



MARYLAND
CATHOLIC
CONFERENCE

February 19, 2026

Senate Bill 485
Public Health - Women's Health Care Data - Report
Senate Finance Committee

Position: Favorable

The Maryland Catholic Conference (MCC) is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

Senate Bill 485 requires the Maryland Department of Health to develop and implement a standard system to collect and compile annual data on the costs of prenatal care, birth, postpartum care, pregnancy care, abortion services, and menopausal care in the State; establishing limitations on the data and information that may be collected or reported under the Act; and requiring the Department to submit a comprehensive report of the collected data to the General Assembly on or before December 1 of each year.

Maryland's annual expenditure on women's reproductive health care is difficult to determine due to the lack of publicly available aggregated data. Reproductive health care encompasses a wide range of services, including postpartum care, pregnancy care, labor and delivery, and abortion, with funding provided by state programs, federal contributions, and private insurance. Understanding the fiscal impact of these services is critical to assessing women's healthcare needs and ensuring resources are allocated effectively.

One significant gap in Maryland's healthcare reporting is the absence of abortion data, especially regarding its fiscal impact on Maryland citizens. The state has not reported abortion statistics to the CDC since 2006, and the Maryland Department of Health does not maintain official records on induced terminations.¹ This lack of data prevents a comprehensive understanding of how abortion affects women, children, and families across the state. Without regular reporting, public health agencies lack vital information on demographics such as age, race/ethnicity, marital status, prior pregnancies, and gestational periods at the time of abortion. These insights are necessary for effective public health surveillance, allowing

¹ <https://lozierinstitute.org/abortion-reporting-maryland/>

policymakers to evaluate the socioeconomic and clinical outcomes associated with abortion and other reproductive health services.

In fiscal year 2022, the Maryland Department of Health reported that Medicaid funded 11,567 abortions, averaging \$659 per procedure, totaling approximately \$7.6 million.² These figures indicate that Maryland's Medicaid program has been allocating substantial funds annually for abortion services, with recent increases to enhance provider reimbursements. With ongoing administrative decisions regarding Medicaid spending, further regulatory oversight is expected. The increase in abortion services in Maryland, particularly in the wake of the 2022 *Dobbs v. Jackson* decision, has also contributed to a rise in abortion-related travel, with Maryland becoming a destination for out-of-state residents seeking these services. According to WYPR news citing data from the Guttmacher Institute, in 2023 alone, Maryland saw over 38,000 abortions—a 29% increase from previous years—including approximately 8,100 procedures performed for non-residents.³ As Maryland expands services to non-residents, collecting data is essential to assess the financial impact on taxpayers and understand the cost burden on state resources.

In fiscal year 2025, the Moore-Miller Administration allocated \$5 million to increase Medicaid reimbursements for abortion care and reproductive health services. Additionally, the Maryland Department of Health granted \$10.6 million to the University of Maryland, Baltimore, to oversee the state's Abortion Care Clinical Training Program.⁴ These expenditures highlight the substantial financial investment in reproductive healthcare, reinforcing the need for legislative oversight to ensure that funds are allocated responsibly. Maryland's estimated annual cost for Medicaid-funded medication abortions is approximately \$3.7 million, based on a national average cost of \$600 per procedure and the state's reported 11,567 Medicaid-funded abortions in 2022.⁵ This estimate, assuming 53% of abortions are medication-based, does not include privately insured or out-of-pocket procedures.

The approximate average cost for prenatal care, labor/delivery, and postpartum care for Medicaid beneficiaries is \$36,000. Moreover, newborns born to Medicaid-eligible mothers are deemed automatically eligible for Medicaid benefits for their first year and typically retain eligibility for subsequent years.⁶ On average, Medicaid pays \$9,700 for health care per eligible newborn annually (50% general funds and 50% federal funds). The extent of any increase in expenditures cannot be reliably estimated at this time. Federal fund revenues increase accordingly.

SB 485 would improve transparency and fiscal accountability by requiring comprehensive, service-specific data collection across women's health services, which current broad hospital reporting systems do not adequately provide. Any reporting system must protect patient privacy and avoid unnecessary administrative burdens. This is especially important as menopausal care — an often overlooked but growing area of women's health — can carry significant costs, including \$30–\$90 per month for hormone therapy, \$20–\$100 for non-

² https://mgaleg.maryland.gov/2023RS/fnotes/bil_0008/hb0958.pdf?utm

³ <https://www.wypr.org/2024-08-12/in-a-post-roe-u-s-maryland-is-seeing-rise-in-abortions-and-nonresident-visitors>

⁴ <https://governor.maryland.gov/news/press/pages/governor-moore-announces-156-million-investment-to-improve-abortion-care-access-statewide.aspx?utm>

⁵ https://mgaleg.maryland.gov/2023RS/fnotes/bil_0008/hb0958.pdf?utm

⁶ https://mgaleg.maryland.gov/2023RS/fnotes/bil_0008/hb0958.pdf?utm

hormonal medications, and \$1,000–\$2,000 per session for certain procedures. As demand increases, understanding these costs is essential for responsible resource allocation and meaningful support for women.⁷

Access to comprehensive fiscal data is essential for assessing associated health risks and ensuring that adequate support is available for women. The current understanding of the fiscal scope of women's reproductive health care is understood through Medicaid reporting and is solely underrepresenting the remainder of Maryland women who are not eligible for Medicaid or choose other insurance providers. The Maryland Catholic Conference remains committed to protecting women's health and the sanctity of life from conception to natural death. Collecting and analyzing data on reproductive healthcare services would not only help address gaps in support for pregnant women but also provide a clearer picture of how to better serve women in need.

For these reasons, the Maryland Catholic Conference asks for a favorable report on **SB 485**.

Thank you for your consideration.

⁷ <https://cwchowardcounty.com/blog/menopause-treatments-in-columbia-md-what-to-expect-cost-and-where-to-go/>