



Opposition Statement SB754

Health Insurance Carriers and Pharmacy Benefits Managers -
Clinician-Administered Drugs and Related Services
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Maryland Right to Life

We oppose SB754

On behalf of our 200,000 followers across the state, we respectfully object to SB754. 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 law also requires funding of abortion by the taxpayers through Medicaid and private health insurance. We oppose the additional funding of abortion as part of the “related services” provided by a clinician in the bill. We oppose placing abortion facilities in parity with pharmacies for the purpose of dispensing abortion drugs and requiring Health Insurance Carriers to do the same. Maryland Right to Life requests an amendment excluding abortion purposes from this bill.

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.

Maryland is one of only 4 states that forces taxpayer funding of abortion. Maryland taxpayers are forced to subsidize the abortion industry through direct Maryland Medicaid reimbursements to abortion providers, through various state grants and contracts, and through pass-through funding in various state programs. Health insurance carriers are required to provide reproductive health coverage to participate with the Maryland Health Choice program.

Americans oppose taxpayer funding of abortion. Taxpayers should not be forced to fund elective abortions, which make up the vast majority of abortions committed in Maryland. Polls consistently show that 60% of Americans, pro-life and pro-choice, oppose taxpayer funding of abortion.



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Funding restrictions are constitutional. The Supreme Court of the United States has 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 held that there is *“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.”*

Maryland Right to Life requests an amendment excluding abortion purposes from this bill. Without it, we ask for an unfavorable report on SB754.