



### **Opposition Statement SB213**

Health Occupations - Clinical Nurse Specialists - Prescribing  
Deborah Brocato, Legislative Consultant  
Maryland Right to Life

#### **We oppose SB213**

On behalf of our 200,000 followers across the state, we respectfully object to SB213. The 2022 session of the Maryland General Assembly significantly lowered the standard of care for women and girls with The Abortion Care Access Act by removing the physician requirement for medical and surgical abortions. This bill further erodes the standard of medical care for all Marylanders by allowing another health occupation to prescribe medications including lethal chemical abortion drugs. The education for a Clinical Nurse Specialist requires a different focus and a different course of study than that of a Nurse Practitioner. The education is far less than that of a physician and does not require the specialized courses required for a pharmacist. While all of these occupations have value for the delivery of healthcare, they are not interchangeable. Each has its own perspective for care and a course of study to meet that perspective. The courses of study are different and not interchangeable. For example, coursework requirements for a pharmacist include physics, biopharmacy, medicinal chemistry and pharmacology. Graduate education for a physician includes 4 years medical school, 3-4 years residency and possible fellowships. We also oppose the tax dollars that would be directed to reimbursing this new prescriber with regard to abortion services. Women and girls in the state of Maryland deserve the highest standard of professional medical care available and this bill erodes that care.

**Patients before Profits:** Broadening the scope of practice for health occupations places profits over patients. Maryland Right to Life (MDRTL) opposes the introduction or passage of any bill expanding the scope of practice of any healthcare professional without language excluding abortion. Medical and surgical abortions carry serious risk of injury up to and including death. For the abortion industry, increasing the number of people who can provide abortion increases the number of abortions thereby increasing income. Thus, the strategy of the abortion industry is to expand scope of practice which allows more individuals to provide medical and surgical abortions. This strategy increases the number of unborn children being killed and puts more women and girls at risk of injury and death.

The medical scarcity in abortion is a matter of medical ethics not provider scarcity, as 9 out of 10 OB/Gyns refuse to commit abortions because they recognize the scientific truth that a human fetus is a living human being. The abortion industry's response to this shortage of willing physicians is to seek authorization for lower-skilled workers and non-physicians to perform abortion, and authorization for abortionists to remotely prescribe abortion pills across state lines.



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**D-I-Y Abortions:** While the Supreme Court imposed legal abortion on the states in their 1973 decisions *Roe v. Wade* and *Doe v. Bolton*, the promise was that abortion would be safe, legal and rare. But in 2016 the Court's decision in *Whole Woman's Health v. Hellerstedt* prioritized "mere access" to abortion facilities and abortion industry profitability over women's health and safety.

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. 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%. The FDA has removed safeguards that prohibited the remote sale of chemical abortion pills leaving pregnant women and girls exposed to the predatory tele-abortion practices of the abortion industry.

In addition to the physical harm of these D-I-Y abortions, consider the psychological harm of chemical abortion. After taking the mifepristone and misoprostol and the contractions begin, the woman or girl is told to expel the baby and placenta into the toilet. This is a very bloody event and the woman and girl will see the remains of their baby in the toilet. If hemorrhaging occurs, the woman or girl will need to get herself to an emergency room.

Women and girls in Maryland deserve the best possible standard of medical care and this bill lowers that standard.

For these reasons, we respectfully ask you to oppose **SB213**.