



### **Opposition Statement SB960**

State Board of Nursing - Sunset Extension, Licensure Exceptions,  
And Board Operations and Membership  
Deborah Brocato, Legislative Consultant  
Maryland Right to Life

We oppose **SB960**.

**Maryland Right to Life opposes SB960** in that the state will be interfering in the independent operations of the State Board of Nursing and their authority over the licensing and regulation of Maryland's nurses. This bill manipulates the State Board of Nursing and state taxpayer funds to subsidize the abortion industry's infrastructure and workforce. The bill further embeds the state of Maryland as a sponsor of the abortion industry by authorizing the Maryland Department of Health to take over the infrastructure operations of the Maryland Board of Nursing. An independent board is necessary to ensure that the medical standard of care is maintained for all health care practitioners in our state.

**The Abortion Care Access Act of 2022** removed one of the few health and safety protections for pregnant women in the Maryland Code which was the legal requirement that only a licensed physician may perform abortions. The Act puts profits over patients and allows non-medical personnel to be licensed or certified by the state to provide surgical and chemical abortions up to birth. This law removes abortion from the spectrum of healthcare and should result in the complete defunding of abortion businesses. Instead, bill after bill in the Assembly expands taxpayer funding of abortion and establish a state framework for abortion training and certification, including using state employees to provide abortion training and services in Planned Parenthood facilities.

**We oppose any bill that expands the scope of practice of any health care provider or occupation 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, reporting or accountability.

The medical scarcity in abortion practice is a matter of medical ethics not provider scarcity, as 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. The strategy of the abortion industry has been to use a broad definition of scope of practice as a means of increasing the number of lower educated health care workers to provide abortion. An individual with less medical education and medical training can be paid lower than more highly educated and trained healthcare practitioners such as doctors thus increasing the profit margin. This strategy puts the women and girls of Maryland at risk for substandard medical care which puts them at risk for injury up to and including death.



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**In addition, the abortion industry is commercializing “Do-It-Yourself” abortion pills.** The abortion industry’s radical agenda to indiscriminately sell “D-I-Y” abortions is normalizing “back alley abortions” where women self administer and hemorrhage without medical supervision or assistance. Chemical abortion is four times more likely to result in complications than surgical abortion. To date more than 6,000 complications have been reported and 26 women have been killed through chemical abortion since its approval by the Food and Drug Administration (FDA). Because half of all women experiencing complications from chemical abortions receive emergency intervention through hospitals, the rate of abortion complications is dramatically underreported.

**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](http://www.BlackGenocide.org).

**Adopt Reasonable Health and Safety Standards.** The growing reliance on chemical abortions underscores the need for a state protocol for the use of abortion pills including informed consent specific to the efficacy, complications and abortion pill reversal. Strong informed consent requirements, manifest both a trust in women and a justified concern for their welfare. While we oppose all abortion, we strongly recommend that the state of Maryland enact reasonable regulations to protect the health and safety of girls and women by safeguards that require that the distribution and use of mifepristone and misoprostol, the drugs commonly used in chemical abortions, be under the supervision of a licensed physician 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.

**Telehealth v. Teledeath.** The Assembly enacted several bills into law as supposed Covid measures. These laws expanded telabortion through potential remote distribution chains including pharmacies, schools health centers, prisons and even vending machines and expanded public funding for telabortion through Medicaid and Family Planning Program dollars. There are many potential negative consequences to these policies which ultimately demonstrate the state’s disregard for the health of women. For example, underestimation of gestational age may result in higher likelihood of failed abortion. Undetected ectopic pregnancies may rupture leading to life-threatening hemorrhages. Rh negative women may not receive preventative treatment resulting in the



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body's rejection of future pregnancies. Catastrophic complications can occur through telabortion, and emergency care may not be readily available in remote or underserved areas.

**Abuse of Abortion Drugs.** The state also is neglecting the fact that as much as 65% of abortions are not by choice, but by coercion. Potential for misuse and coercion is high when there is no way to verify who is consuming the medication and whether they are doing so willingly. Sex traffickers, incestuous abusers and coercive boyfriends will all welcome more easily available chemical abortion.

**Public Funding for Abortion 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.**

**Public Opposes Abortion 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 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.



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**The abortion industry is only concerned with abortion remaining legal and lucrative. The state of Maryland has a duty to ensure that abortion is safe and must intervene on behalf of women and girls by adopting a protocol and standard of medical care for the use of chemical abortion pills. We respectfully urge you to issue an unfavorable report on this dangerous bill. Thank you for your consideration.**

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 **SB960** in its entirety.