

**Sen. Gile Written Testimony\_SB563.docx.pdf**

Uploaded by: Dawn Gile

Position: FAV

DAWN D. GILE  
Legislative District 33  
Anne Arundel County

Finance Committee

Chair

Anne Arundel County  
Senate Delegation



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THE SENATE OF MARYLAND  
ANNAPOLIS, MARYLAND 21401

**Testimony in Support of SB 563**

**Health Facilities - Confidentiality of Medical Records - Crisis Pregnancy Clinics**

Madam Chair, Mr. Vice Chair, and Members of the Senate Finance Committee:

At its core, SB 563 is about one thing: protecting women’s privacy during some of the most vulnerable moments of their lives. This bill applies Maryland’s existing medical records confidentiality provisions to crisis pregnancy clinics. It does so by including crisis pregnancy clinics within the definition of “health care provider” solely for purposes of confidentiality under Title 4 of the Health–General Article.

**Background**

Women who seek pregnancy-related services often do so in moments of uncertainty, vulnerability, and urgency. Many crisis pregnancy centers present themselves as medical clinics. They offer pregnancy tests, ultrasounds, and counseling. To the average person walking through the door, they look and feel like health care providers. Unfortunately, many are not licensed medical facilities, thus they are not covered entities under HIPAA.

This creates a privacy gap as sensitive medical information may be collected in settings that are not currently bound by the same confidentiality requirements that apply to licensed providers.

**Solution**

SB 563 closes the privacy gap. The inclusion in this statute is solely for confidentiality protections. This bill is not about regulating speech, limiting services, or validating medical claims. It does **not** elevate these centers to the status of licensed health care providers. We know that some women enter crisis pregnancy centers believing they are receiving neutral medical counseling. In some cases, they are given information that is incomplete, biased, or misleading.

Women should never have their personal reproductive information shared without consent and Maryland law should protect their privacy - full stop.

We are aware that some advocates have expressed concern that including crisis pregnancy clinics in the definition of “health care provider” could unintentionally conflate unregulated pregnancy centers with licensed health care facilities.

I want to be clear - that is not the intent of this bill. The inclusion of this statute is solely for confidentiality protections. It does not license these centers. It does not validate their medical claims. It does not equate them with regulated providers.

We are committed to working with advocates to ensure that the final language:

- Clearly protects women’s privacy,
- Does not elevate or legitimize unregulated facilities, and
- Maintains the integrity of Maryland’s health care regulatory framework.

We are actively working on amendments to clarify and tighten this language.

### **Fiscal Impact**

There is no fiscal impact from this measure. The change is technical in nature and does not directly affect governmental finances.

### **Closing**

SB 563 is about privacy, dignity, and preventing sensitive pregnancy-related information from being shared without consent. It is limited in scope, fiscally disciplined, and consistent with the intent of existing law.

For these reasons, I respectfully request a favorable report on SB 563.

# **SB563\_PLI-GloriaTotten\_FAV**

Uploaded by: Gloria Totten

Position: FAV



**Senator Pamela Beidle  
Senate Finance Committee  
3 East Miller Senate Office Building  
Annapolis, Maryland 21401**

**Re: Health Facilities - Confidentiality of Medical Records - Crisis Pregnancy Clinics,  
S.B.563 - FAV**

Madam Chair and members of the committee:

My name is Gloria Totten and I'm the president of the Public Leadership Institute. I am here to testify today in support of S.B.563.

When clients enter crisis pregnancy centers, they are often asked to fill out intake forms similar to what you'd receive in a traditional medical facility. These forms ask for typical, personal health information but, often, also include things like a history of sexual partners, citizenship/documentation status, housing situation, and more. Over 80% of centers in Maryland also advertise obstetric ultrasounds, indicating they also perform medical scans and are in possession of that imaging data.

However, unlike a traditional medical facility, all of that information is at risk. CPCs fall into a blind spot for both HIPAA and existing state health privacy laws. This bill is simply a fix to that loophole.

If you follow the national average of client numbers for individual CPCs, Maryland's centers could be collecting the private health information of as many as 10,000 women every year. Further, the information of up to 100,000 prior clients could already be stored and at risk.

