



**Written Testimony of Danielle Pimentel, J.D.
Policy Counsel, Americans United for Life
In Opposition of House Bill No. 477
Submitted to the House Appropriations Committee
February 14, 2023**

Dear Chairman Barnes, Vice-Chair Chang, and Members of the Committee:

My Name is Danielle Pimentel, and I serve as Policy Counsel at Americans United for Life (“AUL”). Established in 1971, AUL is a national law and policy nonprofit organization with a specialization in abortion, end-of-life issues, and bioethics law. AUL publishes pro-life model legislation and policy guides on end-of-life issues,¹ tracks state bioethics legislation,² and regularly testifies on pro-life legislation in Congress and the states. Our vision at AUL is to strive for a world where everyone is welcomed in life and protected in law. As Policy Counsel, I specialize in life-related legislation, constitutional law, and abortion jurisprudence.

Thank you for the opportunity to provide written testimony against House Bill No. 477, “Public Senior Higher Education Institutions—Reproductive Health Services Plans—Requirements” (“HB 477” or “bill”). HB 477 requires public colleges to implement “reproductive health services plans” that either provide abortion care services on-campus or refer students to off-campus providers. I have thoroughly examined HB 477, and it is in my opinion that it places young women’s health and safety at risk, ignores Maryland taxpayer’s conscience rights by using taxpayer dollars to fund abortions, and lacks the necessary oversight. For these reasons, I urge the Committee to oppose HB 477.

I. HB 477 Puts Young Women’s Health and Safety at Risk

For years, the abortion industry has marketed abortion as essential healthcare, which could not be farther from the truth. Abortion is the intentional destruction of a unique human being. Not only does abortion destroy a preborn child, but it is also a devastating practice for women that harms both their physical and mental health.

¹ *Pro-Life Model Legislation and Guides*, AMS. UNITED FOR LIFE, <https://aul.org/law-and-policy/> (last visited Feb. 10, 2022).

² *Defending Life: State Legislation Tracker*, AMS. UNITED FOR LIFE, <https://aul.org/law-and-policy/state-legislation-tracker/> (last visited Feb. 10, 2022).

a. *HB 477 Subjects Young Women to the Dangers of Chemical Abortion*

HB 477 requires public colleges to provide “abortion care services” on campus, or provide students with off-campus referrals, which will result in more young women undergoing harmful abortion procedures. Since it is undefined in the bill, “abortion care services” would likely include chemical abortion pills, which make up more than half of all abortions performed in the United States annually.³ A chemical abortion (also known as a “medical abortion”) consists of a regimen of two drugs, mifepristone and misoprostol.⁴ Chemical abortion can be extremely dangerous, if not deadly, to the women choosing to undergo it, which makes physician involvement necessary. For example, there are many side effects to the chemical abortion regimen, including nausea, weakness, fever and chills, vomiting, diarrhea, dizziness, bacterial infection, and fatal septic shock.⁵ Additionally, mifepristone is contraindicated in the cases of confirmed or suspected ectopic pregnancy, hemorrhagic disorders, chronic adrenal failure, and when an intrauterine device (IUD) is in place.⁶ A 2021 peer-reviewed study showed that chemical-abortion related emergency room visits (*i.e.*, visits medically coded as chemical abortion complications) per 1,000 abortions “went from 8.5 to 51.7, an increase of 507%” over thirteen years.⁷ Another study found that women are four times more likely to experience medical complications from a chemical abortion than a surgical abortion.⁸

Notably, the risks of chemical abortion are even higher now that the U.S. Food and Drug Administration (FDA) unlawfully approved and deregulated chemical abortion drugs. Federal law prohibits the use of the United States Postal Service and private carriers from mailing abortion-inducing drugs.⁹ Yet, the FDA has blatantly ignored federal law to allow telemedicine and mail-order chemical abortion drugs, endangering women’s health and safety at a national scale.¹⁰ Women can now obtain chemical abortions without any medical oversight even though in-person visits are necessary for medical abortions.

³ *Medication Abortion Now Accounts for More than Half of All US Abortions*, GUTTMACHER INST. (updated Dec. 1, 2022), <https://www.guttmacher.org/article/2022/02/medication-abortion-now-accounts-more-half-all-us-abortions>.

⁴ *See Questions and Answers on Mifepristone for Medical Termination of Pregnancy Through Ten Weeks Gestation*, U.S. FOOD & DRUG ADMIN. (Jan. 4, 2023), <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/questions-and-answers-mifepristone-medical-termination-pregnancy-through-ten-weeks-gestation>.

