



## **Opposition Statement SB830/HB1148**

### **Secretary of Health – School-Based Health Centers – Guidelines and Administration of Grants**

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#### **We Strongly Oppose SB830/HB1148**

On behalf of our 200,000 followers, we respectfully oppose SB830. This bill as written would expand public funding for abortion and abortion providers in Maryland schools. We object to any state funding mandate that requires taxpayers, employers or insurance carriers to provide coverage for abortion. Such government mandates are a violation of our Constitutional and natural rights, including the right to life, freedom of speech and religion.

This bill is part of ongoing legislation to remove authority and funding for School-Based Health Centers (SBHCs), from the Maryland State Department of Education (MSDE) and transfer it to the Maryland State Department of Health. MSDE is both legally authorized and regulated under federal (CFR) and state (COMAR) law. MSDE is the more independent and publicly accountable department as the Maryland State Board of Education members are appointed by the governor with consent of the Senate and with the Maryland State Superintendent of Schools appointed by the Board. By transferring authority to MDH, this bill circumvents existing oversight and regulatory requirements for SBHCs and reassigns these functions, along with grant making authority, to the highly bureaucratic MDH.

The Maryland Department of Health has demonstrated a strong bias toward abortion policy and providers. MDH routinely includes Planned Parenthood and other abortion-invested parties, in departmental policy and program development and training. MDH is the primary pass-through entity for public funds to Planned Parenthood, both through program funding, abortion provider subsidies and reimbursements, and contract and grant awards. In 2020 Planned Parenthood was awarded thousands of taxpayer dollars in Covid-19 relief funds through MDH, despite the fact that Planned Parenthood had been exempted from closure orders.

#### **Current SBHC Framework**

The Maryland State Department of Education (MSDE) currently works cooperatively with the Maryland Department of Health (MDH) and various stakeholders to establish the *Maryland Comprehensive Health Education Framework* and the *Maryland Standards for School-Based Health Centers*.

There are 84 SBHCs in Maryland. The Maryland General Assembly in enacting the *Blueprint for Maryland's Future*, set aside \$50 million over the next two years for SBHCs but that amount is expected to increase exponentially. Additional funds for SBHCs are received from Medicaid reimbursement, county government, federal grants, private, commercial plan reimbursement, and in-kind donations.

Under the strong influence of NARAL, Planned Parenthood and their abortion coalition members, MSDE and MDH have expanded the role of school clinics to include “reproductive health” services, including filling prescriptions for birth control, implanting long-acting reproductive control devices (LARCs), providing “comprehensive reproductive health” education and pregnancy options counseling,

and providing referrals to additional off-site “reproductive health care” services, including to Planned Parenthood.

**Through various bills the Maryland General Assembly has progressively transferred the control and funding of School-Based Health Centers (SBHCs) from the more independent Maryland Department of Education, to the heavily bureaucratic Maryland Department of Health.**

- In 2015 (HB375-**Cullison**) the Maryland General Assembly established *the Maryland Council on the Advancement of School Based Health Centers* (Council) under the Maryland State Department of Education (MSDE) to provide oversight of School-Based Health Centers (SBHCs).

The Council is made up of 15 appointed members, with four members being positioned by the *Maryland Assembly on School Based Health Care* that formulated the *Maryland Standards for SBHCs* and shares a lobbyist with **Planned Parenthood**.

- In 2017 (HB221 – **Cullison**) the Assembly transferred staffing for the Council from MSDE to the *Community Health Resource Commission* under MDH.
- In 2020 (HB409 **Cullison**) the Maryland General Assembly broadly expanded the types of providers who could sponsor, or operate school-based health centers. **Planned Parenthood** has been successful in establishing on-site clinics in California public schools. A similar measure was attempted in Pennsylvania.
- In 2020, the *Community Health Resource Commission* awarded two Covid relief grants to **Planned Parenthood** in the amount of \$76,895. Planned Parenthood clinics were exempted from Governor Hogan’s closure orders as “essential services”. Delegate **Cullison** serves as an ex officio member of the Council.