Even if these pregnancy centers already maintain health information confidentiality, it would be appropriate to require them to do so formally under state medical privacy law. However, there is ample evidence that across the nation, this isn't regularly the case. Such centers frequently violate clients' privacy by placing their personal information in online databases accessible to third parties outside the pregnancy center.

Heartbeat International, one of the largest CPC parent organizations, even brags about designing their own platform and centralized database for client information, NextLevel. NextLevel has no required privacy protections and is, instead, promoted as a way the organization can better track their clientele. Further, these centers have even been found to leak clients' sensitive personal and private health information publicly.

Any organization that provides medical services or collects clients' medical information should be required to keep this information private without the explicit permission of the client to share it. Maryland is already a national leader in creating state medical privacy laws to fill gaps in HIPAA and make it easier to enforce confidentiality. Passing S.B. 563 would ensure that these privacy protections are applied across the board.

Gloria A. Totten  
President, Public Leadership Institute  
1823 Jefferson Place NW, Washington, DC 20036



**SB 563 - Senate - FAV .pdf**

Uploaded by: Jennifer Mercer

Position: FAV



**BILL NUMBER:** SB 563

**TITLE:** Health Facilities - Confidentiality of Medical Records - Crisis Pregnancy Clinics

**COMMITTEE:** Finance

**HEARING DATE:** February 19, 2026

**POSITION:** Favorable

Reproductive Justice Maryland Action supports Senate Bill 563 in keeping with our mission to champion reproductive justice as a fundamental human right for all Marylanders. We believe that everyone deserves the freedom to make informed decisions about their bodies, health, and futures, free from discrimination, coercion, and barriers.

Maryland has long served as a beacon of reproductive freedom in our region, attracting patients from many other states who cannot access the healthcare they need at home. When seeking care, both out-of-state and Maryland patients must navigate a deliberately confusing patchwork of entities with deceptive names. Crisis pregnancy centers (CPCs) do not provide abortion or contraception, nor do they refer to clinics that do. Their aim is to impede access to these services. A person seeking an abortion or contraception would therefore have no reason to visit such a place but for their attempts to mirror legitimate clinics in name and design.

Once they have someone in the door, CPCs provide false or misleading information about the safety of abortion and contraception. They also use emotional appeals to convince the target to carry an unwanted pregnancy to term. No legitimate medical clinic would use these tactics in search of a preordained outcome, but by the time the target figures out what is happening, the CPC already has her information. That CPC could very well participate in a large, national data-sharing network.<sup>1</sup> And since the CPC is not really a medical clinic, it need not observe medical privacy laws. What happens if her home state

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<sup>1</sup> "Next Level Center Ma." *Next Level Center Ma*, 2024, [www.nextlevelcms.com/](http://www.nextlevelcms.com/). Accessed 16 Feb. 2026.

seeks to prosecute her for attempting to access abortion services? There is no clear legal directive at present due to the CPC privacy loophole.

SB 563 would require that CPCs follow the same patient privacy laws as legitimate health care organizations in Maryland. It does not impose any standard on them that does not already exist for real clinics providing abortion and contraception services. This will close a loophole in Maryland's otherwise very strong medical privacy and shielding laws. We understand the sponsor is considering clarifying amendments and would be pleased to assist. Reproductive Justice Maryland Action is proud to support SB 563 and urges a favorable report.

**SB0563 February 19, 2026 Med. Records.pdf**

Uploaded by: Lynn Mortoro

Position: FAV



## **TESTIMONY IN SUPPORT OF SB0563**

**Health Facilities - Confidentiality of Medical Records - Crisis Pregnancy Clinics**

**FAVORABLE**

**TO: Chair Senator Pamela Beidle, Vice Chair Senator Antonio Hayes and members of the Senate Finance Committee**

**FROM: Lynn Mortoro, member of the Maryland Episcopal Public Policy Network (MEPPN)**

**DATE: February 19, 2026**

**Dear Chair Senator Beidle, Vice Chair Senator Hayes and all members of the Senate Finance Committee:**

**Thank you for the opportunity to testify on this important bill.**

As a retired registered nurse, I am very aware and in support of the confidentiality and the protection of patient records. Information, especially in regards to something as personal as pregnancy issues of any type is important to restrict for the protection of the woman.

