



Unfavorable
HB937/SB890 – Abortion Care Access Act
By Laura Bogley, JD
Director of Legislation, Maryland Right to Life

Abortion Access: Putting Profits Over Pregnant Patients

Maryland Right to Life (MDRTL) opposes HB937/SB890 Abortion Care Access Act. By enacting this bill, you would be putting abortion profits before patients. The bill commits additional public funding for abortion and diverts public funds from lifesaving alternatives to abortion including access to quality reproductive health care that includes the supervision of a *licensed medical physician*, as currently required under current Maryland law.

Bill Repeals Physician Requirement - One of the few health and safety protections for pregnant women in the Maryland Code is the legal requirement that only a licensed physician may perform abortions. But the abortion industry is asking the state to authorize them to put profits over pregnant patients and allow practically anyone to “perform” surgical abortions and “provide” dangerous chemical abortion pills.

We oppose introduction or passage of any bill that expands the ‘scope of practice’ of any health care provider or other worker without excluding abortion and abortion funding. Scope or independence of practice typically describes the procedures, actions, and processes that a health care practitioner is permitted to undertake in keeping with the terms of their professional license. This scope is often defined through bureaucratic process and health occupation boards with limited public input or reporting.

It has long been the strategy of the pro-abortion movement to use a broad definition of ‘scope’ of practice as a means of increasing the number of lower health care workers licensed to perform or provide abortion. Expanding the number of people who can provide abortion will increase the number of preborn children being killed and will put more women at risk of substandard medical care, injury and death.

9 out of 10 ob/gyn’s refuse to commit abortions because they recognize the scientific fact that a human fetus is a living human being and they have sworn a Hippocratic Oath to first do no harm to patients. The abortion industry’s solution is three-fold: (1) circumvent physician requirements in the law by authorizing lower-skilled health workers to perform or provide abortion; (2) authorize a wide variety of abortion providers to remotely prescribe and distribute abortion pills, including across state lines through interstate licensing agreements; AND (3) force taxpayers to fully fund abortion and to train and reimburse abortion providers to kill children.

“D-I-Y Abortion” Drugs - Reckless public health policies that authorize the unregulated proliferation of chemical abortion pills are brazenly removing abortion further outside the spectrum of “health care” as most women are now prescribed these lethal pills without the benefit of a physician’s examination. Physicians now serve only a tangential role on paper, either as medical directors for clinics or as remote prescribers of abortion pills. These non-medical abortion providers will be eligible for Maryland Medicaid reimbursement as well as undisclosed gratuities from drug manufacturers.

The abortion industry itself has referred to the use of abortion pills as “Do-It-Yourself” abortions, claiming that the method is safe and easy. But chemical abortions are **4 (four) times more dangerous than surgical abortions**, presenting a high risk of hemorrhaging, infection, and even death. With the widespread distribution of chemical abortion pills, the demand on Emergency Room personnel to deal with abortion complications has increased 250%.

UNSAFE - The practice of abortion in America has become the “**red light district**” of medicine, populated by dangerous, substandard providers. With the proliferation of chemical abortion pills, the

abortion industry itself has exposed women to “back alley” style abortions, where they bleed alone without medical supervision or assistance.

UNENFORCED - The Maryland Department of Health has failed to ensure that existing abortion providers and facilities are complying with Maryland law. Women continue to be injured and killed in Maryland because of ineffective enforcement of existing abortion regulations. There are reports that unlicensed physicians continue to perform abortions in Maryland. The broad expansion of lower-skilled abortion providers, will create an enforcement nightmare for the Maryland Department of Health.

We must protect pregnant women in Maryland and other states by preserving the physician only requirement for all abortions (both surgical and chemical) and by making it clear that it is not within the scope or independence of practice of lower health care workers to provide or perform abortion.

First Amendment Conscience Rights - To ensure that the State of Maryland has a sufficient number of practicing medical professionals to meet the health needs of Maryland citizens, the legislature must not infringe on the Constitutional rights of Free Exercise of Religion and rights of Conscience of medical providers, and must ensure that conscience rights clauses are included in any legislation that attempts to expand or redefine the scope of practice.

