Sen. Ellis Written Testimony - SB0019 - Senate Fin

Uploaded by: Arthur Ellis

Position: FAV

Arthur Ellis, CPA
Legislative District 28
Charles County

Deputy Majority Leader

Finance Committee

Vice Chair, Rules Committee

Senate Chair
Joint Committee on the
Management of Public Funds

Senate Chair
Joint Committee on
Workers' Compensation Benefit and
Insurance Oversight

Senate Chair, Charles County Delegation

Chair, Select Committee Southern
Maryland

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

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January 23, 2026

Chair Beidle, Vice Chair Hayes, and Members of the Senate Finance Committee:

I am honored to present Senate Bill 0019, legislation establishing the Maryland Commission on Women's Health Advancement.

Despite Maryland's progress in health system innovation, women across the State continue to experience persistent and unacceptable disparities in access to care, quality of services, and health outcomes. These disparities impact not only the health and well-being of individual women, but also have far-reaching consequences for their families and the broader community. When women face obstacles to accessing quality health care—whether due to limited insurance coverage, lack of transportation, language barriers, or a shortage of culturally competent providers—the ripple effects extend to children, partners, and caregivers. Missed or delayed appointments can lead to preventable complications, higher rates of chronic illness, and greater maternal and infant mortality. In addition, women in underserved areas are more likely to forego preventive screenings, mental health support, and specialty care, further widening the gap in health outcomes.

Addressing these challenges requires a holistic approach that not only expands access to care, but also strengthens health education, builds trust within communities, and invests in the recruitment and retention of diverse health professionals. This bill seeks to lay the groundwork for these systemic changes, ensuring that all women—regardless of geography, income, or background—have the opportunity to achieve optimal health and well-being throughout their lives. Beyond its immediate objectives, Senate Bill 0019 has broader implications for Maryland's health care system. The Commission's work has the potential to strengthen care coordination, enhance data-driven decision-making, improve integration across health systems, and promote sustainable financing models for women's health services. By examining both centralized and network-based approaches, the legislation ensures that Maryland considers innovative and cost-effective solutions that maximize impact while minimizing duplication and inefficiency. For these reasons, I respectfully request a favorable report on Senate Bill 0019.

Respectfully submitted,

Arthur Ellis, CPA

Gresh_WRITTEN TESTIMONY SENATE BILL 19 .pdf
Uploaded by: Ashley Gresh
Position: FAV

JOHNS HOPKINS
SCHOOL of NURSING

WRITTEN TESTIMONY IN SUPPORT OF SENATE BILL 19

Maryland Commission on Women's Health Advancement – Establishment

January 27, 2026

Submitted by: Ashley Gresh, PhD, MSN, MA, RN, CNM, Assistant Professor, Johns Hopkins University School of Nursing, Ashley.gresh@jhu.edu

Position: SUPPORT

Dear Chair, Vice Chair, and Distinguished Members of the Senate Finance Committee,

Thank you for the opportunity to submit written testimony in strong support of Senate Bill 19, which would establish the Maryland Commission on Women's Health Advancement. I am a trained Public Health Nurse, Certified Nurse-Midwife and Assistant Professor at Johns Hopkins University School of Nursing with expertise in maternal and child health, and I write to express my enthusiastic support for this important legislation.

The Need for This Commission
Women in Maryland face significant and often unaddressed health challenges across their lifespans. Maternal mortality and morbidity rates remain unacceptably high, particularly among Black women and those in underserved communities. Healthcare gaps persist across the state, with many women lacking access to comprehensive, coordinated care that addresses their unique needs—from reproductive health to menopause and beyond. Senate Bill 19 represents a thoughtful, evidence-based approach to understanding and addressing these gaps.

