



**Opposition Statement SB568**  
**Health Care Practitioners – Telehealth – Out-Of-State Health Care Practitioners**

By Laura Bogley-Knickman, JD  
Director of Legislation, Maryland Right to Life

**We Strongly Oppose HB/SB**

On behalf of our members across the state, I oppose SB568 as written. While “telehealth” is a worthwhile goal for Maryland, “teledeath” must be expressly excluded from all state telehealth policy and/or extension of Covid-19 related emergency executive orders and legislation.

As written this bill will allow abortionists, not licensed by the State of Maryland, to prey upon Maryland citizens and take advantage of Maryland’s radical abortion policies and negligible regulation of the abortion industry. This bill also could force Maryland employers and taxpayers to fund the remote administration of lethal drugs that are intended not to heal, but to end human life, including abortion-inducing drugs like mifepristone and misoprostol, as well as lethal drugs used in Physician Assisted Suicide (PAS). Certain of these drugs are not included as Controlled Dangerous Substances under Maryland’s Criminal Law Article.

Current FDA guidelines maintain that the distribution and use of mifepristone, the drug commonly used in chemical abortions, must be under the supervision of a qualified healthcare provider because of the drug’s potential for serious complications including, but not limited to, uterine hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death.

Now the abortion industry, with support from Maryland Attorney General Brian Frosh, is pressuring the FDA to permanently remove these safeguards – leaving women to fend for themselves. The abortion industry brazenly promotes abortion inducing drugs as “DIY” or “self-managed” abortions, **taking abortion further outside the spectrum of “healthcare”**. Maryland law requires abortions to be performed by a licensed physician. This bill will allow women to receive chemical abortions without a physician’s exam or supervision. At least 20% of women using abortion inducing drugs experience serious complications, and half of those women require emergency room intervention. Expanding teleabortion would overburden our emergency personnel at a time when we already are experiencing a shortage in medical personnel and supplies due to Covid-19.

**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. Abortion is never medically necessary and often causes both physical and psychological health complications for women. 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. Abortion among people of color has reached **epidemic proportions**.

**Funding restrictions are constitutional** - 60% of people polled in a 2020 Marist poll oppose public funding for abortions. The Supreme Court has held in the case of *Harris v. McRae* (1980) 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 urge your amendment to preserve the good purposes of this bill by excluding teledeath (remote abortion and PAS) or otherwise ask for your unfavorable report. Thank you.