



UNFAVORABLE STATEMENT

HB1597 - Health - Unregulated Space in Hospital Operating Suites - Pilot Project

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WE OPPOSE PUBLIC FUNDING FOR CORPORATE ABORTION INFRASTRUCTURE

On behalf of the Board of Directors of Maryland Right to Life and our 200,000 followers across the state, we respectfully request your unfavorable report on HB1597. This bill could utilize public funds to further subsidize the multi-billion dollar abortion industry by requiring the **Maryland Health Services Cost Review Commission** to administer the pilot program. These taxpayer subsidies would expand an abortion workforce into hospitals across the state, and in particular into rural areas of the state, endangering the lives of countless women and children.

While improvements to rural healthcare, and in particular prenatal and obstetrical care is critically necessary for rural areas of our state, **elective abortion is not healthcare**, is never medically necessary and competes against women's access to legitimate reproductive health care.

The majority of the public opposes taxpayer funding for abortion and prefers programs that protect the lives of both mothers and children. Any legislation to promote healthcare access should prioritize public investments in the health of both mothers and children, but exclude taxpayer subsidies to the abortion industry, its facilities, providers or workforce.

HOSPITALS SHOULD NOT BE CONVERTED INTO ABORTION MILLS

This bill would authorize hospitals to allow abortion providers to commit non-medical *elective* abortions for profit within a hospital's physical walls *while remaining exempt* from the hospital's standard state-mandated fee schedules and certain administrative regulations. In fact, if a hospital elects to participate in this pilot program, they will not be permitted to exclude abortionists. The same will be true for all hospitals if the program is adopted statewide.

Maryland hospitals comply with the federal ***Emergency Medical Treatment and Labor Act (EMTALA)***, which requires emergency providers to stabilize a pregnant woman before transferring her to another facility that has better capability of managing particular pregnancy-related complications. While EMTALA does not require providers to commit *elective* abortions, providers routinely perform *medical interventions* to save the life of the mother when elective abortions fail. There is no law in any state which prohibits providers from providing these emergency interventions when the mother's life is in jeopardy.

The vast majority of abortions in Maryland are elective or *non-medical*, and are NOT typically committed in hospital settings but by abortion businesses that are defined as ambulatory care facilities. According to Exhibit 19 of the *Analysis of the FY 2027 Maryland Executive Budget, 2026, M00Q0-MDH-Medical Care Programs Administration*, out of the 12,858 abortions paid by taxpayer funded Medicaid in 2025, less than 11 abortions were committed in hospitals. None of the taxpayer funded abortions were committed to save the physical life of the mother. Less than 11 abortions were for reasons of rape or incest.

The bill would further subsidize abortion businesses, by providing them with discounted and unregulated operating space in hospitals to commit *non-medical*, elective abortions.

- **Physical Location:** This space is physically located within the hospital but is legally treated differently from the rest of the facility.
- **Alternate Rate Determination:** Abortions committed in this space are exempt from the standard rates set by the Health Services Cost Review Commission (HSCRC). This allows abortion providers to charge market rates or different fees than the hospital's "regulated" side.

While the bill applies to any surgical procedure, it is particularly relevant to abortion for two reasons:

- **Scope of Practice:** Maryland's *Abortion Care Access Act* (2022) expanded the types of providers who can perform abortions. HB 1597 provides a physical and financial venue for these providers to commit elective abortions within a hospital setting without the hospital assuming the specific financial risk of the procedure's cost under their regulated budget.
- **Nondiscrimination Standards:** If the HSCRC develops "criteria and standards" for the pilot that include broad access mandates, a participating hospital might find it difficult to exclude specific types of legal medical procedures (like abortion) if they are granting that "unregulated" space to other surgical groups. This effectively excludes faith-based hospitals from the pilot program and would infringe on First Amendment freedoms if adopted as a statewide program.

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 and abortion drug manufacturers, further subsidizing these for-profit businesses and their non-profit partners. 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.

MARYLAND TAXPAYERS SUBSIDIZE CORPORATE ABORTION

Abortion is big business in Maryland. In just one year, the abortion industry received at least **\$40 million** in taxpayer funding. Maryland taxpayers subsidize the abortion industry 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 was attached to the appropriation for **MCHP** since its advent in fiscal 1999. However, this language was repealed in 2022.

Maryland Abortion Care Access Act- 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 (including any certified pharmacist) to 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 \$13.6 million to the abortion industry to train abortion providers.

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.*"

The Maryland General Assembly must put patient safety before abortion politics and profits. For these reasons, we respectfully request your unfavorable report. Women in rural areas and across the state deserve access to legitimate reproductive healthcare which should be the priority of public investments and programs.

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.