

Maryland Catholic Conference_FAV_SB485.pdf

Uploaded by: Diane Arias

Position: FAV



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/>

Letter of Support GBCPC.pdf

Uploaded by: Gina Ruppert

Position: FAV

February 12, 2026

Chair and Members of the Finance Committee
Maryland General Assembly
Annapolis, Maryland

RE: Letter of Support – Standardized Maternal Health Cost Data Collection Bill

Dear Chair and Members of the Committee:

On behalf of Greater Baltimore Center for Pregnancy Concerns (GBCPC), I am writing to express our support for the bill requiring the Maryland Department of Health to develop and implement a standardized 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.

For 45 years, GBCPC has served women and families in Baltimore City, providing pregnancy verification, limited obstetrical ultrasounds, advocacy, education, and referrals at no cost to our clients. As reflected in our most recent Form 990, we remain committed to educating and empowering women so they have the freedom to embrace life. Each year, we meet women navigating complex medical, financial, and social challenges, including barriers to insurance, substance use disorder, housing instability, and limited access to prenatal care.

One of the greatest challenges facing providers, policymakers, and community organizations alike is the lack of clear, standardized, and publicly accessible data regarding the true costs of maternal and reproductive health services across the continuum of care.

Comprehensive and transparent data collection is critical for three key reasons:

1. Identifying Gaps in Care

Without reliable cost data across prenatal, birth, postpartum, and related services, it is difficult to determine where women encounter financial barriers. Cost transparency allows us to better understand where care is unaffordable, delayed, or inaccessible, particularly for low-income and uninsured women.

2. Addressing Disparities in Maternal Health

Maryland continues to face disparities in maternal health outcomes, particularly among minority and economically disadvantaged populations. Accurate statewide cost reporting helps reveal

where inequities may be driven or compounded by financial burden. Data enables targeted interventions rather than generalized assumptions.

3. Directing Resources Where They Are Most Needed

Community-based organizations, including pregnancy centers, often serve as frontline access points for women early in pregnancy. When cost data is transparent and standardized, policymakers can more effectively allocate funding and support to regions, populations, and service types experiencing the greatest need. This ensures that limited public resources are directed strategically and equitably.

Importantly, this bill also establishes limitations on the type of data collected and reported, balancing transparency with appropriate privacy protections. Annual reporting to the General Assembly will provide lawmakers with an ongoing, evidence-based framework for evaluating maternal health access and affordability across Maryland.

From our daily experience serving women in crisis and unexpected pregnancy, we know that financial uncertainty significantly impacts medical decision-making. Women frequently express confusion about the costs of prenatal visits, delivery, postpartum recovery, and other reproductive health services. Greater transparency will empower women and families to make informed decisions and will assist providers and advocates in guiding them toward appropriate care.

We respectfully urge the Committee to support this legislation and advance a data-driven approach to strengthening maternal health in Maryland.

Thank you for your consideration and for your continued commitment to the health and well-being of women and families in our state.

Sincerely,



Gina M. Ruppert

Executive Director

Greater Baltimore Center for Pregnancy Concerns

SB 485 - Carozza Testimony_FINAL.pdf

Uploaded by: Mary Beth Carozza

Position: FAV

MARY BETH CAROZZA
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Somerset, Wicomico,
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Education, Energy, and
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Executive Nominations Committee



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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

February 19, 2026
The Senate Finance Committee
SB 485 – Public Health – Women’s Health Care Data - Report
Statement of Support by Bill Sponsor Senator Mary Beth Carozza

Thank you Chair Beidle, Vice Chair Hayes, and members of the distinguished Senate Finance Committee for this opportunity to present Senate Bill 485 – Public Health – Women’s Health Care Data – Report.

SB 485 would require the Maryland Department of Health to collect and compile data annually regarding the cost of prenatal care, birth, postpartum care, pregnancy care, abortion, menopausal care, as well as mental health care related to women’s health to better understand the financial impact of these services on individuals, providers, and the State. This legislation would promote transparency and accountability in health care spending while safeguarding the privacy and dignity of individuals.

SB 485 would strengthen women’s health care reporting and would put Maryland on par with 47 other states which voluntarily report key women’s health care data.