Strengths of the Proposed Legislation

I commend Senator Ellis and the bill's sponsors for several key elements of this legislation:

1. **Comprehensive scope:** The Commission is charged with studying the feasibility of establishing both a State women's hospital in Southern Maryland and a statewide clinical network, ensuring that solutions address both centralized and distributed models of care.
2. **Diverse, expert membership:** The Commission's composition includes healthcare professionals across critical specialties—obstetrics, gynecology, urogynecology, maternal-fetal health, nurse midwifery, social work, and hospital systems—alongside patient advocates, health disparities experts from every region of the state, and representatives from academic institutions.

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3. **Focus on health equity:** By including representatives with expertise in racial, ethnic, and socioeconomic health disparities from across Maryland's regions, as well as a representative from the Maryland NAACP, this legislation centers equity in its approach to improving women's health.
4. **Flexibility in solutions:** The Commission is tasked not only with assessing a centralized hospital model but also with investigating alternative approaches, including hub networks that coordinate existing services across multiple locations or leverage existing infrastructure to improve women's access to care.
5. **Stakeholder engagement:** The requirement to consult with a broad range of stakeholders—including healthcare providers, patient advocates, and community organizations—will ensure that the Commission's recommendations are grounded in the lived experiences of Maryland women.
6. **Clear timeline and accountability:** The bill establishes clear reporting requirements, including an initial action plan by January 1, 2027, annual interim reports through 2032, and a final report with recommendations by December 1, 2032. This structure ensures transparency and sustained progress.

Conclusion Senate Bill 19 offers Maryland an opportunity to take a bold, comprehensive, and equity-centered approach to advancing women's health. By establishing the Maryland Commission on Women's Health Advancement, the state can systematically assess needs, identify gaps, and develop evidence-based solutions that will improve health outcomes for women across the lifespan.

For these reasons, I respectfully urge a favorable report on Senate Bill 19.

Thank you for your leadership in advancing women's health in Maryland.

Please note, the views expressed here are my own and do not necessarily reflect the policies or positions of Johns Hopkins University or the Johns Hopkins Health System

Respectfully submitted,

Ashley Gresh, PhD, MSN, MA, RN, CNM
Assistant Professor
Johns Hopkins University School of Nursing
Email: Ashley.gresh@jhu.edu

SB 19, Maryland Commission on Women’s Health Advan
Uploaded by: Carlos Orbe, Jr.
Position: FAV

January 23, 2026

The Honorable Guy Guzzone

Chair, Finance Committee

3 West Miller Senate Office Building

3 West Miller Senate Office Building

Annapolis, Maryland 21401

RE: Support for SB 19, Maryland Commission on Women's Health Advancement, Establishment

Dear Chair Guzzone,

Maryland Latinos Unidos (MLU) is honored to express our strong support for Senate Bill 19, Maryland Commission on Women's Health Advancement, Establishment. SB 19 establishes a commission to study the feasibility of establishing a State women's hospital in Southern Maryland and a statewide clinical network to advance women's health, and requires an initial action plan to be submitted by January 1, 2027. SB 19 is scheduled for a hearing in the Senate Finance Committee on January 27, 2026 at 2:30 p.m., and the bill's effective date is July 1, 2026.

Women's health infrastructure and coordinated care networks are critical for reducing preventable harm during pregnancy and across the life course. Maryland's Maternal Mortality Review reports that the state's maternal mortality rate in the 2016 to 2020 period is below the national average, while also emphasizing the human cost of each death and the need for continued system improvement. Strengthening women's health planning and access points is especially meaningful for Latino and immigrant women who may face language barriers, lack of culturally responsive care, transportation constraints, and delays in accessing preventive services.

A commission with a clear action plan mandate can help Maryland identify service gaps, strengthen referral pathways, and recommend evidence driven investments. A statewide clinical network approach is particularly promising for improving continuity of care, which is often where disparities widen for patients navigating multiple systems.

MLU will support SB 19's goals by elevating community experience into planning conversations, partnering with health equity organizations, and promoting culturally and linguistically appropriate outreach so Latino families can benefit from improved networks and care coordination.