**In 2021 state lawmakers have proposed the following bills that will expand abortion education, promotion and services in Maryland schools.**

- HB401/SB438 – Public Schools – Pregnant and Parenting Students – Policies and Reports  
**NARAL PRIORITY BILL**

This bill is part of ongoing incremental legislation to codify policies related to pregnant students already established by Federal Title IX amendments. Title IX applies to both pregnancy and the *termination of pregnancy*, frustrating the stated purpose of this bill. This bill would authorize MSDE and local school systems to develop and implement policies related to pregnant students and would undoubtedly enable abortion advocates to expand their curriculum, professional development training, school-based health clinic operations, remote prescription of chemical abortion pills, and transportation to offsite reproductive healthcare providers including abortion providers.

- HB34/SB278 – State Department of Education and Maryland Department of Health – Maryland School-Based Health Center Standards – Telehealth  
**NARAL SUPPORTED**

This bill would remove MSDE oversight and application requirements for School-Based Health Centers to use telehealth. Once MSDE oversight is removed, the remote sale and distribution of chemical abortion pills through school-based health centers, will pose a serious risk to the health and safety of school children. Maryland has not required abortion providers to adhere to current FDA restrictions against the remote prescription of abortion pills. (See TELEABORTION for additional risks of abortion pills.)

○ HB1056/SB827 – Nonpublic Schools – Adequate Health Services – Eligibility for Reimbursement

This bill is a financial inducement to private schools to implement Maryland standards for school-based health centers, which will include comprehensive reproductive health education and services.

○ HB1148/SB830 – Secretary of Health – School-Based Health Centers – Guidelines and Administration of Grants (Cullison)

This bill will allow NARAL, Planned Parenthood and other “third party stakeholders” to formulate a plan to expand School-Based Health Centers and require MSDE to transfer the administration of grants \$\$ for SBHCs to MDH *Bureau of Maternal and Child Health*.

○ HB439/SB470 - Institute for Innovation and Implementation - Pregnant, Expecting, and Parenting Students - Data Collection and Report AND

**NARAL SUPPORTED**

○ HB359/SB437 - Maryland Longitudinal Data System - Student Data - Pregnant and Parenting Students

**NARAL SUPPORTED**

NARAL initiated a new project for 2020 to collect data about “reproductive health” education and services being offered in public schools. The goal of this legislation is to use tax payer funds to conduct market analysis for the abortion industry that will be used to report select data to the state to justify the need for their expanded services.

### **Pregnancy is not a Disease**

Abortion is not healthcare. It is violence and brutality that ends the lives of unborn children through suction, dismemberment or chemical poisoning. The fact that 85% of OB-GYNs in a representative national survey do not perform abortions on their patients is glaring evidence that abortion is not an essential part of women’s healthcare. Women have better options for comprehensive health care. There are 14 federally qualifying health care centers for every Planned Parenthood in Maryland. Abortion has a disproportionate impact on Black Americans who have long been targeted by the abortion industry for eugenics purposes. As a result abortion is the leading cause of death of Black Americans, more than gun violence and all other causes combined.

### **No public funding for abortions**

Taxpayers should not be forced to fund elective abortions, which make up the vast majority of abortions performed in Maryland. State funding for abortion on demand with taxpayer funds is in

direct conflict with the will of the people. A 2020 Marist poll showed that 58% of Americans, both “pro-life” and “pro-choice” oppose the use of tax dollars to pay for a woman’s abortion.

### **Love them both**

This bill stands in conflict with the fact that 83% of Americans polled favor laws that protect both the lives of women and unborn children. Public funds instead should be prioritized to fund health and family planning services which have the objective of saving the lives of both mother 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.

### **Funding restrictions are constitutional**

The Supreme Court has held that the alleged constitutional “right” to an abortion “*implies 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.*” When a challenge to the constitutionality of the Hyde Amendment reached the Supreme Court in 1980 in the case of *Harris v. McRae*, 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 affirmed that *Roe v. Wade* had created a limitation on government, not a government funding entitlement.

**For these reasons, we respectfully oppose this bill and ask that you work to restore the integrity of School-Based Health Centers under the authority and regulatory structure of the Maryland State Department of Education, by issuing an unfavorable report. Thank you for your consideration.**