Over the past decade, rising health care costs have placed increasing pressure on patients, employers, and state budgets. In response, many states have prioritized cost-containment strategies to better manage unsustainable growth in health care spending. A necessary first step in this effort is identifying the underlying cost drivers. Generating reliable, aggregated spending data allows policymakers to develop informed, evidence-based public health decisions.

This legislation does not conflict with existing Maryland law. It is limited to the collection and analysis of cost data for fiscal transparency and public health planning purposes. It does not authorize the disclosure of patient-identifiable information or provider-specific clinical records. Maryland’s Shield Laws (Chapters 248 and 249) prohibit the disclosure of sensitive reproductive health information — including mifepristone data and diagnostic, procedural, or medication codes related to abortion and other reproductive health services — by health information exchanges, electronic health networks, or health care providers. This bill does not alter or undermine those protections. It focuses solely on aggregated cost analysis and does not involve the release of protected health information.

Similarly, Chapters 244 and 245 of 2023, which established a constitutional right to reproductive freedom in Maryland and were approved by voters in November 2024, remain fully intact. This legislation does not change, limit, or burden that constitutional right. It neither restricts access to

services nor alters legal standards. Rather, it serves as a fiscal and public health transparency measure designed to better understand health care expenditures across service categories.

SB 485 strikes a balance between providing transparency and accountability in women's health care while protecting privacy. The bill specifically states on page 4, line 1, that data collected "may not include procedure-level details or any other information prohibited from disclosure under State law" and additionally, on page 5, line 4, the bill states that the entities reporting to the Maryland Department of Health shall "anonymize and de-identify patient data as necessary to comply with applicable laws."

We want to ensure privacy, but we also want to ensure that women's health is prioritized in Maryland. The number of women who die giving birth in the United States has nearly doubled in the last two decades, and we are the only first-world country with a consistently rising maternal mortality rate.

As a State with a prominent African-American population, we also must consider that African-American women are three times more likely to die from pregnancy-related complications than white women in the United States. From 2019 through 2023, Maryland had a maternal mortality rate of 21 per 100,000 births across all races and ethnicities, but for African-American mothers the mortality rate was 30 deaths per 100,000 births.

Several members of the House Health Committee recently pressed state health officials on a lack of progress in bettering maternal health outcomes for Black women, which continuously falls behind women of other races and ethnicities. With data collection, these disparities can be identified and addressed.

The legislation before you has been expanded from previous years to include a broader range of topics that directly impact women's health, including menopause. It is estimated that up to 40 percent of women experiencing menopause also experience depression, an alarming statistic compounded by the lack of specialized health care for menopause in Maryland.

The value of collecting and analyzing data on reproductive healthcare services would not only help address gaps in support for pregnant women but also provides a clearer picture of how to better serve women in need.

Informed Policy Decisions

Comprehensive data on costs for women's health and reproductive care – including pregnancy, postpartum care, birth and abortion – allows policymakers to make informed decisions based on factual evidence. Without this data, it is challenging to evaluate the impact of healthcare programs and allocate limited resources in an effective manner, especially during Maryland's current budget crisis.

Budget Transparency

Collecting and reporting cost data ensures transparency in the allocation and utilization of public funds, particularly Medicaid. This is essential for evaluating how taxpayer dollars are spent and in determining if programs are cost effective and equitable.

Identifying Gaps in Healthcare Access

Data collection can reveal disparities in healthcare access and affordability, particularly for underserved populations, such as low-income women and women of color. Understanding cost variations enables the state to address inequities and improve access to necessary care.

Support for Women and Families

By analyzing the financial burdens associated with birth, postpartum care, pregnancy and abortion, the state can identify areas where families may struggle and consider implementing support mechanisms to reduce these burdens.

Preventive Healthcare Strategies

Cost data can highlight the financial impact of preventable complications, such as untreated postpartum depression or pregnancy-related health issues. This allows for the development of preventive care programs, which are often more cost-effective and improve long-term health outcomes for women and children.

Accountability for Abortion Costs

Collecting data on Medicaid funding used for chemical and surgical abortions ensures accountability and compliance with state and federal regulations. This transparency is critical in understanding the financial and societal impact of such procedures.

