



Opposition Statement HB1105

Advanced Practice Registered Nurses –
Certification Requirement and Exceptions
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Maryland Right to Life

We oppose HB1105.

On behalf of our 200,000 followers across the state, we respectfully yet strongly object to HB1105. Maryland Right to Life requests an amendment to exclude abortion purposes being used for this bill or unfavorable report.

As written, HB1105 diminishes professional standards of patient care by loosening the licensing standards by which one may practice Advance Practice Registered Nursing (APRN). Specifically, the bill removes the licensing requirement in the many instances listed on page 2. In the context of other bills being moved through the General Assembly, such as the Advanced Practice Registered Nurse Compact, this bill compounds the erosion of medical care. The combined result of these and other bills will leave Marylanders with a reduced standard of medical care. Of great concern is the ability of more healthcare practitioners with uncertain licensure to prescribe the dangerous abortion pills. With a nurse compact, abortion pills could be prescribed across state lines, and this is obviously done without benefit of the in-person exam. All of this leads to increased risk for the women and girls of Maryland. Without specific language excluding the application of this bill to abortion, those who do not currently hold the APRN license could prescribe lethal chemical abortion drugs, putting more pregnant women and girls at risk for injury and death. This bill must be considered in the legislative context in which the Assembly continues to expand scope of practice and loosen licensing requirements.

The Abortion Care Access Act of 2022 removed the physician requirement for abortion services thereby removing a level of safety for women and girls. The physician has many more years of training and education than the nurse midwife which affords him/her greater knowledge of the overall health status of the pregnant woman or girl. The physician has greater capability of determining possible complications of pregnancy such as ectopic pregnancy, molar pregnancy or other abnormal gestation. Use of the abortion pill has resulted in at least 20 deaths and over 2,000 adverse events. (see NIH article and Lifeneews article)

Put patients before profits. The abortion industry is asking the state to authorize them to put profits over patients. Maryland Right to Life opposes introduction or passage of any bill dealing with the “scope of practice” of any health care professional which doesn’t include language excluding abortion. Scope or independence of practice typically describes the procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license.



We take this position because it has long been the strategy of the pro-abortion movement to use a broad definition of that “scope” as a means to increasing the number of lower healthcare professionals licensed to provide abortion services. Expanding the number of people who can provide abortion will increase the number of unborn children being killed and will put more women at risk of substandard medical care, injury and death.

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 abortion industry’s solution is three-fold: (1) authorize lower-skilled workers and non-physicians to perform abortion, and (2) authorize abortionists to remotely prescribe abortion pills across state lines.

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. But chemical abortions are 4 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%. Now, with TELABORTION, pregnant women and girls are further exposed to the predatory practices of the abortion industry.

The women and girls of Maryland deserve better than lowered medical standards of care. Maryland Right to Life urges an amendment to exclude abortion purposes from this bill. Without it, we ask for an unfavorable report for **HB1105**.