MLU urges the Senate Finance Committee to issue a favorable report on SB 19, advancing women's health equity and strengthening the systems that keep families healthy and thriving.

Sincerely,

Carlos Orbe, Jr.

Communications and Public Affairs Specialist

Maryland Latinos Unidos

corbejr@mdlatinosunidos.org

Maryland Catholic Conference_FAV_SB19.docx.pdf
Uploaded by: Diane Arias
Position: FAV

MARYLAND CATHOLIC CONFERENCE

January 28, 2026

Senate Bill 19
Maryland Commission on Women's Health Advancement - Establishment
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 19 establishes the Maryland Commission on Women's Health Advancement to study the feasibility of establishing a State women's hospital in Southern Maryland and a statewide clinical network to advance women's health; requiring the Commission by January 1, 2027, to submit to the Governor and the General Assembly an initial action plan, including a timeline, milestones, and specific research objectives.

Creating a commission to study gaps in women's health care is essential to supporting data-driven policymaking. The cost and complexity of women's health care vary significantly across a woman's lifespan and differ by age, geography, and demographic factors. Maryland's evolving maternal health landscape highlights the need for a comprehensive assessment of where services are lacking and how care delivery can be improved.

Significant disparities persist in maternal health outcomes. Black women experience a maternal mortality rate four times higher than that of White women, underscoring the urgent need for expanded access to maternal-fetal medicine and postpartum care.[1] Maryland continues to lag in addressing these disparities, and improving maternal and child health outcomes will require targeted investments, especially in managing postpartum complications. High-risk pregnancies are often associated with conditions such as gestational diabetes, hypertension, and preeclampsia. Research shows that nearly two-thirds of severe maternal morbidity events are preventable.[2] Preventing these outcomes depends on timely screening, careful monitoring of

[1] https://pmc.ncbi.nlm.nih.gov/articles/PMC5915910/#:~:text=Significant%20racial%20and%20ethnic%20disparities,levers%20to%20reduce%20their%20occurrence.

[2] https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2799025

vital signs, early intervention, and appropriate follow-up care. A coordinated, statewide approach could help ensure consistent standards of care and improved outcomes.

If a centralized women's health hospital is determined to be feasible, it should provide comprehensive, life-affirming care that respects the dignity of all human life, including life in utero. Care should focus on supporting women through pregnancy, childbirth, postpartum recovery, and throughout the aging process, offering compassionate treatment that respects the natural course of life and dying.

The Maryland Catholic Conference remains committed to advancing women's health while upholding the sanctity of life from conception to natural death. Establishing a commission to evaluate the feasibility of a centralized women's health entity provides an important opportunity to assess how Maryland can better serve women across all stages of life while respecting human dignity.

For these reasons, the Maryland Catholic Conference asks for a favorable report on **SB 19**.

Thank you for your consideration.

Senate Bill 19 Testimony.pdf
Uploaded by: Edith Perry
Position: FAV

NCBW 100

Southern Maryland Chapter

To: The Honorable Chair of Finance Senator Pamela Beidle and the Honorable Committee Members

Re: Senate Bill 19 Maryland Commission on Women's Health Advancement-Establishment

Favorable Vote

Senate Bill 19 represents a critical, forward-thinking investment in the health and well-being of women across Maryland. For far too long, gaps in access to comprehensive, sex-specific, and gender-sensitive health care have left many women without the coordinated services they need throughout their lives—from reproductive and maternal care to chronic disease prevention and treatment. National health experts have shown that systemic barriers and fragmented care contribute to poorer outcomes for women, and that tailored, integrated care systems are essential to closing these gaps and saving lives.

