Prince George's County Government's Position on HB

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PRINCE GEORGE'S COUNTY GOVERNMENT
OFFICE OF THE COUNTY EXECUTIVE

Aisha N. Braveboy
County Executive

HB1617
FAVORABLE

March 31, 2026

The Honorable Pamela Beidle
The Honorable Antonio Hayes
Maryland Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401

Dear Chair Beidle, Vice Chair Hayes and Members of the Finance Committee,

I am writing today in support of HB1617, a bill that will provide Prince George's County with new tools to attract businesses in the healthcare industry, or otherwise contribute to greater public health, to locate within underserved areas of our County. Across Maryland, a person's ZIP Code should not determine their life expectancy or quality of life, but that is the current reality for too many Prince Georgians. This legislation would allow us to designate Health Innovation Zones and within those areas, we would have the ability to incentivize health care professionals, grocery stores, healthy restaurants, specialists and others to locate where they are needed most.

HB1617 will help fill an acute need in our County. It has been challenging to attract primary care physicians and specialists, and even healthy restaurants and grocery stores to locate in certain areas. This places a huge burden on those residents who, in many cases, do not have access to personal transportation to take them to distant places inside or outside the County. We want people to get access to healthcare, fresh food and healthy options – all important for healthy living – where they live and work. These are not mere conveniences, but essential to quality of life.

A specific example of where a Health Innovation Zone designation will have a significant impact is along the Blue Line Corridor between Largo and Morgan Boulevard. At or adjacent to Metrorail, this area is easily accessible to residents who have limited personal transportation. Our intent is to build out a diverse healthcare campus, however, we have little more than the anchor hospital at this time because other providers – so far – have not wanted to commit to this location. The Health Innovation Zone incentives will allow us to truly build out the vision for this area and draw the primary care providers and specialists, as well as healthy food options so urgently needed in this area. It will be a life-changing foundation for the community.

Thank you for your consideration. I ask for a favorable report on HB1617.

Sincerely.

Aisha Braveboy

Aisha N. Braveboy
Prince George's County Executive

UNFAVORABLE.HB1617.Senate.LauraBogley.MDRTL.pdf
Uploaded by: Laura Bogley
Position: UNF

UNFAVORABLE STATEMENT

HB1617

Public Health - Health Innovation Zones - Establishment

Laura Bogley, JD
Executive Director
Maryland Right to Life, Inc.

On behalf of our Board of Directors and many chapters across the state, we respectfully request your amendment to exclude abortion funding or urge your unfavorable report. This bill admirably seeks to establish "Health Innovation Zones" to address documented health disparities and poor health outcomes. But as long as the State of Maryland misclassifies abortion violence as "healthcare", the abortion industry will continue to compete against legitimate maternal and prenatal health services, and disproportionately harm Black women and infants.

Abortion violence is the leading cause of death among Black Americans and is the most demographically consequential occurrence for the Black community, contributing to the drastically disproportionate maternal and fetal health complications.

Women seeking reproductive healthcare have a right to quality obstetrical and prenatal care provided by a licensed obstetrician. Induced abortion is not healthcare, is never medically necessary and confers no "public health" benefit to the people of Maryland.

By giving the abortion industry a monopoly over women's reproductive health for 5 decades, the State of Maryland has failed to meet the needs of pregnant women and families *as demonstrated by the state's poor maternal and fetal health statistics and disparate impact on Black women and babies.*

The State has an obligation to correct these health disparities by prioritizing public funding for legitimate medical services including quality prenatal and maternal healthcare, particularly in minority communities historically targeted for extermination by the abortion industry.

PRIORITIZE FUNDING FOR HEALTHY CHILDBIRTH

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

81% of Americans polled favor laws that protect both the lives of women and unborn children. 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.

Taxpayers should not be forced to fund elective abortions, and the intentional killing of a fetal human being through abortion is never medically necessary. The bill also can serve as a pass-through mechanism for the use of public funds to benefit the abortion industry. Under the concept of **"fungibility",** any public funds used to offset the costs of doing business of the abortion industry, i.e. training workforce, is to be considered a public abortion subsidy.

ABORTION IS NOT HEALTHCARE

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

The sole purpose of induced abortion is to end the life of a preborn patient. Doctors regularly treat serious pregnancy complications without intentionally killing a preborn child. This includes being able to perform maternal-fetal separations when a woman's life is endangered by a pregnancy complication – something that is already allowed by EMTALA as well as by every state law in the country.

No law in any state prohibits medical intervention to treat miscarriage, ectopic pregnancy or to save the physical life of the mother.

ABORTION HAS GENOCIDAL EFFECT ON BLACK AMERICANS

Abortion has reached epidemic proportions among people of color with half of all pregnancies of Black women ending in abortion. Abortion has a disproportionate impact on Black Americans who have long been targeted by the abortion industry for eugenics purposes. Even today, 73% of abortion clinics are located in Minority communities.

As a result, Black women suffer greater rates of miscarriage, preterm births and fetal and maternal mortality. Abortion is now the leading cause of death of Black Americans, more than gun violence and all other causes combined. Since legalization in 1973, the government has sanctioned the killing of over 24 million Black children.

Abortion is the greatest human and civil rights abuse of our time and as a civilized people we cannot continue to justify or subsidize this genocide. For more information please see http://www.BlackGenocide.org.

MDH IS FAILING PREGNANT WOMEN

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.

- The Department has routinely failed to enforce existing state health and safety regulations of abortion clinics, even after two women were near fatally injured in botched abortions.
- 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 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.

REQUEST FOR AMENDMENT

Without your amendment, this bill will necessarily apply to abortion practices and contribute to the enrichment of the abortion industry. Under the concept of **"fungibility",** any public funds used to offset the costs of doing business of the abortion industry, i.e. training workforce, is to be considered a public abortion subsidy.

We respectfully request the following amendment to preserve the otherwise legitimate purposes of this bill by excluding its application to abortion, abortion workers, training and certification:

"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."

IN CONCLUSION

For these reasons, we respectfully ask you to amend this bill or issue an unfavorable report. 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 and restore to all people, born and preborn, our natural and Constitutional rights to life, liberty, freedom of speech and religion.

HB 1617_ Public Health - Health Innovation Zones
Uploaded by: Trudy Tibbals
Position: UNF

HB 1617: Public Health - Health Innovation Zones - Establishment: Please vote to **OPPOSE** this bill.

Dear Finance Committee:

I am writing to respectfully **oppose HB 1617**, concerning *Public Health – Health Innovation Zones – Establishment*.

Improving access to health care and addressing disparities in health outcomes are important goals. However, **HB 1617 raises concerns because it establishes eligibility criteria for Health Innovation Zones based in part on the demographic composition of the communities involved.** The bill specifies that zones may be designated in areas populated by **communities of color, communities with low-income households, communities with a high immigrant population, or economically disadvantaged communities**.

Public health programs should be designed to serve people based on demonstrated medical needs, health outcomes, and measurable community health indicators. Structuring state programs around demographic or identity-based classifications creates policies that treat communities differently based on characteristics such as race or immigration status rather than focusing on objective health metrics.

Additionally, policies that explicitly categorize communities by demographic characteristics can raise concerns about fairness, equal treatment, and the long-term precedent of using such criteria in the allocation of state programs and resources.

Maryland should continue working to improve health outcomes for all residents by focusing on transparent, needs-based public health strategies that prioritize measurable health indicators and access to care rather than demographic classifications.

For these reasons, I respectfully urge you to **oppose HB 1617**.

Thank you for your time and thoughtful consideration.

Respectfully,

Trudy Tibbals