Evaluation of Training Programs

Data on the costs of abortion care training programs helps assess their financial sustainability and effectiveness. This is necessary to ensure appropriate use of resources and adherence to statutory requirements.

Address Rising Healthcare Costs

Healthcare costs for pregnancy-related care have risen significantly in recent years. Tracking these costs provides a baseline for understanding trends and developing strategies to contain costs without compromising quality of care.

Promote Maternal and Child Health

Data collection helps identify areas where investments are needed to improve maternal and child health outcomes. For example, understanding the costs of postpartum mental health care can lead to targeted funding for mental health resources.

Comparison with National Benchmarks

Collecting state-level data enables comparisons with national benchmarks and other states. This can help Maryland evaluate how it performs relative to others and adopt best practices for improving women's health and reproductive care.

Ethical Considerations and Oversight

Transparent reporting on costs associated with reproductive care, especially for abortion, ensures ethical oversight and public accountability. It also provides clarity on how public funds are being used to address these sensitive issues.

Fostering Public Trust

Accurate and transparent data collection fosters trust between the public, providers, and policymakers. It demonstrates the state's commitment to responsible governance and prioritizing the health and well being of women and families.

Access to comprehensive fiscal data is essential for assessing associated health risks and ensuring that adequate support is available for women. It should be noted that the Maryland Department of Health has developed a capability to create specialized public health data by using the state's data utility housed at CRISP – Chesapeake Region Information System for our Patients. It is the state-designated Health Information Exchange (HIE) by the Maryland Health Care Commission. The data utility has a board created originally by a coalition of hospitals in 2006 with board members from the Maryland Department of Health's Public Health and Medicaid.

The Maryland Department of Health started using CRISP as a public health utility for a platform to support the opioid crisis mitigation, particularly for the Prescription Drug Monitoring Program (PDMP) that was required by the legislature. During Covid, CRISP became a critical tool in monitoring cases and creating reports for public health action.

As former Maryland Health Secretary Dennis Schrader points out in his 2025 testimony: "CRISP can readily support public health data projects cost effectively as Senate Bill 485 envisions." The CRISP system would address the fiscal note employment demands as the resource already exists.

In addition, the financial burden to collect this data would be limited as the data already exists in billing systems. Providers routinely submit CPT, HCPCS, and ICD codes tied to specific services, along with associated charges and payments, to payers and clearinghouses. The U.S. health care system already relies on standardized transaction sets under HIPAA administrative simplification rules, which means the underlying framework is in place. Providers are already capable of generating and submitting cost-related data in standardized formats.

Cost reporting would not impose new clinical obligations – it would create visibility. Women often face higher out-of-pocket healthcare spending due to reproductive health needs, pregnancy-related care, and longer life expectancy.

By illuminating price variation and patient cost-sharing levels, we as policymakers can better identify gaps in access, affordability barriers, and inequities in reimbursement structures. SB 485 would enable targeted policy interventions, more equitable reimbursement reform, identification of geographic or demographic disparities, and consumer-facing transparency tools.

This legislation requiring the Maryland Department of Health to collect and compile data annually regarding the cost of prenatal care, birth, postpartum care, pregnancy care, abortion, menopausal care, as well as mental health care related to women's health would lead to informed policy decisions, budget transparency, identifying gaps in healthcare access, preventive healthcare strategies, accountability for abortion costs, evaluation of training programs, and using data to identify strategies to promote maternal and child health.

For all of these reasons, I ask for your kind consideration and favorable report of SB 485 – an important women's health care bill benefitting Maryland women and families.

Why SB 485 is Workable with Minimal Fiscal Impact.

Uploaded by: Mary Beth Carozza

Position: FAV

MARY BETH CAROZZA
Legislative District 38
Somerset, Wicomico,
and Worcester Counties

Education, Energy, and
the Environment Committee



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Executive Nominations Committee

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

February 19, 2026

The Senate Finance Committee

SB 485 – Public Health – Women’s Health Care Data - Report
Why SB 485 is Workable with Minimal Fiscal Impact

Data already exists in billing systems

Providers routinely submit Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), and Internal Classification of Diseases (ICD) codes tied to specific services, along with associated charges and payments, to payers and clearinghouses. Cost reporting would leverage these existing data streams rather than require manual chart abstraction. The U.S. healthcare system already relies on standardized transaction sets under HIPAA administrative simplification rules, which means the underlying infrastructure is in place (U.S. Department of Health & Human Services, HIPAA Administrative Simplification).