⁵ U.S. Food & Drug Admin., *Mifeprex Highlights of Prescribing Information and Full Prescribing information* (Mar. 2016), https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/020687s0201bl.pdf.

⁶ *Id.* at 4-5.

⁷ James Studnicki et al., *A Longitudinal Cohort Study of Emergency Room Utilization Following Mifepristone Chemical and Surgical Abortions, 1999–2015*, 8 HEALTH SERVS. RSCH. & MANAGERIAL EPIDEMIOLOGY 1, 5 (2021).

⁸ Maarit Niinimäki et al., *Immediate Complications After Medial Compared with Surgical Termination of Pregnancy*, 114 OBSTETRICS & GYNECOLOGY 795, 795 (Oct. 2009).

⁹ 18 U.S.C. §§ 1461–1462.

¹⁰ The FDA has been sued over their unlawful actions and is ongoing litigation. *See, e.g.*, All. for Hippocratic Med. v. U.S. Food & Drug Admin., No. 2:22-cv-223 (N.D. Tex. filed Nov. 18, 2022).

Medical institutions agree that “[a] medical abortion involves at least two visits to a doctor’s office or clinic.”¹¹ At the first visit, the healthcare provider must confirm a woman is a medically appropriate candidate for chemical abortion. Women who have ectopic pregnancies or an IUD in place are ineligible to take chemical abortion drugs.¹² Chemical abortion cannot terminate an ectopic pregnancy and should not be used after the first seventy days of pregnancy due to heightened risk to the woman’s health.¹³ A physician can only diagnose an ectopic pregnancy by blood tests and an ultrasound, which means a physician cannot determine via telemedicine whether a pregnancy is ectopic.¹⁴ The follow-up visit and reporting are critical to ensure that if a woman has retained tissue, she receives essential follow-up care.

HB 477 completely disregards the necessity of physician involvement in chemical abortions and the risks associated with the regimen. There is no provision in the bill to ensure that women who receive “abortion care services” on college campuses are fully informed about the process and the risks of abortion procedures. Further, under Section 2 (IV), the bill includes pharmacies in the referral network of off-campus reproductive health service providers. Thus, HB 477 allows public universities to refer young women to pharmacies to obtain “abortion care services,” including chemical abortion drugs. In effect, this will increase the number of young women undergoing dangerous medical abortions without any medical oversight and without knowing the risks associated with the drugs. As a result, more young women in Maryland will suffer life-threatening complications when undergoing chemical abortions, which will only be exacerbated by the lack of physician involvement.

b. *HB 477 Furthers the Psychological Harms of Abortion*

If HB 477 is passed, more young women will undergo abortions and suffer psychological harm. “[P]regnancy loss (natural or induced) is associated with an increased risk of mental health problems.”¹⁵ “Research on mental health subsequent to early pregnancy loss as a result of elective induced abortions has historically been polarized, but recent research indicates an increased correlation to the genesis or exacerbation of substance abuse and affective disorders including suicidal ideation.”¹⁶ Scholarship shows “that the emotional reaction or grief experience related to miscarriage and abortion can be prolonged, afflict mental health, and/or impact intimate or parental

¹¹ *Medical Abortion*, UNIV. OF CAL. SAN FRANCISCO HEALTH, www.ucsfhealth.org/treatments/medical-abortion (last visited Feb. 8, 2023).

¹² *Questions and Answers on Mifepristone for Medical Termination of Pregnancy Through Ten Weeks Gestation*, U.S. FOOD & DRUG ADMIN. (Jan. 4, 2023), <https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/questions-and-answers-mifepristone-medical-termination-pregnancy-through-ten-weeks-gestation>.

¹³ *Id.*

¹⁴ *Ectopic Pregnancy*, MAYO CLINIC (Mar. 12, 2022), <https://www.mayoclinic.org/diseases-conditions/ectopic-pregnancy/diagnosis-treatment/drc-20372093>.

¹⁵ David C. Reardon & Christopher Craver, *Effects of Pregnancy Loss on Subsequent Postpartum Mental Health: A Prospective Longitudinal Cohort Study*, 18 INT’L J. ENV’T RSCH. & PUB. HEALTH 1, 1 (2021).

¹⁶ Kathryn R. Grauerholz et al. *Uncovering Prolonged Grief Reactions Subsequent to a Reproductive Loss: Implications for the Primary Care Provider*, 12 FRONTIERS IN PSYCH. 1, 2 (2021).

relationships.”¹⁷ Similarly, “[s]everal recent international studies have demonstrated that repetitive early pregnancy loss, including both miscarriage and induced abortions, is associated with increased levels of distress, depression, anxiety, and reduced quality of life scores in social and mental health categories.”¹⁸

This bill subjects young women to perilous abortion procedures that negatively impact their mental well-being. By having public universities readily provide abortion services on campus or refer young women to off-campus providers, the rates of mental health issues such as depression, anxiety, and suicidal ideation, will continue to rise in young women who obtain abortions, diminishing their overall quality of life.

