



Favorable Statement HB1451

Public Health – Women’s Health Care Data - Report

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We Strongly Support HB1451

On behalf of the Board of Directors of Maryland Right to Life, I strongly support this bill that would advance women’s healthcare in Maryland by requiring comprehensive state funding data reporting to the Maryland Department of Health. This bill will enable the State of Maryland to measure the degree to which public investments in women’s healthcare are serving the needs of pregnant women and their families. It has no bearing on a woman’s access to abortion.

Why Abortion Data Reporting is Important for Women’s Health

Abortion data has broad implications for women’s reproductive health. Abortion data is a key supplement to studies involving the rate of pregnancies, pregnancy complications, and maternal and fetal morbidity rates. Incomplete data on abortions could lead to less accurate calculations on the failure rates of various contraceptives and less knowledge about who gets pregnant. It could also lead to less information about the kind of reproductive support people need. Information on the number of pregnancies ending in abortion is used in conjunction with data on births and fetal losses to estimate the number of pregnancies in the United States and determine rates for various outcomes of public health importance . (SOURCE: Kortsmit K, Nguyen AT, Mandel MG, et al. Abortion Surveillance — United States, 2021. MMWR Surveill Summ 2023;72(No. SS-9):1–29.

DOI: <http://dx.doi.org/10.15585/mmwr.ss7209a1>)

Maryland Fails to Collect and Report Abortion Data

Until 2006, the Maryland Department of Health maintained a voluntary abortion reporting system. Maryland’s reports cautioned that the “State of Maryland has a voluntary abortion reporting system, so the data contained in this report are incomplete. The number of facilities submitting data can change from year to year, making comparisons over time unreliable. The quality of the data is uncertain because no independent verification has been done.”

After 2006, Maryland discontinued its abortion reporting system. In response to an inquiry from the Charlotte Lozier Institute in August 2018, the Maryland Department of Health informed CLI that “Maryland does not require reporting, or record information, on induced terminations. Therefore the Vital Statistics Administration does not produce reports on these events.” The Centers for Disease Control’s **2006 abortion surveillance report** was the last to include Maryland data.

Maryland should adopt the goal of collecting and publishing aggregate funding and statistical data on abortion on a timely basis. This data will allow the state to determine whether or not, in fact,

abortion is becoming significantly less frequent and to what degree, especially in year-over-year comparisons. This data also is relevant to any comprehensive studies by the Maryland Maternal Mortality Review Board. Without abortion data, any reporting by that body is incomplete and insufficient. More accurate data can facilitate information campaigns of all kinds that pursue the goal of reducing abortion and ultimately making it rare in Maryland, assisting policymakers in adopting the best approaches that protect both women and the children they carry.

Maryland Subsidizes Corporate Abortion

Maryland is one of only 4 states that forces taxpayers to fund abortions. Regardless of how one feels about the legality of abortion, there is longstanding bi-partisan unity on prohibiting the use of taxpayer funding for abortion. 57% percent of those surveyed in a January 2025 Marist poll say they oppose taxpayer funding of abortion. 67% of Americans in that same poll support legal limits on abortion, particularly after the first trimester.

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.

Programs that utilize public funding for abortion violence, abortion providers or promotion and other abortion-related activities include the Maryland State Department of Education, Maryland Department of Health, 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), Maryland Stem Cell Research Fund and even the Maryland Department of Public Works.

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.

Medical Assistance Expenditures on Abortion Language attached to the Medicaid budget since 1979 authorizes the use of State funds to pay for abortions under specific circumstances. Specifically, a physician or surgeon must certify that, based on his or her professional opinion, the procedure is necessary. Similar language has been attached to the appropriation for **MCHP** since its advent in fiscal 1999. However, this provision is regularly abused by abortionists for reasons other than the medical necessity and include abortions for any reason including convenience.

According to the Maryland Department of Legislative Services in their *Analysis of the FY2025 Maryland Executive Budget, 2024* Maryland taxpayers, through the Maryland Medical Assistance Program, are being forced to pay for *elective* abortions. In 2023, we spent at least **\$7.9 million for 12,727 abortions, less than 11 of those abortions were due to rape, incest or to save the life of the mother (see attachment.)** Governor Wes Moore increased the budget for Medicaid reimbursements to abortionists by **\$5 million** last year.

