



**UNFAVORABLE STATEMENT**  
**HB1118/SB891 Perinatal Mental Health Conditions**

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**We Seek Your Amendment to Exclude Abortion Subsidies**

On behalf of our 200,000 followers across the state, we respectfully request your *amendment* of or unfavorable report on this bill. While we support any legitimate effort by the State to improve mental health, particularly for pregnant and post-partum women, we cannot support the coordination of abortion or abortion coercion under the guise of “mental health”.

Maryland Right to Life has had a longstanding position of advocating for the effective legal protection of all unborn children. This position has maintained an exception only to prevent the death of the mother and for physical medical emergencies. We specifically exclude mental health exceptions, because it creates a loophole in the law that leaves the unborn child at risk of dying for treatable and sometimes temporary conditions like anxiety and depression.

This bill targets women in their most vulnerable stages of life. Pregnant women deserve mental health support, not subjection to abortion coercion and other predatory practices at the hands of the abortion industry that profits through abortion quotas. Without legislative guardrails, the bill could allow the mental health screening program to be exploited by the abortion industry as a catchment system to target vulnerable pregnant women and women who have recently given birth, for abortion.

This bill has implications for the majority of taxpayer funded abortions in Maryland – which are committed under the guise of “mental health”. Abortion is NOT healthcare and is NEVER a stabilizing treatment for mental health purposes. Abortion businesses do NOT provide mental health screenings before committing abortions but this bill could create another publicly subsidized funding stream for the abortion industry. In 2023, Maryland taxpayers were forced to reimburse abortionists \$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. All but 440 of those taxpayer funded abortions were for alleged “mental health” reasons** – which could be something as minor as being unhappy about being pregnant.

We also object to the application of this overly burdensome bill to nonprofit pregnancy resource centers (PRC’s) which receive no taxpayer funding but still provide free community-based support services to women and families. Medical PRCs already comply with state regulations in retaining medical directors who are physicians or nurse practitioners who maintain occupational licenses. This bill could require every PRC in the state to retain a psychiatrist or other mental health provider, which is an expense and burden that many PRCs could not sustain. By forcing the closure of PRCs, the Assembly would be denying women access to critical support services.

## **Abortion is never a Stabilizing Treatment for Mental Health**

In a mental health crisis, abortion is never stabilizing treatment. That much was admitted by Biden's Solicitor General Elizabeth Prelogar in Supreme Court arguments during the Emergency Medical Treatment And Labor Act hearings.

If a woman is experiencing a mental health crisis, then the compassionate response is to ensure she gets treatment from a mental health care professional – not to refer her to an abortionist. It is flawed thinking to propose to the woman that the best option for her is to willfully terminate the life of her child. Abortion is a permanent procedure for a temporary condition. We also know from the post-abortive women who have come forward to share their stories, that abortion has the ability to intensify the trauma by causing more emotional and psychological pain.

We saw in the 1980s and '90s that post-viability restrictive laws were passed in some states but unborn children were still being aborted because of the overly broad definition of "health" in *Doe v. Bolton*. The Supreme Court's *Doe* decision was a companion ruling handed down at the same time as *Roe v. Wade*. Under *Doe*, the Supreme Court defined health as:

...the medical judgment may be exercised in the light of all factors– physical, emotional, psychological, familial, and the woman's age– relevant to the well-being of the patient. All of these factors may relate to health.

**The core holding of *Doe v. Bolton* was effectively overruled** by the Supreme Court's 2022 decision in *Dobbs v. Jackson Women's Health Organization*. One of *Doe*'s now void provisions, was its broad definition of maternal "health" (including physical, emotional, psychological, and familial factors). *Dobbs* removed the federal requirement that states must provide a health exception based on that specific, broad criteria.

## **Pregnancy Centers Provide Free Services to Women and Families**

Pregnancy Resource Centers are typically charitable, nonprofit, community-based organizations that fully rely on private donations. Many PRCs are ministry programs of faith-based organizations. PRCs provide testing and counseling to women and families in marginalized communities. They offer pregnancy testing, counseling, parenting education, diapers, formula, clothing and adoption referrals at little to no cost.

Some PRC's operate under the direction of a licensed Medical Director, who may be either a licensed physician or nurse practitioner. Those centers have the ability to provide limited obstetric ultrasounds. In the case of medical PRC's, medical providers already comply with state and professional licensure requirements.

Requiring mental health credentialing for these not for profit centers and providers will be overly burdensome, forcing many PRCs to close and cutting off **critical services to vulnerable women and children most in need.**

## **Burdens Religious Liberty and Free Exercise**

Many PRCs are faith-based and view their work as a religious mission to support life and families. Regulatory compliance costs, operational changes, or oversight would substantially burden religious exercise without a compelling government interest narrowly tailored (strict scrutiny under cases like

*Fulton v. City of Philadelphia* or other applications of the Religious Freedom Restoration Act). Viewpoint discrimination claims will arise if enforcement disproportionately targets pro-life organizations.

Forcing compliance could effectively compel centers to alter or cease certain activities—or even close their doors entirely, due to the regulatory burden.

### **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.

## **Abortion Is Not Healthcare**

We urge the Governor of Maryland and the Maryland General Assembly to immediately cease public funding for abortion violence under the guise of “healthcare” and to cease the infringement on the people’s free exercise of religion and rights of conscience to not participate in abortion funding. 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.

**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 in 2020.
- 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. In 2024 the State cut funding for the Maryland Prenatal Care Grant Program.
- The Department has demonstrated systemic bias in favor of abortion providers, engaging in contracts with Planned Parenthood and other abortion organizations to develop and implement public programs, curriculum and training. In doing so the Department is depriving

women of informed consent by failing to provide medically accurate information on pregnancy and abortion.

- The Department systemically discriminates against any reproductive health and educational providers who are unwilling to promote abortion and in doing so, suppresses pro-life speech and action in community-based programs and public education. This is a violation of federal Title VII and Title IX, which requires equal accommodation for pregnant women who want to give birth rather than abort.
- 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 data reporting requirements for abortionists, waiving mandatory reporter requirements for abortionists, and failing to regulate abortion practices.

**Invest in Life** - 81% of Americans polled favor laws that protect both the lives of women and unborn children. PRCs provide free support services to women and children in need. This legislation seeks to weaponize the State against these community and faith-based centers in an attempt to solidify the abortion industry's monopoly over women's reproductive health. Instead the State should support health and family planning services which have the objective of saving the lives of both mother and children, including legitimate programs to support pregnant and post-partum women's mental health, parenting classes, and adoption referral services.

**For these reasons, we urge your unfavorable report, or at minimum, your amendment to exclude perinatal health screenings as yet another public funding stream for abortion businesses.**