

Opposition Statement SB388

Prescription Drug Affordability Board Authority for Upper Payment Limits and Funding
(Lowering Prescription Drug Costs For All Marylanders Now Act)
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On behalf of our over 200,000 followers, Maryland Right to Life opposes this legislation as written and respectfully requests an amendment to prohibit abortion purposes from this bill. Without the amendment, we request an unfavorable report for SB388.

NO MORE PUBLIC FUNDING. As written, the dangerous abortion drugs would be included in the administering of this bill. First, there is an appropriation of \$1,000,000 for Fiscal Year 2025 and each Fiscal Year thereafter to be included in the annual budget (page 3). We object to any portion of this fund being used to further subsidize the abortion industry. The Abortion Care Access Act already provided that abortion be fully covered through Medicaid and private health insurance providers.

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. Year after year, the Marist poll shows that the majority of Americans oppose taxpayer funding of abortion.

PATIENTS BEFORE PROFITS. The case of *U.S. Food and Drug Administration (FDA) vs. Alliance for Hippocratic Medicine (AHM)* is a pending case before The United States Supreme Court. The case concerns the non-enforcement of The Comstock Act of 1873 and the validity of the 2016 FDA changes for use of abortion drugs. The Comstock Act prohibits sending abortion drugs through the mail. The following are the changes that are issues of grave concern for the safety of women and girls:

- Increasing the maximum gestational age from forty-nine days to seventy days;
- Allowing non-physicians to prescribe mifepristone;
- Removing the requirement that the administration of misoprostol and the subsequent follow-up appointment be conducted in person;
- Eliminating prescribers' obligation to report non-fatal adverse events;
- Switching the method of administration for misoprostol from oral to buccal;
- Changing the dose of mifepristone (600 mg to 200 mg) and misoprostol (400 mcg to 800 mcg).

For all of these safety concerns, we request an amendment to prohibit the use of this bill for abortion purposes.



D-I-Y Abortions Endanger Women: Public policy has failed to keep pace with the abortion industry's rapid deployment of chemical abortion pills. "D-I-Y" abortion is normalizing "back alley abortion" where women and girls 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 FDA. Because half of all women experiencing complications is dramatically underreported.

abortions underscores the need for a state protocol for the use of abortion pills including informed consent specific to 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 abortion, we strongly recommend that the state of Maryland enact reasonable regulations to protect the health and safety of women and girls by adopting the previous FDA Risk Evaluation and Mitigation Strategies (REMS) safeguards that required that the distribution and use of mifepristone, the drug commonly used in chemical abortions, to 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.

While the FDA vs. AHM case is pending, we strongly recommend that Maryland promote safety for women and girls of Maryland by adding an amendment prohibiting abortion from this legislation.

Without an amendment that excludes abortion purposes from this bill, Maryland Right to Life requests an unfavorable report on SB388.