An additional \$14.4 million with annual increases in public funding was spent to train a substandard abortion workforce under the Abortion Care Access Act of 2022, which removed the statutory safeguard that only physicians can perform abortions.

\$3.2 million per year is used to bail out abortion providers who fail to qualify for federal Title X Family Planning federal funds because they refused to separate their abortion practices from their family planning services. In 2023, Governor Moore took more than **\$1.1 million dollars** from the Maryland Board of Public Work budget to stockpile abortion drugs mifepristone and misoprostol.

Many more millions of dollars of state taxpayer funding are siphoned to the abortion industry in the way of departmental contracts, memoranda of understanding and grants.

Abortion Industry Profits from Unplanned Pregnancies

Planned Parenthood does not plan parenthood; it ends parenthood. The abortion industry is financially invested in unplanned pregnancy and cannot be trusted to provide for the reproductive health needs of Maryland women and families. 50 years of legal abortion never ended childhood poverty, rape and incest or unplanned pregnancies. In fact, the amount of abortions has increased proportionately to the increase in public funding for abortion.

The stated intent of the abortion industry is to increase abortion sales, particularly lethal chemical abortion sales, by expanding the number of health care workers who may perform or provide abortions, by redefining their **scope of practice** and incentivizing them with financial inducements at taxpayer expense. Reducing the credentials of those who may perform or provide abortions will increase the number of preborn children being killed and will put more women at risk of substandard medical care, injury and death.

Planned Parenthood kills nearly 400,000 unborn children in our nation every year. On average, they commit 1,076 abortions every day. That's nearly 45 every hour, or one every 80 seconds.

In its 2024 annual report, the abortion giant boasted record-high abortion numbers and over \$2.9 billion in net assets. It receives \$700 million annually in taxpayer funding—roughly \$1.9 million per day—and its focus is not on providing health care but on promoting abortion. Since 2000, taxpayer funding has surged by 245 percent, while the number of abortions at Planned Parenthood have doubled—at the same time, cancer screenings and prenatal care have declined.

In the past decade (from 2012-2013 to 2022-2023), as annual taxpayer funding to Planned Parenthood rose over 29 percent, from \$540.6 million to nearly \$700 million, abortions conducted by Planned Parenthood also increased over 20 percent, from 327,166 to 392,715—the highest number of abortions ever reported by the corporation.

In addition, over the past 10 years, its profits ballooned from \$58.2 million to \$178.6 million—an increase of more than 200 percent.

Continuing to fund Planned Parenthood with tax dollars is not just fiscal irresponsibility—it is a human-rights catastrophe. Investigations have uncovered many instances of negligence in reporting rape and sexual abuse and complicity in aiding sex traffickers in the exploitation of young girls. This reveals a pattern of failure to report the sexual abuse of minors, enabling predators to keep illegally exploiting vulnerable girls and perpetuating abortions.

Undercover footage has also exposed Planned Parenthood staff negotiating the sale of organs and body parts from aborted babies. Planned Parenthood has even been sued over allegations it engaged in Medicaid fraud.

To sustain its operations, Planned Parenthood's political arm, the Planned Parenthood Action Fund, funnels millions of dollars into campaigns to elect candidates who pledge unwavering support for its agenda—promoting unrestricted abortion at every stage of pregnancy for any reason. In 2024 alone Planned Parenthood political affiliates invested tens of millions of dollars to defeat President Trump.

(SOURCE: <https://www.newsweek.com/700-million-question-why-are-taxpayers-still-funding-planned-parenthood-opinion-2032692>).

Improve the Quality of Reproductive Care for Women

The State of Maryland should redirect taxpayer funds to federally qualifying health centers that outnumber Planned Parenthood facilities 4 to 1 in Maryland. These centers provide comprehensive care, from cancer screenings to prenatal and postpartum services, without destroying human life. This change would be a victory for taxpayers, ensuring government resources are being used to benefit the people, not a progressive political interest group.

The practice of abortion in America has become the “**red light district**” of medicine, populated by dangerous, substandard providers. With the proliferation of chemical abortion pills, the abortion industry itself has exposed women to “back alley” style abortions, where they bleed alone without medical supervision or assistance.

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.

Comprehensive women's healthcare data, including transparency in public investments in various forms of care, is essential to women's health in Maryland. For these reasons we urge you to put patient health and safety before abortion profits and politics and urge your favorable report of HB1451.