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. 54% percent of those surveyed in a January 2022 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 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.

ABORTION IS NOT HEALTH CARE – Pregnancy is not a disease and abortion kills, not cures. 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. Abortion is never medically necessary and poses risks to women’s physical and emotional health as well as to the health of future pregnancies. Women have better options for family planning and well woman care. For each Planned Parenthood in Maryland, there are 14 federally qualifying health centers and 4 pro-life pregnancy centers providing FREE services for women. The Maryland Department of Health must give women real CHOICE and protect women from abortion coercion, by providing information about and referrals to lifesaving alternatives to abortion.

For these reasons, we respectfully urge you to vote against this bill and any other 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, born and preborn, our natural and Constitutional rights to life, liberty, freedom of speech and religion.

Whistleblower: 2 Women Suffered Gruesome Injuries, Retained Baby Parts, Emergency Surgery after Late-Term Abortions in Maryland

June 18, 2020 By [Operation Rescue](#) [18 Comments](#)

Complaint about dangerous clinic owner, LeRoy Carhart, sent to Secretary of HHS



By Cheryl Sullenger

Two women within nine days suffered life-threatening injuries that required emergency surgery and hospitalization after both received abortions at 25 weeks of pregnancy at a notorious late-term abortion facility in Bethesda, Maryland.

Owned and operated by nationally-known late-term abortionist LeRoy Carhart, the Bethesda facility is one of a handful of clinics that openly conduct abortions throughout all nine months of pregnancy. Formerly known as Abortion Clinics.org, it was recently renamed CARE, an irony-filled acronym for Clinics for Abortion and Reproductive Excellence.

A source familiar with the incidents came forward to blow the whistle on Carhart after witnessing the horrific injuries inflicted on the women and their unborn babies as the result of abortions conducted on May 12 and 21, 2020. The identity of the whistleblower will remain anonymous.

Operation Rescue obtained Incident Reports from the Montgomery County Maryland Fire and Rescue Service for both emergencies that verified ambulances were in fact summoned to provide emergency care at Carhart's clinic. Both women were transported to Shady Grove Adventist Hospital in Rockville, Maryland. Carhart holds no hospital privileges there or anywhere else in the U.S.

Both women had traveled to the Bethesda abortion facility from out of state, most likely due to the fact their pregnancies were entering the third trimester and their babies were considered viable. Most states limit third-trimester abortions. Eight states, including Maryland, have no gestational limits on abortions. "We have filed several complaints against Carhart in the past for injuring or killing women during abortions, but every complaint has been dismissed without action. It has become obvious political corruption is at work in Maryland and that Carhart is politically protected," said Troy Newman, President of Operation Rescue. "That is why we have decided to turn to the U.S. Department of Health and Human Services to see if the Federal side will take a greater interest in protecting women and their babies than the State of Maryland has." [[See list of Maryland complaints.](#)]

A letter has been sent to Secretary of Health and Human Services Alex Azar, seeking an investigation into 22 known serious injuries and one patient death at Carhart's two abortion facilities in Maryland and Bellevue, Nebraska, since 2012. [Jennifer Morbelli](#), 29, died on February 7, 2013, after a mishandled 33-week Carhart abortion. The Maryland Board of Physicians failed to take disciplinary action in Morbelli's case as well as the [other seven complaints](#) filed against him.

Carhart was also involved in the abortion-related death of [Christin Gilbert](#), 19, who died from complications to a 29-week botched abortion on January 13, 2005, while he was conducting late-term abortions in Wichita, Kansas – another tragedy that went without justice.

Operation Rescue spoke directly to the whistleblower about the most two most recent incidents in May. The descriptions of the horrific injuries are not for the faint of heart.

May 12, 2020

According to the [Incident Report](#), on May 12, 2020, at 3:50 p.m. a 911 call requested an ambulance at 10401 Old Georgetown Road in Bethesda, the location of Carhart's abortion facility. An ambulance that was equipped to provide advanced life support (ALS) was dispatched along with a second unit in support.