Establishing a commission to thoroughly study the feasibility of a women's hospital and a statewide clinical network will allow Maryland to harness data, expertise, and community voices to design a model that increases equity, improves quality of care, and reduces disparities in health outcomes. Rather than guessing what works, this commission will provide evidence-based recommendations, timelines, and measurable objectives to ensure that future investments are effective and sustainable. By doing so, Maryland can lead the nation in advancing women's health, enhancing preventive care, expanding access to essential services like cancer screenings, and ultimately ensuring that every woman in the state receives the comprehensive care she deserves.

Women's health experiences and outcomes are a measure of a state's commitment to equity. I am certain that this body has the courage to pass Senate bill 19. One day Women's Health will be a testament to progress and a reflection to health dignity of a State.

Senate Bill 19 is not just good policy; it is an urgent step toward a healthier, more equitable Maryland for women and families. We the members of the National Coalition of 100 Black Women of Southern Maryland proudly and respectfully ask for a favorable vote on Senate Bill 19. Below are a small sample of the Women who support the favorable outcome of the bill.

Michelle Lyons, President of NCBW SoMD

Cassandra Freeman, Vice President NCBW SoMD

Edith Perry, Public Policy Chair NCBW SoMD

Dr. Krystal Hall, PhD, Third Vice President NCBW SoMD

Lauretta Miles Co-Chair Public Policy NCBW SoMD

Cheryl Botts, Second Vice President

Michelle Johnson

Sonya Pollock

Gail Hudson-Nickerson

Cynthis Brown

Lynda Dorman

Jamila Smith

Dora Myles Moore

Fatima Warren

Karleshia Dorsey

Rosalind Ellis

Jacqueline Wilcher

Sharon Coker

Cheryl Walker

Dr. Renita Alexander

Betsy Adebogejo

Metina Booze

Thomasina Coates

Cashenna Cross

Angela Graham

Rev. Dr. Thea Wilson, PhD.

Sharon Taylor

Lisa Proctor

Avis Thomas-Lester

Dr. Yonelle Moore-Lee, Esq

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Position: FAV

JOHNS HOPKINS
SCHOOL of NURSING

Testimony in Support of Senate Bill 19
Maryland Commission on Women's Health Advancement – Establishment
Faith Elise Metlock, Postdoctoral Fellow
Johns Hopkins School of Nursing

Honorable Chair and Members of the Maryland Finance Committee,

Thank you for the opportunity to provide testimony in support of Senate Bill 19, which establishes the Maryland Commission on Women's Health Advancement to study the feasibility of a State women's hospital and a statewide clinical network to improve women's health across the lifespan. As a Postdoctoral Fellow at the Johns Hopkins School of Nursing and a cardiovascular nurse scientist engaged in community-based research, I bring a perspective shaped by direct engagement with women across Maryland who continue to face persistent gaps in access, coordination, and quality of care.

Through my work on the SAFE HEART Women Study, my team and I have engaged with more than 400 women in Baltimore and the Washington, D.C. region, many of whom experience multiple, overlapping health and social challenges. One of the most consistent themes across our work has been fragmentation in women's health care. Participants often navigate separate systems for reproductive health, chronic disease management, mental health services, and preventive care, with little coordination across providers or settings. These gaps are particularly pronounced for women facing financial strain, transportation barriers, insurance limitations, and caregiving responsibilities. Senate Bill 19 responds directly to these realities by creating a structured process to evaluate how Maryland can better organize and deliver women-centered care.

A central strength of this bill is its emphasis on feasibility and evidence-based planning rather than immediate implementation. By convening clinicians, public health experts, patient advocates, insurers, data specialists, and representatives from diverse regions of the state, the proposed Commission is well positioned to examine where women's health care delivery falls short and what models may best address those gaps. Importantly, the bill also directs the Commission to consider alternatives to a single-site hospital, including network-based and hub models that build on existing infrastructure. This flexibility is essential to ensuring that any future investments are both equitable and sustainable.