II. HB 477 Contradicts the Majority of Americans’ Views on Taxpayer Funding of Abortion

Restrictions on abortion funding are an important safeguard for taxpayer’s conscience rights. “Abortion presents a profound moral issue on which Americans hold sharply conflicting views.”¹⁹ Yet, the majority of Americans oppose taxpayer funding of abortions. Since 2008, polling data has shown a consistent and clear consensus of Americans supporting restrictions on abortions, including funding restrictions.²⁰ In a 2022 poll, 54% of Americans said that they opposed the use of taxpayer dollars to pay for abortions.²¹ In a poll conducted one year later, 60% of Americans said that they opposed taxpayer funding of abortion.²² Despite this consensus, HB 477 forces Maryland taxpayers to fund abortions on college campuses or abortion referrals that will likely result in young women obtaining abortions.

Instead of becoming embroiled in the abortion debate, Congress and many states have restricted the scope of appropriations, thus facilitating the passage of important social welfare legislation.²³ Funding restrictions also safeguard taxpayers’ conscientious objections to supporting an action that takes a human life (*i.e.*, the unborn child), by preventing the conscience violation

¹⁷ *Id.*

¹⁸ *Id.*; see, e.g., Louis Jacob et al., *Association Between Induced Abortion, Spontaneous Abortion, and Infertility Respectively and the Risk of Psychiatric Disorders in 57,770 Women Followed in Gynecological Practices in Germany*, 251 J. AFFECTIVE DISORDERS 107, 111 (2019) (finding “[a] positive relationship between induced abortion . . . and psychiatric disorders”).

¹⁹ *Dobbs v. Jackson Women’s Health Org.*, 142 S. Ct. 2228, 2240 (2022).

²⁰ See *New 2023 Knights of Columbus-Marist Poll: Post Roe, A Majority of Americans Continue to Support Legal Limits on Abortion*, KNIGHTS OF COLUMBUS (Jan. 18, 2023), <https://www.kofc.org/en/resources/communications/polls/majority-americans-still-support-abortion-limits.pdf>.

²¹ See *New Knights of Columbus-Marist Poll: A Majority of Americans Support Legal Limits on Abortion, and Oppose Taxpayer Funding*, KNIGHTS OF COLUMBUS (Jan. 20, 2022), <https://www.kofc.org/en/news-room/polls/americans-support-legal-limits-on-abortion.html> (finding in a 2022 poll that 54% of Americans oppose or strongly oppose taxpayer funding of abortions).

²² *New 2023 Knights of Columbus-Marist Poll*, *supra*, note 16 (finding in a 2023 poll that 60% of Americans oppose taxpayer funding of abortions and 78% oppose funding abortions services abroad).

²³ See, e.g., Consolidated Appropriations Act, 2022, Pub. L. No. 117-103, div. H., tit. V, §§ 506–507(c), 136 Stat. 496 (incorporating the Hyde Amendment’s restrictions on the public funding of abortion).

altogether. Therefore, the bill infringes on many taxpayer's conscience rights as Maryland taxpayers will be funding abortions.

III. HB 477 Lacks Necessary Oversight

HB 477 provides very little, if any, oversight over public universities creating and implementing "reproductive health services plans" on college campuses or through a referral system. Further, HB 477 does not include any reporting requirements that would illustrate the impact that these "reproductive health services plans" have on young women, such as reporting requirements on qualifications of providers in the university system, the number of abortions provided on campus, or the tracking of chemical abortion prescriptions. The only form of oversight included in the bill is if a public college requests the Maryland Department of Health assist in developing a reproductive health services plan.

In other words, unless a public university explicitly requests aid from the Maryland Department of Health, the university, "in consultation with students," is given governance over a program that would significantly impact young women's health. Significantly, there are no guidelines provided in the bill that would protect women from coercion, ensure awareness of domestic abuse, or counsel women on the realities of pregnancy, including options for adoption or prenatal care. Rather, HB 477 gives public universities and students freedom to create and implement programs that gravely harm young women's physical and mental health.

IV. Conclusion

Ultimately, HB 477 disregards the risks of chemical abortions, endangers young women's physical and psychological health and safety, subverts taxpayers' conscience rights, and lacks necessary oversight to protect young women. For these reasons, I strongly encourage this Committee to vote in opposition to HB 477.

Respectfully Submitted,



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