



## **OPPOSITION STATEMENT**

HB352/SB362

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Maryland Right to Life

On behalf of our Board of Directors and members across the state, we strongly object to the appropriation and use of any public funds for the purposes of abortion. Maryland Right to Life supports policy that recognizes the equal value of each human being regardless of the circumstances of their conception and reminds policymakers that abortion is not a medical treatment and is never medically necessary.

We urge the Governor of Maryland and the Maryland General Assembly to immediately cease public funding for abortion 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.

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.

**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. Programs that utilize public funding for abortion, 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) 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 FY2022 Maryland Executive Budget*, Maryland taxpayers, through the Maryland Medical Assistance Program, are being forced to pay for *elective* abortions. We spent at least **\$6.5 million for 9,864 abortions, less than 10 of those abortions were due to rape, incest or to save the life of the mother.**

The state is now circumventing the legislature and the will of the people by using the closed-door regulatory process to allocate **an additional \$12 million in public funding** to implement the Abortion Care Access Act of 2022. (See attached MDRTL letter.)

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.

**Maryland Stem Cell Research Fund** - Through this fund, Maryland taxpayers are forced to fund unethical biomedical research using embryonic and fetal cell and tissue, which artificially increases the demand for aborted babies and fetal organ harvesting. Abortion providers are legally prohibited from selling aborted baby body parts, but independent investigations have revealed that some abortion clinics altered their abortion methods in order to receive compensation for harvesting and transporting intact human fetal remains, including heads, brains, kidneys, skin and other organs. Some research labs have engaged in “water bag” infanticide methods, in which a living fetal child is delivered in the amniotic sac, transported to research facilities, killed and dissected to increase the useful “shelf-life” of the baby’s organs.

**Maryland Family Planning Program** – In 2019 (HB1272) the Maryland General Assembly passed the “Planned Parenthood Bail-Out” bill to force Maryland taxpayers to provide an additional \$3.2 million (plus 4% annual increase) in annual compensation to family planning providers who refused to comply with federal Title X funding requirements. These providers failed to qualify for federal funding after they refused to physically separate their abortion operations from their family planning services.

**Community Health Resource Commission** - 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 has served as an ex officio member of the Council and has sponsored several bills to expand public funding for the abortion industry particularly in schools.

**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 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.
- 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.

**Abortion is not Health Care** - Abortion is NOT health care and is never medically necessary. Abortion is the violent destruction of a developing human being. Abortion always kills a human child and often causes physical and psychological injury to women. Abortion is the exploitation of women and girls and enables sexual abusers and sex traffickers to continue in the course of their crimes and victimization. Abortion is the leading cause of death among Black Americans and has become American genocide. Abortion is the greatest human and civil rights abuse of all time.

**No Public Funding** - Maryland is one of only 4 states that forces taxpayers to fund abortions. There is bi-partisan unity on prohibiting the use of taxpayer funding for abortion. 60% percent of those surveyed in a January 2023 Marist poll say they oppose taxpayer funding of abortion.

**Invest in Life** - 81% of Americans polled favor laws that protect both the lives of women and unborn children. Public funds should not be diverted from but prioritized for health and family planning services which have the objective of saving the lives of both mothers 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 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.*"

**Pregnancy is not a Disease** - The fact that 85% of OB-GYNs in a representative national survey will not participate in abortions is glaring evidence that abortion is not an essential part of women's healthcare. Women have better options for family planning and well woman care, in fact there are 14 federally qualifying health centers for each Planned Parenthood in Maryland.

Abortion is never medically necessary to save the life of a woman - In the rare case of severe pregnancy complications, hospitals, not abortion clinics, may decide to separate the mother and child and make best efforts to sustain the lives of both. This is different from an abortion, which involves the purposeful termination of fetal human life. Prior to the Supreme Court's imposition of their decision in *Roe v. Wade* in 1973, the Maryland legislature had enacted a ban on abortion and only would allow exception for the physical life of the mother, if two physicians agreed that termination of the pregnancy was necessary to avoid the imminent death of the mother. Science has advanced beyond this point to support that both lives can be saved.

**Abortion is Black Genocide** - Abortion has reached epidemic proportions among people of color with half of all pregnancies of Black women ending in abortion. It is believed that nearly half of all pregnancies of Black women end in abortion. As a result, Black Americans are no longer the leading minority population, dropping second to the Hispanic population. People of color have long been targeted for elimination through sterilization and abortion by eugenicists

like Planned Parenthood founder Margaret Sanger. Even today, 78% of abortion clinics are located in Minority communities. As a result abortion has become the leading killer of Black lives. Abortion is the greatest human and civil rights abuse of our time and as a civilized people we cannot continue to justify or subsidize this genocide. For more information please see [www.BlackGenocide.org](http://www.BlackGenocide.org).

**For these reasons, we respectfully urge you to vote against this bill and any and all measures to allocate public funds to abortion providers, services, education, training or promotion.**

**We appeal to you to prioritize the state's interest in human life and restore to all people, our natural and Constitutional rights to life, liberty, freedom of speech and religion.**