



Unfavorable Statement

SB794 – Special Enrollment Period for Pregnancy- Coverage Effective Date

Laura Bogley-Knickman, JD

Executive Director, Maryland Right to Life

We Oppose Taxpayer Funded Abortions

On behalf of the Board of Directors of Maryland Right to Life I urge your amendment of or unfavorable report on SB794. While we support any legitimate effort to ensure pregnant women receive quality prenatal and labor and delivery care, without your amendment, this bill will further burden health insurance carriers, employers and tax payers to fund elective abortions.

The bill is part of a broader 2026 legislative effort in Maryland to streamline the administration of insurance coverage of abortion, shifting certain oversight roles from the Department of Health to the Maryland Insurance Administration to ensure carrier compliance.

Impact on Abortion Access

Because Maryland law already requires most state-regulated health plans to cover abortion services without cost-sharing (under the **Abortion Care Access Act of 2022**), SB 794 serves as a logistical tool. The bill further mandates insurance coverage for abortion by modifying the **Special Enrollment Period (SEP)** rules for pregnant women. Its primary mechanism for increasing coverage—including for **abortion services**—is by allowing women to backdate their insurance coverage to the moment their pregnancy was confirmed.

Because Maryland law does not require women to receive a medical examination from a physician prior to an abortion, women can confirm pregnancy through the use of a home pregnancy test and essentially backdate their coverage to any time in order to cover the cost of an abortion. Abortionists, abortion drug providers and potentially pharmacists could confirm pregnancy for the purpose of abortion coverage.

By moving the effective date of a new insurance policy back to the month of pregnancy confirmation, the bill ensures that an individual who seeks an abortion immediately after discovering they are pregnant does not have to pay out-of-pocket while waiting for their new insurance paperwork to process.

Key Changes for Insurance Carriers

Under current Maryland law, a pregnancy qualifies a woman for a 90-day Special Enrollment Period to sign up for health insurance outside of the standard open enrollment window. This bill would make the following changes:

- **Retroactive Effective Dates:** The bill allows a woman to choose to have their coverage begin on the **first day of the month in which their pregnancy was confirmed-even if they terminate.**
- **Elimination of Coverage Gaps:** Prior to this bill, coverage often began only after plan selection. By allowing retroactive starts, the bill ensures that services and procedures received between

the confirmation of pregnancy and the finalization of the insurance plan (such as initial ultrasounds, prenatal visits, or **abortion procedures**) will be covered by the new policy.

- **Choice of Start Date:** Enrollees can alternatively choose to have coverage start on the first day of the following month (e.g., avoiding a back-premium payment). If no choice is made, the insurance carrier is required to select one of the two options to ensure the individual is covered.

If passed, the mandates would apply to all health benefit plans issued, delivered, or renewed in Maryland on or after **January 1, 2027**.

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.

Subsidizing Corporate Abortion

Abortion is big business in Maryland. Maryland taxpayers subsidize the abortion industry in Maryland through direct Maryland Medicaid reimbursements to abortion providers, through various state grants and contracts, and through pass-through funding in various state programs. Health insurance carriers are required to provide reproductive health coverage to participate with the Maryland Health Choice program. Public departments and programs subsidizing abortion and abortion providers include the Maryland State Department of Education, Maryland Department of Health, Abortion Care and Reproductive Clinical Health Program, Maryland Family Planning Program, Maternal and Child Health Bureau, the Children’s Cabinet, Maryland Council on School Based Health Centers, Maryland Assembly for the Advancement of School Based Health, Community Health Resource Commission, Maryland Children’s Health Program (MCHP) and Maryland Stem Cell Research Fund.

Public Funding through Maryland Medicaid - The *Maryland Medical Assistance Program* and the *Maryland Children’s Health Program* (MCHP) are the two primary programs used for publicly funded reimbursements to abortion providers in Maryland.

According to the Maryland Department of Legislative Services in their *Analysis of the FY2025 Maryland Executive Budget*, Maryland taxpayers, through the Maryland Medical Assistance Program, are being forced to pay for *elective* abortions. In 2023, taxpayers spent at least \$7.9 million for 12,727 abortions, with **less than 11 of those abortions due to rape, incest or to save the life of the mother**.

Medical Assistance Expenditures on Abortion Language attached to the Medicaid budget since 1979 authorized the use of State funds to pay for abortions under specific circumstances. Specifically, a

physician or surgeon was required to certify that, based on his or her professional opinion, the procedure is medically necessary. Similar language 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 \$10.6 million in grants to abortion training 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.”

Abortion Is Not Healthcare

Induced abortion is not healthcare but an act of violence that intentionally ends the life of a living human being. Abortion always kills a human child and often causes physical and psychological injury to women. Abortion enables the exploitation of women and girls by sexual abusers and sex traffickers to continue in the course of their crimes and victimization. Abortion is causing a genocidal effect on Black Americans.

Pregnancy is not a disease and induced abortion cures no illness or disease and therefore is not healthcare. 85% of obstetricians and gynecologists refuse to commit abortions as their medical oath requires them to first do no harm to their patients – either mother or baby. In the rare cases when continuation of pregnancy threatens the physical life of the mother, medical providers may induce birth, but have a duty to treat both the mother and the baby. There is no law in any state that prohibits medical intervention to save the physical life of the mother in the case of medical emergency, such as ectopic pregnancy or abortion. These medical interventions do not constitute induced abortion and are performed in hospitals, not in abortion clinics.

Recent radical enactments of the Maryland General Assembly have completely removed abortion from the spectrum of “healthcare”. Because of the *Abortion Care Access Act of 2022*, the state is denying poor women access to care by licensed physicians making abortion unsafe in Maryland. With the unregulated proliferation of chemical “Do-It-Yourself” abortion pills, women are self-administering back-alley style abortions, where they suffer and bleed alone, without examination or care by a doctor. When women experience complications from abortion, they are typically refused care by the

abortionist and referred to hospital emergency rooms where medical providers are often coerced into completing abortions against their rights of conscience. Since the FDA's approval of chemical abortion drugs, related hospital emergency room admissions have increased by 500%.

For these reasons, we respectfully ask for your amendment to exclude insurance coverage mandates for elective abortion, or urge you to issue an unfavorable report. 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.