The Episcopal Church states: Support legislation and non-legislative efforts that call for an end to discrimination against women's access to healthcare, and support the right of women to self-determination in regard to their personal choices about the health care that they choose to receive, especially for contraception, pregnancy, and childbirth.

All medical facilities need to follow the same rules in order for women to get the care that they need without fear of any information disclosed without consent.

**The Maryland Episcopal Public Policy Network (MEPPN) requests a  
FAVORABLE report**

*The Maryland Episcopal Public Policy Network (MEPPN) is a ministry of The Episcopal Diocese of Maryland,  
The Episcopal Diocese of Washington, and The Delaware-Maryland Synod ELCA*

# **SB563-LWVMD-FAV- Confidentiality of Medical Record**

Uploaded by: Nora Miller Smith

Position: FAV



## TESTIMONY TO THE FINANCE COMMITTEE

### SB0563: Health Facilities- Confidentiality of Medical Records- Crisis Pregnancy Clinics

**POSITION: Support**

**BY: Linda Kohn, President**

**DATE: February 19, 2026**

The League of Women Voters of Maryland supports **Senate Bill 563: Health Facilities- Confidentiality of Medical Records- Crisis Pregnancy Clinics**, which would protect the confidential medical information of women seeking reproductive health care in Crisis Pregnancy Centers (CPCs).

**The League supports the rights of individuals to self-determination related to bodily autonomy, privacy, and reproductive health, including whether to prevent, continue, or end one's own pregnancy.** That right to privacy should include CPCs.

Crisis Pregnancy Centers often bill themselves as legitimate reproductive health care or medical clinics, but they are non-medical institutions that are not designed to serve the needs of women seeking comprehensive pregnancy care. They instead spread misleading information about reproductive health care and discourage access to abortion. Per the American College of Obstetricians and Gynecologists, warning against CPCs, "People seeking reproductive health care must have access to comprehensive, evidence-based, nonjudgmental health care and information from qualified professionals, regardless of whether they decide to continue a pregnancy or seek abortion care. It's important that people understand their options and know their resources."<sup>1</sup>

CPCs will sometimes invoke the Health Insurance Portability and Accountability Act (HIPAA) to collect personal information from clients by asking them to sign authorization forms, by posting notice of privacy practices in their facilities, or by describing themselves as HIPAA-compliant on their websites. CPCs are able to do this because HIPAA, which governs the privacy and security of electronic and printed health records, has a regulatory blind spot when it comes to policing organizations that claim HIPAA compliance when they are not required to do so.

It is concerning that CPCs are allowed to give the false impression that they will be held accountable for any privacy breaches of client information. As the majority of CPCs are not governed by HIPAA because they do not meet the definition of health care providers or engage in the types of transactions that trigger HIPAA obligations, it leaves CPCs free to disclose client information without fear of HIPAA enforcement. If organizations are allowed to benefit from claiming HIPAA compliance without being held accountable for attendant breaches, the confidence patients have that their medical records will remain private will be eroded.

The League affirms its support for an individual's right to make reproductive choices. That must include the protection of all confidential medical information. **The League of Women Voters of Maryland and its 2,000 members thus urge a favorable report on Senate Bill 563.**

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<sup>1</sup> <https://www.acog.org/advocacy/abortion-is-essential/trending-issues/issue-brief-crisis-pregnancy-centers>

# **Testimony in support of SB0563 - Confidentiality o**

Uploaded by: Richard KAP Kaplowitz

Position: FAV

SB0563\_RichardKaplowitz\_FAV

02/19/2026

Richard Keith Kaplowitz

Frederick, MD 21703

**TESTIMONY ON SB#0563 POSITION: FAVORABLE**

**Health Facilities - Confidentiality of Medical Records - Crisis Pregnancy Clinics**

**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#/0563, **Health Facilities - Confidentiality of Medical Records - Crisis Pregnancy Clinics**

Planned Parenthood makes clear *What are Crisis Pregnancy Centers?*<sup>1</sup>

Crisis pregnancy centers (also called CPCs or "fake clinics") are clinics or mobile vans that look like real health centers, but they're run by anti-abortion activists who have a shady, harmful agenda: to scare, shame, or pressure you out of getting an abortion, and to tell lies about abortion, birth control, and sexual health.