In our research, education and access to coordinated care have consistently emerged as powerful drivers of improved health outcomes. When women understand their health risks and have clear pathways to appropriate services, they are better able to engage in preventive care, manage chronic conditions, and advocate for themselves within the health system. Participants in our

study frequently expressed a desire for more comprehensive, women-centered care models that acknowledge their full range of health needs across different life stages. The Commission proposed under Senate Bill 19 creates an opportunity to thoughtfully explore how such models could be designed and implemented in Maryland.

Women's health is not limited to pregnancy or reproductive years alone. Cardiovascular disease, metabolic conditions, mental health, and the health needs of women during midlife and aging remain leading contributors to morbidity and mortality. These conditions disproportionately affect women from underserved communities and are often under-recognized or undertreated. By explicitly framing women's health across the lifespan and prioritizing equity, Senate Bill 19 aligns with the realities we observe in community-based research and clinical practice.

Through my work, I have seen how intentional planning, stakeholder engagement, and data-driven decision-making can lead to more effective and equitable health systems. Senate Bill 19 represents an important step toward understanding how Maryland can better meet the needs of women across the state, whether through a dedicated facility, a coordinated clinical network, or a combination of approaches. This bill does not presume a single solution, but instead commits the state to doing the careful work needed to identify the right one.

I respectfully urge this committee to support Senate Bill 19. By establishing the Maryland Commission on Women's Health Advancement, this legislation lays the groundwork for a more coordinated, equitable, and responsive approach to women's health care, with the potential to improve outcomes for women, families, and communities across Maryland.

Thank you for your consideration and for your continued commitment to advancing health equity for all Marylanders.

Faith Elise Metlock
Postdoctoral Fellow, Johns Hopkins School of Nursing
Co-Principal Investigator, SAFE HEART Women Study
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"The views expressed here are my own and do not necessarily reflect the policies or positions of Johns Hopkins University/Johns Hopkins Health System"

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Uploaded by: priyanka fernandes
Position: FAV

Statement of Maryland Rural Health Association

To the Senate Finance Committee
Chair Pamela Beidle
January 21, 2026
Senate Bill 19: Maryland Commission on Women's Health Advancement - Establishment

POSITION: SUPPORT

Chair Beidle, Vice Chair Hayes, Senator Ellis, and members of the Committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 19: Maryland Commission on Women's Health Advancement - Establishment.

The MRHA supports the establishment of this commission, which aims to address equity gaps in women's health care across the lifespan and create an accessible network of Maryland care centers that can respond to women's unique health challenges.

Access to timely healthcare is critical to limiting adverse complications, especially in obstetrics patients.[1] However, individuals living in rural populations often drive much farther in order to receive maternal care .[1] Racial and socioeconomic disparities in obstetrics care further exacerbate these challenges.[2] As such, organizing a commission dedicated to addressing these equity gaps and access barriers is vital for improving the care of birthing patients and reflects efforts similarly prioritized in other states.

In addition to emphasizing maternal care, Senate Bill 19 appropriately recognizes the importance of addressing women's health needs across the lifespan. Women are at increased risk for many conditions, such as autoimmune diseases, major depressive disorder, Alzheimer's disease, breast cancer, and osteoporosis.[3] Moreover, common conditions, such as cardiovascular disease, frequently present differently in women than in men, and may result in delayed diagnoses and treatment.[3] By forming a coordinated network of women's health experts, women in Maryland will have increased access to equitable and quality care, which is an important step towards improving health outcomes in this population.

The MRHA believes that the proposed commission will benefit many Maryland women, especially those in rural communities, and as such, we deeply encourage your support of this legislation.

With appreciation,
The Maryland Rural Health Association

1. Rayburn, William F et al. "Drive times to hospitals with perinatal care in the United States." *Obstetrics and gynecology* vol. 119,3 (2012): 611-6.
2. Petersen, Emily E et al. "Racial/Ethnic Disparities in Pregnancy-Related Deaths - United States, 2007-2016." *MMWR. Morbidity and mortality weekly report* vol. 68,35 762-765. 6 Sep. 2019.
3. Migliore, Lucia et al. "Gender Specific Differences in Disease Susceptibility: The Role of Epigenetics." *Biomedicines* vol. 9,6 652. 8 Jun. 2021.

