, professional counseling, safe haven locations, housing referrals, medical referrals, and information on abortion.*[6] *In 2022, the estimated value of PRC's services was $367,896,513, which highlights the incredible community resource these centers have become.*[7]

The free, accessible services provided by PRCs are especially crucial, as most women who seek abortions do so primarily for financial reasons.[8] *Many do not actually want an abortion but feel pressured by a lack of support and economic security. A 2023 national study found* that *over 60% of women who had abortions reported experiencing high levels of pressure to abort from one or more sources.*[9] *Studies also show that 70 percent of women who have abortions say the decision conflicts with their values.*[10] *In another study, a majority of women who had abortions (sixty percent) "reported they would have preferred to give birth if they had received either more emotional support or had more financial security."*[11] *PRCs can help address these concerns so that women feel empowered to make informed, independent*

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[4] *Pregnancy Centers Offer Hope for a New Generation,* CHARLOTTE LOZIER INST., *https://lozierinstitute.org/wp-content/uploads/2024/12/Pregnancy-Center-Report-Dec-2024-Interactive.pdf (last visited Oct. 16, 2025), at 19.*
[5] *Id.*
[6] *Id. at 24.*
[7] *Id. at 19.*
[8] *Lawrence B. Finer et al., Reasons U.S. Women Have Abortions: Quantitative and Qualitative Perspectives, 37* PERSPS. SEXUAL & REPROD. HEALTH *110, 117–18 (2005).*
[9] *David C. Reardon & Tessa Longbons, Effects of Pressure to Abort on Women's Emotional Responses and Mental Health,* CUREUS *(2023).*
[10] *Tessa Longbons, Hidden Epidemic: Nearly 70% of Abortions Are Coerced, Unwanted or Inconsistent with Women's Preferences,* CHARLOTTE LOZIER INST., *(May 15, 2023), https://lozierinstitute.org/hidden-epidemic-nearly-70-of-abortions-are-coerced-unwanted-or-inconsistent-with-womens-preferences/.*
[11] *David C. Reardon et al., The Effects of Abortion Decision Rightness and Decision Type on Women's Satisfaction and Mental Health, 15* CUREUS *1, 4 (2023).*

decisions about their pregnancies. After receiving support and financial assistance from PRCs, these women can make pregnancy decisions free from the heavy burdens of inadequate support and financial insecurity.

The need for PRCs has become even more pressing now that women are increasingly rejecting abortion and choosing to keep their babies. The abortion rate is nearly half of what it was in the late 1980s after Roe v. Wade was decided.[12] *Despite the common narrative, women are recognizing that they do not need abortion to have success and equality in American society.*[13] *When women are offered options other than abortion, they* frequently *choose life. PRCs inform women of the alternatives to abortion and provide support throughout their pregnancies and postpartum, unlike abortion clinics that fail to address women's underlying needs.*[14]

S.B. 563 threatens to dismantle a vital support system that addresses the root causes of abortion: financial instability and a lack of emotional support. Instead of fostering an environment where women are empowered to choose life through material security, this legislation *imposes a regulatory burden that prioritizes political positioning over the tangible, life-affirming needs of Maryland's most vulnerable families. For these reasons, I encourage you to reject S.B. 563.*

III. Conclusion

S*.B. 563 represents a solution in search of a problem, applying a heavy-handed medical regulatory framework to organizations that primarily provide social and material relief. By misclassifying PRCs as high-risk medical providers, the state risks burying essential charitable work under prohibitive administrative costs that do not improve public safety. Instead of protecting women, this bill threatens to strip away the very financial and emotional safety nets that empower underserved mothers to choose life. Maryland should support, rather than obstruct, the community-funded resources that offer women a genuine alternative to abortion through tangible support and compassionate care. For these reasons, I urge the Committee to reject S.B. 563.*

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[12] *Ctrs. for Disease Control & Prevention, 69 Surveillance Summaries 1, Abortion Surveillance—United States, 2018 (Nov. 27, 2020).*

[13] *See, e.g., Helen M. Alvaré, Nearly 50 Years Post-Roe v. Wade and Nearing Its End: What is the Evidence that Abortion Advances Women's Health and Equality? 34 Regent U.L. Rev. 165, 208 (2022) (documenting the testimony in legislative hearings in several states).*

[14] *See, e.g., Michael J. New, Pregnancy Centers Offer Better Service Than Abortion Facilities, a New Study Shows, Nat'l Rev. (Feb. 5, 2023), https://www.nationalreview.com/corner/pregnancy-centers-offer-better-service-than-abortion-facilities-a-new-study-shows/ (study comparing 445 abortion facilities with nearby pregnancies centers, finding strong statistical evidence that pro-life pregnancy centers offer better and less expensive services than abortion facilities).*

Respectfully Submitted,

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AMERICANS UNITED FOR LIFE