UNFAVORABLE
SB790/HB1109
Public Health Reform Act

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On behalf of our Board of Directors and many chapters across the state, we oppose this bill and urge your unfavorable report. This bill seeks to establish a volunteer "Public Health Workforce" without defining "public health" and would commit taxpayer funds toward educating and training this new workforce. Unfortunately, this bill is one of many in a pattern of similar bills utilized by the sponsor to expand a substandard abortion workforce at taxpayer expense and at *greater risk to public health.*

Induced abortion is not healthcare, is never medically necessary and confers no "public health" benefit to the people of Maryland. Maryland should prioritize public funding and innovations in lifesaving alternatives to abortion. Women seeking reproductive healthcare have a right to quality obstetrical and prenatal care provided by a licensed obstetrician. Instead, this bill expands upon the Abortion Care Access Act of 2022, which removed the final safeguard in law for women, by allowing non-physicians to perform or provide abortions. That bill already dedicates $3.5 million each year to train this new substandard abortion workforce.

While the vast majority of people are opposed to public funding for abortion, this bill will amount to additional taxpayer subsidies to corporate abortion through the Population Improvement Fund and other general funds as appropriated.

We urge your amendment to exclude public funding for abortion purposes or abortion providers to spare the otherwise admirable purposes of this bill, or your unfavorable report.

MARYLAND'S SUBSTANDARD ABORTION WORKFORCE

As a result of the Abortion Care Access Act of 2022 (ACAA), state taxpayers were forced to fund an additional $3.5 million dollars annually for the training of a substandard abortion workforce. The Act removed one of the few remaining safeguards in law for women seeking abortion, and repealed the physician-only requirement for abortion. As a result, any individual who is certified by the state may perform or provide abortions. This bill will require additional taxpayer funding to compensate staff to train a volunteer abortion workforce which may include both clinical and nonclinical personnel.

In addition to the Abortion Care Access Act, Maryland has passed several other bills to build, fund, and protect an "abortion workforce." The strategy shifted from simply allowing more people to provide abortion to actively funding their training and shielding them from legal risks.

1. The Reproductive Health Protection Act (HB 808 / SB 859 - 2023)

While the Abortion Care Access Act allowed nurse practitioners and midwives to perform abortions, this "Shield Law" was designed to protect that newly expanded abortion workforce.

- Purpose: It shields Maryland abortion providers from out-of-state investigations and legal actions.
- Workforce Impact: It prohibits state health occupation boards (like the Board of Nursing or Board of Physicians) from disciplining a provider for offering abortions that are legal in Maryland, even if another state (like Texas or West Virginia) attempts to sue or prosecute them.

2. Reproductive Health Services – Higher Education (HB 477 / SB 341 - 2023)

This bill focused on the pipeline of care and access within state institutions.

- **Workforce Connection**: It required Maryland's 4-year public universities to develop comprehensive "reproductive health" plans, including abortion. This effectively integrates the abortion industry into the healthcare infrastructure of state-run campuses.

3. Public Health Abortion Grant Program (HB 930 / SB 848 - 2025)

Building on the initial $3.5 million from the ACAA, this 2025 legislation significantly increased the financial support for the abortion workforce.

- Funding: It established the Public Health Abortion Grant Program with a $25 million allocation.
- Workforce Impact: These taxpayer funded grants are used for abortion businesses to hire staff, manage increased patient volume for women trafficked from out-of-state, and maintain the abortion training sites where the training mandated by the ACAA takes place.

4. Access to Abortion – Reporting & ACA Funds (HB 1159 / SB 785 - 2026)

This is a companion piece of legislation from the current 2026 session designed to refine and sustain the taxpayer funded abortion workforce.

- Refining the Pipeline: It requires the annual report of the Abortion Care Clinical Training Program to include specific recommendations on how the state can ensure a sufficient number of abortionists are available.
- Robbing the ACA: Maryland became the first state to violate the Affordable Care Act by taking $25 million in insurance surcharge fees reserved for enrollees to pay for abortions for uninsured women, including non-citizens.