P.O. Box 3128 LaVale, MD 21504

Testimony in support of SB0019 - Maryland Commissi

Uploaded by: Richard KAP Kaplowitz

Position: FAV

SB0019_RichardKaplowitz_FAV

01/27/2026

Richard Keith Kaplowitz
Frederick, MD 21703

TESTIMONY ON SB#/0019- POSITION: FAVORABLE

Maryland Commission on Women's Health Advancement – Establishment

TO: Chair Beidle, Vice Chair Hayes, and members of the Finance Committee
FROM: Richard Keith Kaplowitz

My name is Richard Keith Kaplowitz. I am a resident of District 3, Frederick County. I am submitting this testimony in support of SB#/0019, **Maryland Commission on Women's Health Advancement – Establishment**

August 2024 the Maryland Department of Health issued a report Women's Health Action Plan. [1]

> As part of the Department's broader effort to improve health in Maryland, MDH is announcing its vision to improve women's health—ensuring all women achieve and maintain their highest level of physical, mental, and emotional well-being, and have the agency to make choices regarding their bodies and reproductive and sexual health. The MDH Women's Health Action Plan prioritizes and advances health equity in policies and practice across the lifespan and builds upon existing MDH work from the Statewide Integrated Health Improvement Strategy, Maryland Cancer Control Plan, and Maternal Health Improvement Program Task Force Maternal Health Strategic Plan.

This bill looks at implementation of some of the action plan steps by creating a task force establishing the Maryland Commission on Women's Health Advancement to study the feasibility of establishing a State women's hospital in Southern Maryland and a statewide clinical network to advance women's health. The results of that study will require the Commission by January 1, 2027, to submit to the Governor and the General Assembly an initial action plan, including a timeline, milestones, and specific research objectives; etc.

As delineated in the Health Action Plan proactive steps, this bill will move the process forward in specific geographic areas in Maryland. It will assist Maryland in creating an action plan to implement overall multiple study recommendations statewide.

I respectfully urge this committee to return a favorable report on SB#/0019.

[1] https://health.maryland.gov/phpa/mch/Documents/Women%27s%20Health/Womens%20Action%20Plan/2405_PHA_WomensHealthStrategy_Brief.pdf

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Uploaded by: Laura Bogley
Position: FWA

Favorable with Amendment Statement
SB 19 -Maryland Commission on Women's Health Advancement - Establishment
Laura Bogley-Knickman, JD
Executive Director, Maryland Right to Life

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.

2026 Session - MHCC - SB 19 - Commission on Women'

Uploaded by: Douglas Jacobs

Position: UNF

MARYLAND
Health Care
Commission

Marcia Boyle, MS, Acting Chair
Douglas Jacobs, MD, MPH, Executive Director

January 27, 2026

The Honorable Pamela Beidle
Chair, Senate Finance
3 East Miller Senate Office Building
Annapolis, MD 21401

Re: SB 19 – Maryland Commission on Women's Health Advancement – Establishment – Letter of Concern

Dear Chair Beidle and Committee Members,

The Maryland Health Care Commission ("MHCC") is submitting this letter of concern on *SB 19 – Maryland Commission on Women's Health Advancement – Establishment*. The bill establishes the Maryland Commission on Women's Health Advancement to study the feasibility of creating a state women's hospital and a statewide clinical network. The proposed Commission membership is extensive. The Commission is charged with: analyzing the need for a centralized women's hospital with outpatient clinics statewide; examining existing healthcare gaps, particularly in underserved populations; collaborating with the MHCC to assess financial viability and initiate a Certificate of Need; investigating alternative "hub network" models to improve access using existing infrastructure; and consulting with healthcare providers, advocates, and community organizations.