Crisis pregnancy centers don't provide abortion or offer a full range of health care, and they won't give you honest facts about sexual health and your pregnancy options — their goal is to spread misinformation and propaganda.

Most crisis pregnancy centers aren't legitimate medical clinics, so they don't have to follow HIPAA and keep your information private, like most real health care providers do. These crisis pregnancy centers could even give your information to other anti-abortion organizations or use it to harass you.

This bill will make these clinics required to follow HIPAA and prevent misuse of your personal identification information. This goal is met by passing this bill to apply certain provisions of law governing the confidentiality of medical records to crisis pregnancy clinics and generally relating to confidentiality of medical records.

**I respectfully urge this committee to return a favorable report on SB#/0563.**

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<sup>1</sup> <https://www.plannedparenthood.org/blog/what-are-crisis-pregnancy-centers>

**2025 WLC SB 563 Senate Side.pdf**

Uploaded by: Robyn Elliott

Position: FAV

**Committee:** Senate Finance Committee

**Bill:** SB 563 - Facilities – Confidentiality of Medical Records – Crisis  
Pregnancy Centers

**Clinics**

**Hearing Date:** February 19, 2026

**Position:** Support

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The Women's Law Center of Maryland supports the underlying intent of *Senate Bill 563 – Facilities – Confidentiality of Medical Records – Crisis Pregnancy Centers*. Crisis pregnancy centers collect sensitive health information about pregnancy status, yet generally do not fall under the State's confidentiality of medical records rules under Health General Article 4-301. This legislation aims to address the gap in confidentiality laws. The Maryland General Assembly took a similar step in 2024 with legislation that provides privacy protections to consumer health information collected by online entities, such as period tracking apps.

We understand that the sponsor is working on clarifying amendments, and the Women's Law Center is committed to being a resource on health privacy laws. If we can provide any additional information, please contact Robyn Elliott at (443) 926-3443 or [relliott@policypartners.net](mailto:relliott@policypartners.net).

***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.***

**2026 ACNM SB 563 Senate Side.pdf**

Uploaded by: Robyn Elliott

Position: FAV



**Committee:** Senate Finance Committee

**Bill:** Senate Bil 563 - Facilities – Confidentiality of Medical Records – Crisis  
Pregnancy  
Clinics

**Hearing Date:** February 19, 2026

**Position:** Support

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The Maryland Affiliate of the American College of Nurse Midwives (ACNM) supports *Senate Bill 563 – Facilities – Confidentiality of Medical Records – Crisis Pregnancy Centers*. The bill's intent is to ensure that health information collected by crisis pregnancy centers is kept confidential, just as state law requires clinical providers to keep healthcare records confidential. Information about pregnancy status should be confidential, given the legal risk created by states seeking to impose criminal, civil, and administrative penalties on people seeking abortion care and their providers.

We understand that the sponsor is considering clarifying amendments. We would be pleased to work with the sponsor and stakeholders on those amendments. If we can provide any additional information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net) or (443) 926-3443.

**PPM-SB563-FAV.pdf**

Uploaded by: Tica Torres

Position: FAV

<b>Committee:</b>	<b>Finance Committee</b>
<b>Bill Number:</b>	<b>Senate Bill 563 Health Facilities - Confidentiality of Medical Records - Crisis Pregnancy Clinics</b>
<b>Hearing Date:</b>	<b>February 19, 2026</b>
<b>Position:</b>	<b>Favorable</b>

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Planned Parenthood of Maryland (PPM) supports *Senate Bill 563 Health Facilities - Confidentiality of Medical Records - Crisis Pregnancy Clinics*. This bill extends Maryland's existing confidentiality requirements for sensitive health related information to include crisis pregnancy centers (CPCs), including mobile units that provide pregnancy-related services outside the scope of HIPAA-covered entities.

Senate Bill 563 makes a narrow but essential clarification: If an entity is providing pregnancy-related health services, including counseling or certain testing, it must follow the same confidentiality standards that already apply to health facilities. This bill does not regulate the content of services, restrict speech, or impose new clinical requirements. It simply ensures that any facility collecting sensitive health information must protect it.

