



Favorable with Amendment Statement

SB 19 -Maryland Commission on Women's Health Advancement - Establishment

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We Support SB19 with Amendment

On behalf of the Board of Directors of Maryland Right to Life and our 200,000 followers across the state, we respectfully seek amendment to SB19. While we applaud any effort by the State to improve Women's Health, we believe that abortion is an act of violence that medical science has proven as harmful to women's health and is never medically necessary. On this basis we oppose any use of State or taxpayer funds or resources for abortion purposes. The State must instead prioritize funding for advancements in maternal health, prenatal care, foster care reform and affordable domestic adoption programs.

Pregnancy is not a Disease

Abortion is not healthcare. It is violence and brutality that unnecessarily ends the lives of unborn children through suction, dismemberment or chemical poisoning. The fact that 85% of OB-GYNs in a representative national survey refuse to commit abortions is glaring evidence that abortion is not an essential part of women's healthcare. In fact, the intentional killing of a fetal human being through abortion violence is *never medically necessary* and poses risks to women's physical and emotional health as well as to the health of future pregnancies. **There is no state law in any state that prevents women from receiving medical intervention, including medically-indicated separation of mother and baby in the event of miscarriage, ectopic pregnancy or other medical emergency.**

Proposed Amendment Language

We propose the following language to correct this bill:

"NOTHING IN THIS [ACT, SECTION, CHAPTER] SHALL BE CONSTRUED TO AUTHORIZE THE USE OF STATE TAXPAYER FUNDS, INCLUDING THOSE APPROPRIATED BY STATE LAW OR IN ANY TRUST FUND TO WHICH FUNDS ARE AUTHORIZED OR APPROPRIATED BY STATE LAW, FOR ABORTION PROMOTION, TRAINING, OR CERTIFICATION, OR FOR THE DISTRIBUTION OF ABORTION INDUCING DRUGS, OR FOR THE PROCUREMENT, COMPENSATION, SUBSIDIZATION, REIMBURSEMENT OR OTHER FINANCIAL SUPPORT OF ABORTION PROVIDERS, THEIR AFFILIATES OR THEIR FACILITIES."

Women Deserve Access to Healthy Alternatives

The Maryland Department of Health must give women real CHOICE and protect women from abortion coercion, by providing information about and referrals to lifesaving alternatives to abortion. Women have better options for comprehensive healthcare. For each Planned Parenthood in Maryland, there are 14 federally qualifying health centers and 4 pro-life pregnancy centers providing FREE services for

women. Public funds should not be *diverted from* but *prioritized for* health and family planning services which have the objective of saving the lives of both mothers 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.

Improve the Quality of Reproductive Care for Women

The practice of abortion in America has become the “**red light district**” of medicine, populated by dangerous, substandard providers. The stated intent of the abortion industry is to increase abortion sales, particularly lethal chemical abortion sales, by expanding the number of health care workers who may perform or provide abortions, by redefining their **scope of practice** and incentivizing them with financial inducements at taxpayer expense. Reducing the credentials of those who may perform or provide abortions 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 abortionists routinely deny their patients care for abortion complications. With the indiscriminate distribution of chemical abortion pills, the demand on Emergency Room personnel to deal with botched abortion complications has increased 500%.

“D-I-Y Abortion” Drugs Put Women’s Health at Serious Risk

With the deregulation and proliferation of chemical abortion pills which now account for as many as 75% of all abortions, the abortion industry is exposing women to “back alley” style abortions, where women bleed alone without medical supervision or assistance.

The abortion industry itself has referred to the use of abortion pills as “*Do-It-Yourself*” abortions, which have removed abortion further outside the spectrum of “health care” as most women are now prescribed these lethal pills **without the benefit of a physical examination**. Physicians now serve only a tangential role on paper, either as medical directors for clinics or as remote prescribers of abortion pills. These non-medical abortion providers will be eligible for Maryland Medicaid reimbursement as well as undisclosed gratuities from drug manufacturers.

The profit-minded abortion industry claims that chemical abortion is safe and easy. The truth is that chemical abortions are **4 (four) times more dangerous than surgical abortions**, presenting a high risk of hemorrhaging, infection, and even death. New reports prove that at least 11% of women experience serious complications from abortion pills.

Respect First Amendment Conscience Rights

To ensure that the State of Maryland has a sufficient number of practicing medical professionals to meet the health needs of Maryland citizens, particularly of pregnant women, the legislature must not infringe on the Constitutional rights of Free Exercise of Religion and rights of Conscience of medical providers, and must ensure that conscience rights clauses are included in any legislation that attempts to expand or redefine the scope of practice. Current attempts by legislators to force hospitals and emergency room medical providers to complete botched abortions, for example by codifying Biden-era rules attached to the federal Emergency Medical Treatment and Labor Act (EMTALA), are direct

infringements of the First Amendment freedoms. As a result, many medical providers will be forced abandon their practices in Maryland, exacerbating existing medical scarcity.