Existing state and federal reporting frameworks

Many states operate All-Payer Claims Databases (APCDs) that already collect cost and utilization data across payers (National Association of Health Data Organizations). Similarly, the federal Hospital Price Transparency Rule requires hospitals to publish machine-readable files of standard charges (Centers for Medicare & Medicaid Services, 45 CFR Part 180). These requirements demonstrate that providers are already capable of generating and submitting cost-related data in standardized formats.

Electronic health records and health information exchanges

With widespread Electronic Health Record (EHR) adoption—over 90% of non-federal acute care hospitals use certified EHR systems (Office of the National Coordinator for Health IT)—data extraction and reporting can be automated. In states with health information exchanges such as CRISP, centralized infrastructure already supports secure data aggregation, reducing duplication and administrative lift.

Defined scope minimizes complexity

If reporting is limited to a defined set of women’s healthcare services (e.g., maternity care, contraception, menopause, labor and delivery), the reporting parameters can be standardized and phased in, further limiting operational strain.

Cost Transparency Matters for Women's Healthcare

Cost reporting would not impose new clinical obligations—it would create visibility. Women often face higher out-of-pocket healthcare spending due to reproductive health needs, pregnancy-related care, and longer life expectancy (KFF, “Women’s Health Insurance Coverage and Access to Care”). Studies show women incur higher average annual out-of-pocket costs than men, particularly during reproductive years.

Lack of cost transparency can:

- Delay or deter preventive care (e.g., mammography, prenatal visits).
- Exacerbate racial and socioeconomic disparities in maternal health outcomes (CDC, “Racial/Ethnic Disparities in Pregnancy-Related Deaths”).
- Obscure price variation across facilities and payers for the same services.

By illuminating price variation and patient cost-sharing levels, policymakers can better identify gaps in access, affordability barriers, and inequities in reimbursement structures. Cost data enables:

- Targeted policy interventions.
- More equitable reimbursement reform.
- Identification of geographic or demographic disparities.
- Consumer-facing transparency tools.

2026 ACNM SB 485 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

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

Hearing Date: February 19, 2026

Position: Oppose

The American College of Nurse Midwives (ACNM) opposes *Senate Bill 485 - Public Health - Women's Health Care Data – Report*. We are opposed because this bill imposes burdensome reporting requirement for healthcare providers. The data collected under this bill would be too inconsistent for a true cost analysis. We ask for an unfavorable report. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

2026 WLC SB 485 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV

Committee: Senate Finance Committee

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

Hearing Date: February 19, 2026

Position: Oppose

The Women's Law Center of Maryland opposes *Senate Bill 495 – Public Health – Women's Health Care Data -Report*. The bill requires every healthcare provider in the state to report information about budgets and costs for a range of women's health care services, including abortion care. The Women's Law Center is opposed to this bill because it:

- Imposes a reporting requirement on women's healthcare providers, creating a significant cost and administrative burden at a time when resources are shrinking;
- Is not necessary for information about Medicaid coverage. Information about Medicaid spending is already available;
- Frames abortion care inaccurately with references to abortion reversal, which is not supported by the clinical evidence.

We ask for an unfavorable report. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

The Women's Law Center of Maryland is a private, non-profit, legal services organization that serves as a leading voice for justice and fairness for women. It advocates for the rights of women through legal assistance to individuals and strategic initiatives to achieve systemic change, working to ensure physical safety, economic security, and bodily autonomy for women in Maryland.

SB0485_UNF_MedChi, MDAAP, MDACOG_PH - Women's Heal

Uploaded by: Christine Krone

Position: UNF



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Senate Finance Committee
February 19, 2026
Senate Bill 485 – *Public Health – Women's Health Care Data – Report*
POSITION: OPPOSE

On behalf of MedChi, The Maryland State Medical Society, the Maryland Chapter of the American Academy of Pediatrics, and the Maryland Section of the American College of Obstetricians and Gynecologists, we submit this letter of **opposition** for Senate Bill 485.