Crisis pregnancy centers often collect deeply personal data about an individual's health yet operate outside HIPAA and are not required to safeguard or limit the use of that information. This can lead to unintended consequences; for example, clients may not realize their data can be shared publicly or with third parties. All Marylanders deserve consistent privacy protections across all entities that gather personal health related information. In the post-Dobbs landscape, reproductive health information can be weaponized in ways that undermine patient autonomy and safety. Extending protections to include crisis pregnancy centers is consistent with Maryland's recognition that privacy around a person's reproduction is essential.

Planned Parenthood of Maryland asks for a favorable report on SB 563. If we can provide any additional information, please contact Vice President of Public Affairs, Erin Bradley, at [erin.bradley@ppm.care](mailto:erin.bradley@ppm.care).

**MD SB 563.pdf**

Uploaded by: Emily Hoegler

Position: UNF



**Written Testimony of Emily Hoegler, J.D.  
Policy Counsel, Americans United for Life  
In Opposition to Senate Bill 563  
Submitted to the Finance Committee  
February 17, 2025**

*Dear Chairwoman Beidle and Members of the Committee:*

*My name is Emily Hoegler, and I serve as Policy Counsel at Americans United for Life (“AUL”). Established in 1971, AUL is a national law and policy nonprofit organization with a specialization in abortion, end-of-life issues, and bioethics law. AUL publishes pro-life model legislation and policy guides,<sup>1</sup> tracks state bioethics legislation,<sup>2</sup> and regularly testifies on pro-life legislation in Congress and the states. Our vision at AUL is to strive for a world where everyone is welcomed in life and protected in law. As Policy Counsel, I specialize in life-related legislation, constitutional law, and abortion jurisprudence.*

*Thank you for the opportunity to testify in opposition to Senate Bill 563 (“S.B. 563”, which targets pro-life Pregnancy Resource Centers (“PRCs”) by regulating them under the regulatory standards of a surgical hospital when these PRCs are facilities that primarily distribute material goods and personal support services. PRCs help ensure that more underserved women will receive quality professional care, at usually no cost to them. For this reason, I strongly urge the Committee to oppose this bill and support the work of PRCs in Maryland.*

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<sup>1</sup> *Pro-Life Model Legislation and Guides*, AMS. UNITED FOR LIFE, <https://aul.org/law-and-policy/> (last visited Oct. 16, 2025). AUL is the original drafter of many of the hundreds of pro-life bills enacted in the States in recent years. See Olga Khazan, *Planning the End of Abortion*, ATLANTIC (July 16, 2020), [www.theatlantic.com/politics/archive/2015/07/what-pro-life-activists-really-want/398297/](http://www.theatlantic.com/politics/archive/2015/07/what-pro-life-activists-really-want/398297/) (“State legislatures have enacted a slew of abortion restrictions in recent years. Americans United for Life wrote most of them.”); see also Anne Ryman & Matt Wynn, *For Anti-Abortion Activists, Success of ‘Heartbeat’ Bills was 10 Years in the Making*, CTR. PUB. INTEGRITY (Jun. 20, 2019), <https://publicintegrity.org/politics/state-politics/copy-paste-legislate/for-anti-abortion-activists-success-of-heartbeat-bills-was-10-years-in-the-making/> (“The USA TODAY/Arizona Republic analysis found Americans United for Life was behind the bulk of the more than 400 copycat [anti]-abortion bills introduced in 41 states.”).

<sup>2</sup> *Defending Life: State Legislation Tracker*, AMS. UNITED FOR LIFE, <https://aul.org/law-and-policy/state-legislation-tracker/> (last visited Oct. 16, 2025).