The MHCC supports efforts to improve women's healthcare, particularly concerning maternal health and overall wellness. While Maryland continues to make significant strides in these areas, the proposed Commission on Women's Health Advancement is specifically tasked with evaluating the feasibility of developing a women's only hospital in Southern Maryland.

Maryland previously had a women's hospital, founded in 1882, but by the mid-1950s, single-specialty hospitals were considered outdated. The women's only hospital eventually merged with another hospital to form the Greater Baltimore Medical Center (GBMC). Perhaps as an alternative to the single-specialty hospital and the desire for a more personalized, holistic, and less intervention-heavy childbirth experience, birthing centers were opened in Maryland.

While the bill includes a study on alternate approaches to improve women's access to health care, the bill also presupposes that a state women's hospital is the solution to a lack of obstetrical and gynecologic care in Southern Maryland. This may not be the case, and both clinical and financial consideration should be given to the appropriate solution.

Modern healthcare delivery often emphasizes comprehensive, integrated medical centers that can address a wide range of patient needs, usually not just those specific to one gender or medical specialty. Concerns exist that single-specialty or single-sex facilities might not offer a full range of services, potentially requiring patient transfers in emergencies which could lead to adverse health outcomes or delays in treatment. This underpins current health care delivery models favoring comprehensive medical centers with many specialties over a single-specialty hospital, allowing for coordinated care within one facility.

Women's only hospitals may also face economical challenges including significant capital investment and high fixed costs, and it is not yet clear if there is an entity willing to make the capital investment. For example, in 2023, MHCC issued a certificate of need to Luminis Health Doctors Community Medical Center to develop a new obstetrics program with 21 beds at its hospital in Prince George's County. In 2025, Doctors filed a request to limit the scope of its project and reduce the number of beds to 16 because construction costs were expected to significantly exceed the initial budget. Additionally, higher medical malpractice costs for obstetrical care could make it more economically challenging to sustain a women's only hospital. Furthermore, Maryland is facing a shortage of healthcare workers and staffing is a challenge for existing hospitals and would be a significant challenge for a new hospital.

Finally, the bill's creation of a seven year Commission to study this problem may not be the best-fit solution. Rather, a study with accompanying time-limited workgroup may suffice. If the objective of this bill is driven by the lack of women's health care services, in particular maternal health services in Southern Maryland, establishing a women's only hospital is not necessarily the foregone solution: rather the focus should be on understanding why women's healthcare services such as free-standing birth centers all have closed in Maryland. Birthing centers, a proven effective model for improving birthing and prenatal care and outcomes, were established in Maryland beginning in the mid-1970s to provide a home-like, low-intervention alternative to medicalized hospital births.

These centers aim to offer family-centered care, support midwifery models, and provide specialized options for low-risk pregnancies. Maryland had a total of seven birthing centers with the first one opening in Baltimore in 1981 (closed in 2004), with other centers in Bethesda (1982-2007), Huntingtown (1993-2008), Frederick (1994-1998), and Greenbelt (1996-1998). The last remaining birthing centers closed in 2023. The drivers of birthing center closures are not fully known but it has been reported as primarily due to unsustainable financial pressures, including skyrocketing malpractice insurance premiums, low reimbursement rates from insurance providers, and rising operating costs. Understanding these closures and options and alternatives to address the shortage of prenatal and obstetric care would provide insight into the true needs of this region, allowing for the best solution in addressing health disparities.

Lastly in light of current projected general fund deficits in fiscal 2027 and beyond, we urge caution in passing legislation that significantly increases expenditures without commensurate decreases in other areas. Considering the current fiscal crisis, the state government must be disciplined and strategic in its funding decisions to protect essential services. Any legislation that increases spending should include specific, identified, and sustainable funding offsets. Given the forecasted out-year deficits as well as significant uncertainty regarding the federal budget and policy changes, it would be challenging for the State to manage this increase in spending. This challenge is compounded by major, unforeseen changes in federal policy and other ongoing budgetary pressures.