MDH Must Improve Oversight of Licensed/Certified Abortion Providers

The Maryland Department of Health has failed to ensure that existing abortion providers and facilities are complying with Maryland law. Women continue to be injured and killed in Maryland because of ineffective enforcement of existing abortion regulations. Non-physicians now routinely commit abortions in Maryland. Interstate abortion trafficking and the broad expansion of lower-skilled abortion providers, has created an enforcement nightmare for the Maryland Department of Health.

We must protect pregnant women in Maryland and other states by restoring the physician only requirement for all abortions (both surgical and chemical) and by making it clear that it is not within the scope or independence of practice of lower health care workers to provide or perform abortion.

MDH Continues to Fail Pregnant Women in Maryland

The Maryland Department of Health has consistently failed to meet the needs of pregnant women and families in Maryland and appropriations should be withheld until the Department provides the annual report to the Centers for Disease Control to measure the number of abortions committed each year in Maryland, abortion reasons, funding sources and related health complications or injuries, including any correlation between abortion and subsequent maternal morbidity, infertility, preterm births and miscarriage.

- The Department has routinely failed to enforce existing state health and safety regulations of abortion clinics, even after several women were near fatally injured in botched abortions in Maryland.
- The Department has routinely failed to provide women with information and access to abortion alternatives, including the Maryland Safe Haven Program (see Department of Human Services), affordable adoption programs or referral to quality prenatal care and family planning services that do not promote abortion.
- The Department has demonstrated systemic bias in favor of abortion providers, engaging in active partnerships with Planned Parenthood and other abortion organizations to develop and implement public programs, curriculum and training in health departments, schools and universities. In doing so the Department is failing to provide medically accurate information on pregnancy and abortion.
- The Department systemically discriminates against any reproductive health and education providers who are unwilling to promote abortion and in doing so, suppresses pro-life speech and action in community-based programs and public education.
- The Department fails to collect, aggregate and report data about abortion and the correlation between abortion and maternal mortality, maternal injury, subsequent pre-term birth, miscarriage and infertility.

- The Department is failing to protect the Constitutionally-guaranteed rights of freedom of conscience and religion for health care workers, contributing to the scarcity of medical professions and personnel in Maryland.
- The Department is failing to protect women and girls from sexual abuse and sex trafficking by waiving reporting requirements for abortionists, waiving mandatory reporter requirements for abortionists, and failing to regulate abortion practices.

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, further subsidizing these for-profit businesses and their non-profit partners by making them eligible to receive grant funds for abortion facility development and expansion. 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.

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.”

Subsidizing Corporate Abortion

Abortion is big business in Maryland. Maryland taxpayers subsidize the abortion industry in Maryland 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 has been attached to the appropriation for **MCHP** since its advent in fiscal 1999.

Maryland Abortion and Reproductive Clinical Health Program - 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 to perform or 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 \$10.6 million in grants to abortion training providers.

Maryland Stem Cell Research Fund - Through this fund, Maryland taxpayers are forced to fund unethical biomedical research using embryonic and fetal cell and tissue, which artificially increases the demand for aborted babies and fetal organ harvesting.

Maryland Family Planning Program – In 2019 (HB1272) the Maryland General Assembly passed the “Planned Parenthood Bail-Out” bill to force Maryland taxpayers to provide an additional \$3.2 million in annual compensation to family planning providers who refused to comply with federal Title X funding requirements. These providers failed to qualify for federal funding after they refused to physically separate their abortion operations from their family planning services.

Community Health Resource Commission - In 2020, the *Community Health Resource Commission* awarded two Covid relief grants to Planned Parenthood in the amount of **\$76,895**. Planned Parenthood clinics were exempted from Governor Hogan’s closure orders as “essential services”. Delegate Cullison serves as an ex officio member of the Commission.

Disparate Impact Statement

Abortion has a disparate impact on Black Americans who have long been targeted by the abortion industry for eugenics purposes and population control. Since legalization in 1973, the government has sanctioned the killing of over 24 million Black children. Even today, 78% of abortion clinics are located in minority communities. As a result abortion has become the leading killer of Black lives, more than gun violence and all other causes combined. In fact, in Baltimore we estimate that more than half of all pregnancies of Black women end through abortion violence. Abortion is the greatest human and civil rights abuse of our time. As a civilized people we cannot continue to justify or subsidize this genocide

by denying the humanity of preborn children. For more information please see www.BlackGenocide.org.

For these reasons, we respectfully urge you to preserve the otherwise legitimate purposes of this bill by amending it to exclude its application to abortion, abortion workers, training and certification. We urge you to vote against any measure to allocate public funds to abortion providers, services, education, training or certification.

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.