## **I. S.B. 563 Erroneously Categorizes Charitable Support by PRCs as High-Risk Medical Care.**

*Maryland S.B. 563 discriminates against pro-life PRCs by reclassifying non-medical PRCs as "health care providers" under the state's Health-General Article. Under current Maryland Health Occupations Article, a health care provider is defined by professional licensure and the ability to provide clinical services in the "ordinary course of business."<sup>3</sup> Facilities like hospitals, nursing homes, and health maintenance organizations are regulated because they perform invasive procedures, dispense medication, and provide diagnostic services like X-rays and laboratory testing. The law also includes health care providers who treat patients in crisis, such as those in mental health or substance use disorder facilities.*

*S.B. 563 redefines "crisis pregnancy clinics" as "health care providers," subjecting them to increased restrictions and regulations. However, PRCs primarily offer material support and peer counseling, which do not fall under the high-risk clinical categories of health care providers. PRCs provide material goods, such as diapers, baby clothes, and formula; non-diagnostic tools, such as self-administered pregnancy tests (similar to those bought at a pharmacy); and support services, such as parenting classes and peer-led counseling. This attempt to govern charitable outreach through a framework designed for invasive medical intervention is legally inconsistent and discriminates against pro-life PRCs.*

*Furthermore, S.B. 563 is a redundant and unnecessary measure because PRCs already operate under strict, self-imposed privacy protocols that mirror the protections of the federal Health Insurance Portability and Accountability Act (HIPAA). By forcing these centers into a regulatory framework they already effectively emulate for their non-medical status, the bill serves no practical public health purpose. Instead, it singles out organizations based on their pro-life mission.*

*By including PRCs in the same category as hospitals and medical laboratories, S.B. 563 imposes medical-grade requirements on facilities that do not provide high-risk medical treatment. Applying the rigorous regulatory standards of a surgical hospital to a facility that primarily distributes material aid creates a fundamental legal mismatch. The state should not apply medical-grade regulations to non-medical facilities.*

## **II. PRCs Provide Essential Support Services to Women, Children, and Families.**

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<sup>3</sup> Md. Code Ann., Health-Gen. § 4-301(b).

*Imposing the administrative burdens of a "health care provider" on PRCs will prevent PRCs from providing resources to families in need without providing any meaningful increase in public health safety. This would detract from the invaluable services PRCs provide to their communities.*

*Over the past 50 years, PRCs have provided invaluable, free services to low-income women across the United States. According to CareNet and the Charlotte Lozier Institute, over 2,750 PRCs served 3,255,856 people in the United States in 2022 alone.<sup>4</sup> This included 546,683 free ultrasounds, 703,835 free pregnancy tests, 3,590,911 free packs of diapers, 1,216,438 free packs of wipes, 43,192 free new car seats, 4,256,274 free baby clothing outfits, 30,188 free strollers, 23,486 free new cribs, 300,008 free new cans/bottles of infant formula, and 967,251 free consultations with new clients.<sup>5</sup> PRCs also provide additional services, such as adoption information, onsite adoption agencies, college/university outreach, professional counseling, safe haven locations, housing referrals, medical referrals, and information on abortion.<sup>6</sup> In 2022, the estimated value of PRC's services was \$367,896,513, which highlights the incredible community resource these centers have become.<sup>7</sup>*

*The free, accessible services provided by PRCs are especially crucial, as most women who seek abortions do so primarily for financial reasons.<sup>8</sup> Many do not actually want an abortion but feel pressured by a lack of support and economic security. A 2023 national study found that over 60% of women who had abortions reported experiencing high levels of pressure to abort from one or more sources.<sup>9</sup> Studies also show that 70 percent of women who have abortions say the decision conflicts with their values.<sup>10</sup> In another study, a majority of women who had abortions (sixty percent) "reported they would have preferred to give birth if they had received either more emotional support or had more financial security."<sup>11</sup> PRCs can help address these concerns so that women feel empowered to make informed, independent*

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<sup>4</sup> *Pregnancy Centers Offer Hope for a New Generation*, CHARLOTTE LOZIER INST., <https://lozierinstitute.org/wp-content/uploads/2024/12/Pregnancy-Center-Report-Dec-2024-Interactive.pdf> (last visited Oct. 16, 2025), at 19.

<sup>5</sup> *Id.*

<sup>6</sup> *Id.* at 24.

<sup>7</sup> *Id.* at 19.

<sup>8</sup> Lawrence B. Finer et al., *Reasons U.S. Women Have Abortions: Quantitative and Qualitative Perspectives*, 37 PERSP. SEXUAL & REPROD. HEALTH 110, 117–18 (2005).