The MHCC is willing to work with the sponsor to come up with a process to address the concerns in this bill. If you have any questions, please do not hesitate to contact me at 410-764-3566 or douglas.jacobs@maryland.gov or Ms. Tracey DeShields, Director of Policy Development and External Affairs, at tracey.deshields2@maryland.gov.

Sincerely,

Douglas Jacobs, MD, MPH
Executive Director

cc: The Honorable Arthur Ellis, Senator

Red Dress Committee _ SB0019_2026.pdf
Uploaded by: Krysta Jones
Position: INFO

To: The Honorable Members of the Senate Finance Committee

From: Red Dress Committee of the DMV Chapters of The Links, Incorporated

Date: January 27, 2026

Position: Informational Only

On behalf of the Red Dress Committee of the Washington DC, Maryland and Virginia (DMV) Chapters of The Links, Incorporated, an international, not-for-profit volunteer service organization of professional women of color, we are pleased to submit written testimony on Senate Bill 0019 – Maryland Commission on Women's Health Advancement to the Senate Finance Committee. We urge you to explore the cardiovascular health needs of Black women in perimenopause, menopause and post menopause when considering a women's hospital and a statewide network of clinical sites for women.

Cardiovascular disease remains the number one killer of Black women, with roughly 59% of Black women ages 20 and older living with some form of heart disease. Our work has shown that these risks are not static; they evolve throughout a woman's life. Heart disease is the leading cause of maternal death, and Black women are 3.5 times more likely to die from pregnancy-related complications like postpartum cardiomyopathy. As women age, the decline in estrogen during menopause can lead to significant changes in cardiovascular health. Notably, Black women often enter menopause earlier than their peers, increasing their cumulative risk for heart failure and stroke.

This February, the DMV chapters will host our 18th Annual Red Dress weekend, titled "Ladies First!" This year, our program focuses specifically on the intersection of menopause and heart health. We have found that while menopause is a natural transition, for Black women, it is often where existing health gaps—such as undiagnosed hypertension and diabetes—converge into life-threatening crises.

SB 0019 seeks to establish a statewide clinical network to ensure a full continuum of care for women across their lifespans. Specifically, the network should:

Address Lifespan Disparities: Clinical protocols must account for the early onset of cardiovascular risks in Black women, starting from reproductive years through post-menopause.

Integrate Specialist Care: A statewide network should ensure that a woman in Southern Maryland has the same access to cardio-obstetrics and menopausal heart specialists as someone in a major metropolitan hub.

We appreciate the opportunity to submit testimony. Our work promoting heart health happens 365 days a year and we need a healthcare infrastructure that is as committed as we are. By establishing this Commission and eventually a clinical network, Maryland can move from awareness to action, ensuring that every woman—regardless of her zip code or ethnicity—has a heart-healthy future. Should you have any questions, please contact Krysta Jones, Advocacy Chair, at krysta.n.jones@gmail.com.

Red Dress Committee _SB0019_2026.pdf
Uploaded by: Krysta Jones
Position: INFO

18th Annual DMV **Links Red Dress**

National Wear Red Day Friday, February 6, 2026

January 23, 2026

Dear Members of the Senate Finance Committee:

On behalf of the Red Dress Committee of the Washington DC, Maryland and Virginia (DMV) Chapters of The Links, Incorporated, an international, not-for-profit volunteer service organization of professional women of color, we are pleased to submit written testimony (informational only) on Senate Bill 0019 – Maryland Commission on Women's Health Advancement to the Senate Finance Committee. We urge you to explore the cardiovascular health needs of Black women in perimenopause, menopause and post menopause when considering a women's hospital and a statewide network of clinical sites for women.

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Sincerely,

Krysta Jones

Krysta Jones
Advocacy Chair
18th Annual DMV Links Red Dress Weekend