Senate Bill 485 proposes the collection of annual data on the costs of prenatal care, birth, postpartum care, pregnancy care, abortion services, and menopausal care in Maryland, which raises concerns. The bill mandates that the Department of Health gather detailed cost data from healthcare providers and hospitals, potentially increasing the administrative burden on already overburdened medical professionals. The collected data would include sensitive information related to abortion procedures, delivery complications, and postpartum care, potentially leading to privacy risks for patients.

Additionally, there is already reliable data available on the costs associated with reproductive health services. Organizations like the [Guttmacher Institute](#) and the [Society for Family Planning](#) regularly collect and publish accurate data on pregnancy care, abortion, and related costs. These organizations have the necessary expertise and systems in order to track this information, making it unnecessary for the state to create a separate and potentially invasive reporting system.

Finally, imposing such data collection requirements on healthcare providers would add unnecessary administrative burdens. In an already strained healthcare environment, providers would be forced to divert resources away from patient care to comply with additional reporting demands. Moreover, by implementing a system that tracks the costs of such services, the state risks intruding on the doctor-patient relationship and impeding individuals' ability to make decisions about their health without fear of external surveillance or intervention.

For these reasons, the above-named organizations oppose Senate Bill 485.

For more information:

Christine K. Krone
Danna L. Kauffman
J. Steven Wise
Andrew G. Vetter
(410) 244-7000

PPM--SB 485--info.pdf

Uploaded by: Luke Allen

Position: INFO

Planned Parenthood of Maryland

Committee: Senate Finance Committee

Bill: Senate Bill 485 - Public Health – Women’s Health Care Data - Report

Hearing: February 19, 2026

Planned Parenthood of Maryland (PPM) would like to go on record clarifying some points related to SB 485 - Public Health – Women’s Health Care Data - Report.

Planned Parenthood of Maryland supports data informed decision-making; however, the organization would like to provide facts about abortion and counter the stigmatizing language contained within the legislation.

- Medication abortions are 92% to 98% effective, depending on the gestational age of the pregnancy and provided medications are taken as instructed. ([NIH](#))
- In-clinic abortions are effective more than 99% of the time. ([National Academies of Science, Engineering, and Medicine](#))
- **Only about 2% of abortions nationwide are estimated to result in complications, and most of these complications are considered minor.** Minor complications include pain, bleeding, infection and post-anesthesia complications ([StatPearls](#))
- **Claims regarding abortion “reversal” treatment are not based on science and do not meet clinical standards** ([The American College of Obstetricians and Gynecologists](#)) There is no proven, safe way to reverse a medication abortion.
- Costs for abortions in the State are not hidden; abortion providers are not interested in hiding information from State officials. However, unfortunately as the health care we provide becomes increasingly stigmatized and threatened, abortion providers must be concerned about efforts to deepen scrutiny and policing of abortion care.

Thank you for your consideration. If we can provide any additional information, please contact Vice President of Public Affairs, Erin Bradley, at erin.bradley@ppm.care.

SB0485 - FIN - MDH - LOI.docx (1) (1).pdf

Uploaded by: Meghan Lynch

Position: INFO



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

February 19, 2026

The Honorable Pamela Beidle
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: Senate Bill 485 – Public Health - Women's Health Care Data - Report– Letter of Information

Dear Chair Beidle and Committee members:

The Maryland Department of Health (the Department) respectfully submits this letter of information for Senate Bill (SB) 485 – Public Health - Women's Health Care Data - Report. SB 485 requires the Department 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; establishes limitations on the data and information that may be collected or reported under the Act; and requires the Department to submit an annual comprehensive report of the collected data to the General Assembly on or before December 1.

SB 485 would cost the Department \$761,368 in FY 27, and it would have a significant operational impact on the Department. In light of current projected general fund deficits in fiscal 2027 and beyond, the Department urges caution in passing legislation that significantly increases expenditures without commensurate decreases in other areas. In light of 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.

If you would like to discuss this further, please do not hesitate to contact Meghan Lynch, Director of Governmental Affairs at meghan.lynch@maryland.gov.

Sincerely,

Meena Seshamani, M.D., Ph.D.
Secretary