<sup>9</sup> David C. Reardon & Tessa Longbons, *Effects of Pressure to Abort on Women's Emotional Responses and Mental Health*, CUREUS (2023).

<sup>10</sup> Tessa Longbons, *Hidden Epidemic: Nearly 70% of Abortions Are Coerced, Unwanted or Inconsistent with Women's Preferences*, CHARLOTTE LOZIER INST., (May 15, 2023), <https://lozierinstitute.org/hidden-epidemic-nearly-70-of-abortions-are-coerced-unwanted-or-inconsistent-with-womens-preferences/>.

<sup>11</sup> David C. Reardon et al., *The Effects of Abortion Decision Rightness and Decision Type on Women's Satisfaction and Mental Health*, 15 CUREUS 1, 4 (2023).

*decisions about their pregnancies. After receiving support and financial assistance from PRCs, these women can make pregnancy decisions free from the heavy burdens of inadequate support and financial insecurity.*

*The need for PRCs has become even more pressing now that women are increasingly rejecting abortion and choosing to keep their babies. The abortion rate is nearly half of what it was in the late 1980s after *Roe v. Wade* was decided.<sup>12</sup> Despite the common narrative, women are recognizing that they do not need abortion to have success and equality in American society.<sup>13</sup> When women are offered options other than abortion, they frequently choose life. PRCs inform women of the alternatives to abortion and provide support throughout their pregnancies and postpartum, unlike abortion clinics that fail to address women's underlying needs.<sup>14</sup>*

*S.B. 563 threatens to dismantle a vital support system that addresses the root causes of abortion: financial instability and a lack of emotional support. Instead of fostering an environment where women are empowered to choose life through material security, this legislation imposes a regulatory burden that prioritizes political positioning over the tangible, life-affirming needs of Maryland's most vulnerable families. For these reasons, I encourage you to reject S.B. 563.*

### **III. Conclusion**

*S.B. 563 represents a solution in search of a problem, applying a heavy-handed medical regulatory framework to organizations that primarily provide social and material relief. By misclassifying PRCs as high-risk medical providers, the state risks burying essential charitable work under prohibitive administrative costs that do not improve public safety. Instead of protecting women, this bill threatens to strip away the very financial and emotional safety nets that empower underserved mothers to choose life. Maryland should support, rather than obstruct, the community-funded resources that offer women a genuine alternative to abortion through tangible support and compassionate care. For these reasons, I urge the Committee to reject S.B. 563.*

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<sup>12</sup> *CTRS. FOR DISEASE CONTROL & PREVENTION, 69 SURVEILLANCE SUMMARIES 1, ABORTION SURVEILLANCE—UNITED STATES, 2018 (Nov. 27, 2020).*

<sup>13</sup> *See, e.g., Helen M. Alvaré, Nearly 50 Years Post-Roe v. Wade and Nearing Its End: What is the Evidence that Abortion Advances Women's Health and Equality? 34 REGENT U.L. REV. 165, 208 (2022) (documenting the testimony in legislative hearings in several states).*

<sup>14</sup> *See, e.g., Michael J. New, Pregnancy Centers Offer Better Service Than Abortion Facilities, a New Study Shows, Nat'l Rev. (Feb. 5, 2023), <https://www.nationalreview.com/corner/pregnancy-centers-offer-better-service-than-abortion-facilities-a-new-study-shows/> (study comparing 445 abortion facilities with nearby pregnancy centers, finding strong statistical evidence that pro-life pregnancy centers offer better and less expensive services than abortion facilities).*

*Respectfully Submitted,*



*Emily Hoegler*  
*Policy Counsel*  
*AMERICANS UNITED FOR LIFE*

# **30 second Pro Life replies.pdf**

Uploaded by: John John

Position: UNF

# 30-SECOND PRO-LIFE RESPONSES

## to Common Pro-Choice Arguments

By Steven A. Christie, M.D., J.D

### Argument #1

A FETUS OR EMBRYO IS NOT ALIVE. IT'S JUST A CLUMP OF CELLS.

