



Opposition Statement HB1036

Maryland Medical Assistance Program – Maternal Fetal Medicine Services - Reimbursement
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We Oppose HB1036

On behalf of our 200,000 followers across the state, we respectfully object to HB1036. Maryland Right to Life requests an amendment that would exclude abortion purposes from this bill. Maternal fetal medicine specialists are physicians who specialize in high-risk pregnancies and treat two patients – the mother and her unborn baby. The codes reference on page 2 of this bill are used to describe a single or multiple pregnancy of less than 14 weeks and a single or multiple pregnancy of greater than or equal to 14 weeks. In other words, this refers to an entire pregnancy. The way this bill is worded, the abortion industry could easily exploit the intent and use it for further funding of the abortion industry. Drugs used for abortion are fetal drugs that kill the baby instead of helping the baby to survive a high-risk pregnancy. The Abortion Care Access Act already fully funds abortion through Medicaid and private health insurance. An amendment would clarify that any appropriations from this bill would go to support the lives of both the mother and her child.

The Maryland Medical Assistance Program and the Maryland Children’s Health Program (MHCP) are the two primary programs used for publicly funded reimbursements to abortion providers in Maryland. The Maryland Department of Legislative Services, in their *Analysis of the FY 2022 Maryland Executive Budget*, shows that Maryland taxpayers are forced to fund elective abortions. For the years 2018, 2019 and 2020, over \$6 million was spent each year for almost 10,000 abortions each year. In that same report, we see that for Fiscal 2020, less than 10 of the almost 10,000 abortions were due to rape, incest or to save the life of the mother. With the advent of chemical abortion, those prescriptions are easily obtained via the internet.

Abortion is about revenue. The state of Maryland forces taxpayers to subsidize the abortion industry 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 must cover abortion without deductibles, copays or cost-sharing.

D-I-Y Abortions endanger women. Public policy has failed to keep pace with the abortion industry’s rapid deployment of chemical abortion pills. The Assembly removed the final safeguard in law for women seeking abortion when they enacted the Abortion Care Access Act of 2022 and removed the physician only requirement. Chemical abortion is 4 times more likely to result in complications than surgical abortion. The abortion industry itself calls these pills “Do-It-Yourself” abortions. Telehealth has made these pills easily accessible making women and girls victims of the predatory abortion industry. A telehealth prescription removes any serious assessment of the woman or girl’s physical condition and whether or not she is getting this prescription voluntarily or by coercion. Do not assist sex traffickers and other abusers to continue their criminal behavior.



Abortion is not healthcare and abortion is never medically necessary. A miscarriage is the ending of a pregnancy *after* the baby has died; an ectopic pregnancy is not a viable pregnancy and the baby cannot continue to develop. Abortion is the destruction of a developing human being and often causes physical and psychological injury to the mother. In the black community, abortion has reached epidemic proportions with half of pregnancies of Black women ending in abortion. The abortion industry has long targeted the Black community with 78% of abortion clinics located in minority communities. **Abortion is the leading killer of black lives.** See www.BlackGenocide.org.

Americans oppose taxpayer funding of abortion. Taxpayers should not be forced to fund elective abortions, which make up the vast majority of abortions committed in Maryland. The 2023 Marist poll shows that 60% of Americans, pro-life and pro-choice, oppose taxpayer funding of abortion. 81% of Americans favor public funds being prioritized for health and family planning services that save the lives of mothers and their children including programs for improving maternal health and birth and delivery outcomes, well baby care and parenting classes.

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.*"

Women and girls experiencing a high-risk pregnancy deserve funding to support them and their unborn children without the abortion industry competing for those same funds. Maryland Right to Life urges the addition of an amendment to exclude any funding for this bill to be used for abortion purposes. Without this amendment, we ask that you oppose this HB1036 in its entirety.