- In December 2025, the U.S. Centers for Medicare & Medicaid Services (CMS) requested that the Maryland Insurance Administration cancel the implementation of this grant program. Federal rules governing ACA marketplace plans—and specifically the provisions regarding the segregation of abortion premium funds—are strict. The federal position is that these specific premium funds collected from enrollees are intended to cover abortion services under those specific plans, and diverting them into a general state grant program for broader abortion access (including for non-insured or out-of-state patients) falls outside of those federal regulatory parameters.

Summary of the Maryland Abortion Workforce Framework

Bill / Action	Primary Function	Workforce Role
HB 937 (2022)	Legalization & Training	Opened the field to nurses/PAs; created training fund.
HB 808 (2023)	Legal Shield for Abortionists	Protects providers' licenses from out-of-state attacks.
HB 930 (2025)	Grant Funding	Took $25M from ACA for abortion operations and staffing.
SB 785 (2026)	Sustainability	Mandates abortion workforce data reporting to prevent shortages.
HB 1109 (2026)	Workforce Expansion	Creates a volunteer abortion workforce and commits taxpayer funding.

ABORTION IS NOT HEALTHCARE

Abortion is not healthcare. It is violence and brutality that ends the lives of unborn children through suction, dismemberment, chemical poisoning or starvation. The fact that 85% of OB/GYNs in a representative national survey refuse to commit induced abortions is glaring evidence that abortion is not an essential part of women's healthcare.

The sole purpose of induced abortion is to end the life of a preborn patient. Doctors regularly treat serious pregnancy complications without intentionally killing a preborn child. This includes being able to perform maternal-fetal separations when a woman's life is endangered by a pregnancy complication – something that is already allowed by EMTALA as well as by every state law in the country. **No law in any state prohibits medical intervention to treat miscarriage, ectopic pregnancy or to save the physical life of the mother.**

NO PUBLIC FUNDING FOR ABORTION VIOLENCE

Maryland is one of only 4 states that forces taxpayers to fund abortions. There is longstanding bi-partisan unity on prohibiting the use of taxpayer funding for abortion. 54% percent of those surveyed in a January 2026 Marist poll say they oppose taxpayer funding of abortion.

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. The Supreme Court affirmed in *Harris v. McRae* (1980), 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*."

Furthermore, a state is under no constitutional duty to provide induced abortion services for those within its borders (*Youngberg v. Romeo*, 457 U.S. 307, 317 (1982)). There is no constitutional requirement for a state to fund non-therapeutic abortions (*Maher v. Roe*, 432 U.S. 464, 469 (1977)).

CONSCIENCE PROTECTIONS ARE COMMON SENSE

This bill fails to provide any conscience rights clause to protect the First Amendment rights of medical providers and employees. Current state laws do not provide adequate protections for healthcare providers. While statute protects the right of a provider to refuse to participate in abortion practices on the basis of religious beliefs, the law does not shield the provider from civil suit. Further non-religiously affiliated pro-life professionals, institutions, and payers may have moral (though not religious) objections to participating in, facilitating, and funding life-ending drugs and devices, but are left unprotected. Given this lack of conscience protections, pro-life healthcare providers, institutions, and taxpayers still face coercive efforts by the state government and private institutions to perform induced abortions.

Protecting the freedom of conscience is common sense. Conscience-respecting legislation does not ban any procedure or prescription and does not mandate any particular belief or morality. Protecting conscience helps ensure that healthcare providers enter and remain in their professions, helping to meet the rising demand for quality health care in Maryland.

For these reasons we respectfully urge your unfavorable report on this bill. We appeal to you to prioritize the state's interest in human life and restore to all people, our natural and Constitutional rights to life, liberty, freedom of speech and religion.