Life begins at conception—and that's a simple scientific fact that is no longer even debated in the scientific community. The largest recent survey of over 5,000 biologists from 1,000 worldwide institutions revealed that a full 96% agreed with the statement "Human life begins at conception." And they were not a collection of Pro-Life, religious, or conservative scientists. In fact, these biologists self-described as 89% "liberal," 85% "pro-choice," and 63% "non-religious." So let's please stick to the most basic scientific fact in this debate: life begins at conception. Even Planned Parenthood, the United States' largest abortion provider, admits that life begins at conception. It said in its own publication that "abortion kills life after it has begun."

### Argument #2

A WOMAN HAS THE RIGHT TO CONTROL HER OWN BODY.

There's overwhelming scientific consensus that an embryo or fetus is not part of a woman's body. Instead, it is a genetically distinct, living human being—another "body." So, a woman is free to do whatever she wants to her own body, but she is not free to inflict harm on someone else's body. As they say, "Your right to swing your fist ends just before it touches my nose."

### Argument #3

ABORTION IS BEST FOR SOCIETY BECAUSE IT HELPS DECREASE UNWED BIRTH RATES, CHILD ABUSE, AND CRIME.

This is simply untrue. Legalizing abortion has done nothing to reduce unwed births, child abuse, or crime. To the contrary, all have significantly increased since Roe. For example, The National Center on Child Abuse and Neglect has demonstrated that child abuse and neglect have increased over 1,000% since Roe. Unwed births for black children have skyrocketed to 73%. So if decreasing rates of unwed births, child abuse, and crime are your arguments for abortion, you might want to reconsider your position.



Find a more exhaustive list of common arguments and answers in *Speaking for the Unborn: 30-Second Pro-Life Rebuttals to Pro-Choice Arguments*. Learn more at [StPaulCenter.com](http://StPaulCenter.com).

# **SB563 Crisis Pregnancy Centers SIC Final.pdf**

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February 17, 2026

To: The Honorable Pamela Beidle, Chair  
Finance Committee

From: Irnise F. Williams, Deputy Director, Health Education and Advocacy Unit

Re: Senate Bill 0563 - Health Facilities - Confidentiality of Medical Records - Crisis  
Pregnancy Clinics – **SUPPORT IN CONCEPT**

The Office of the Attorney General’s Health Education and Advocacy Unit (HEAU) supports the intent of SB563. The bill seeks to expand Maryland’s Confidentiality of Medical Records Act by designating crisis pregnancy centers (CPCs)—including mobile facilities that are not HIPAA-covered entities—as “health care providers,” thereby subjecting them to the same confidentiality standards as licensed or authorized providers in the state.

CPCs are typically nonprofit organizations that present themselves as clinics but primarily offer counseling aimed at discouraging abortion. Most do not provide medical care, and their staff are generally not licensed healthcare professionals. Visitors often believe their records are protected under HIPAA and Maryland’s Medical Records Act, but in most cases, they are not.

While we strongly support protecting the privacy of individuals who seek services at CPCs, we have significant concerns about the bill’s approach. As drafted, SB563 adds CPCs to the list of facilities deemed health care providers without amending related definitions—such as “medical record” and “health care”—needed to ensure those protections apply. Granting CPCs the status of “health care providers” could mislead consumers and legitimize organizations that frequently disseminate medically inaccurate information and delay access to legitimate prenatal and abortion care.

Maryland’s current confidentiality law defines “medical records” as records related to “health care,” which means any care, treatment, or procedure by a health care provider to diagnose, evaluate, rehabilitate, manage, treat, or maintain the physical or mental condition of a patient or recipient, or that affects the body’s structure or function—services CPCs generally do not provide. Without clear definitions addressing CPC activities, the bill risks leaving sensitive information unprotected while inadvertently legitimizing non-medical organizations.

We fully support privacy protections for those seeking pregnancy-related guidance and care. We met with advocates on February 16, 2026, to discuss amendments to the bill that would:

- Ensure accurate definitions that protect confidentiality without mischaracterizing CPCs as health care providers;
- Avoid unintended consequences that legitimize non-medical organizations as healthcare providers; and
- Explore alternative approaches to strengthen privacy protections.

We look forward to working together to deliver the privacy protections intended by this bill. Thank you for considering these concerns as you review SB563.

cc: Senator Dawn Gile  
Senator Katie Fry Hester  
Senator Shelly Hettleman  
Senator Clarence K. Lam