The patient, was examined, given care, and transported to Shady Grove Adventist Hospital. Once at the emergency room, the woman was evaluated and found to be in critical condition as the result of a serious complications to a Dilation & Evacuation dismemberment abortion at 25 weeks gestation. She was bleeding heavily from a ruptured uterus and other internal injuries, in shock, and on the verge of unconsciousness, according to the whistleblower. She was also feverish – hot to the touch – and showing signs of sepsis.

Within minutes, the patient was rushed into the operating room for emergency surgery. Once her belly was opened, it was determined that her internal injuries were so severe that a call was made for a general surgeon.

The whistleblower described it as “the most horrific thing I have ever seen.”

There was an enormous amount of blood due to a “huge” tear in the uterus and “mangled” tissue that was once a bowel. The woman required a transfusion of multiple units of blood.

Parts of the baby had been left inside, some of which had been shoved through the uterine tear and high into the abdominal cavity, including a severed leg that was intact from the hip down.

Because the surgeon was unable to completely repair the massive damage, so the woman's bowel was resected and she was given a colostomy that included an external bag. After the surgeon did as much for the patient as was possible at that time, the woman was sent to the Intensive Care Unit where she remained intubated for two days before being transferred to a standard room. She remained in the hospital and was discharged on the morning of May 21 — nine days after her near-fatal injuries. According to the whistleblower, those involved in treating the woman were so upset by what they saw that the surgeon witnessed the need to send out an e-mail to the hospital staff acknowledging their trauma while caring for this woman.

May 21, 2020

According to the [second Incident Report](#), an ambulance was once again called to Carhart's CARE abortion facility in Bethesda on May 21, 2020, at 1:05 p.m. for a woman suffering a botched abortion procedure.

An ambulance equipped for basic life support (BLS) arrived, examined and provided treatment, then transported her to Shady Grove Adventist Hospital.

The whistleblower indicated that Carhart had called ahead to notify the emergency room that he was sending another patient over with a perforated uterus.

This emergency was very similar to the previous one from May 12, but according to the whistleblower, it was actually much worse. The woman arrived in “very critical” condition due to injuries received during a Dilation and Evacuation abortion done at 25 weeks of pregnancy.

Again, a surgeon was called and this time the hemorrhaging was so severe that a hysterectomy was required, ending the woman's ability to ever bear another child.

The woman required four units of blood “just to keep her alive.”

The perforation at the back of the uterus was described as the size of a hand spread out, or about 8-9 inches.

Unlike the last patient, the bowel for this woman was intact, but suction marks on the outside of the bowel were observed.

The body of a 25-week baby had been shoved through the huge rip in the womb and into the abdominal cavity. The baby was intact except for a missing arm and part of the spinal column. Its head was still attached, but only by a strip of flesh.

The whistleblower indicated that it was quite upsetting to see a nearly complete fetus pushed inside the abdominal cavity, and wondered about the force it took to shove the baby's body that far into the mother's abdomen.

The abortionist

Carhart has had several people rotating in and out of his Bethesda facility conducting abortions, sometimes for training purposes. Due to advancing age and health issues, it has been thought that Carhart had cut back on the number of abortions that he was personally doing.

When asked specifically who actually conducted the abortions, the whistleblower remarked that not only was no abortionist on record, but it was almost like no one really wanted to say what office the women had been brought in from. However, the whistleblower did verify that Carhart was the one who personally called the hospital to alert staff to the arrive of the woman on May 21. The Montgomery County Incident reports verify that the women were transported from the location of Carhart's Bethesda abortion facility.

Seeking accountability

"The gruesome nature of these abortion injuries and the emotional impact they had on hospital staff is enough for us to demand that Carhart be held responsible for the human misery he has inflicted on those who have suffered from what can only be described as incompetence," said Newman. "We await word from the HHS on our letter of complaint, and are considering the next steps, because this kind of thing cannot be covered up or tolerated anymore."

***Note:** The names of the whistleblower and all involved parties have been withheld. Operation Rescue has encouraged the whistleblower to file state complaints regarding these abortion-related injuries. Further legal action is being considered.*

Below is a listing of known emergencies at Carhart facilities in Maryland and Nebraska since 2012, with links to reports and documentation.

[Abortion-Related Injuries and Death – Carhart 2012-2020](#) by [Cheryl Sullenger](#) on Scribd