



UNFAVORABLE/SEEKING AMENDMENT
SB372/HB869 Preserve Telehealth Access Act of 2025

Maryland Right to Life, Inc.

Laura Bogley, JD

Executive Director

On behalf of our Board of Directors and chapters across the state, we respectfully object to SB372/HB369 *as written* and urge your amendment. While “telehealth” is a worthwhile goal for Maryland, “**teledeath**” must be expressly excluded from all telehealth policy.

State telehealth policies have enabled “teleabortion” - the mass distribution of chemical abortion drugs and “Do-It-Yourself” abortions - which increases the risk of injury and death for women and girls in Maryland. Teleabortion deprives pregnant women access to comprehensive care that includes a physical examination by a licensed obstetrician to determine whether the woman is eligible for and consents to chemical abortion.

Public policy has failed to keep pace with the abortion industry’s rapid deployment of chemical abortion drugs. 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 drugs.

“D-I-Y” Abortion Drugs Endanger Women and Children

“Teleabortion” is the remote prescription and administration of chemical abortion drugs Mifepristone and Misoprostol to cause abortion, without examination by a medical provider.

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. The discreet deliverability of abortion drugs through teleabortion puts women at risk of coerced abortion and allows sexual predators and pedophiles to hide their crimes and continue to harm their victims.

While the abortion industry claims that chemical abortion is safe and easy, this method is **four times more dangerous than surgical abortions**. At least 20% of women obtaining chemical abortions experience complications including severe uterine hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death. 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).

There are many potential negative consequences to teleabortion policies which ultimately demonstrate the state’s disregard for the health of women and children. 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



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

The FDA warns these drugs fail to deliver a complete abortion 2-7% of the time. Because half of all women experiencing complications from chemical abortions receive emergency intervention through hospitals, the rate of abortion complications is dramatically underreported. With the widespread distribution of chemical abortion drugs, the demand on Emergency Room personnel to deal with abortion complications has increased 500%, increasing medical scarcity and threatening the conscience rights of medical providers.

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. Because of the deregulation of abortion drugs, we are seeing many examples across the nation of individuals being prosecuted for coercing women into ingesting abortion drugs without their knowledge or consent, most often resulting in miscarriage. 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 partners all take advantage of easily available chemical abortion drugs. (See Article: <https://www.independent.co.uk/news/world/americas/massachusetts-abortion-pill-boyfriend-charged-robert-kawada-b2553243.html>)

State Teleabortion Policies

The Maryland General Assembly has removed nearly all safeguards in law for women and girls seeking abortions. Through the *Abortion Care Access Act* of 2022, the Assembly authorized non-physicians to perform or provide abortions and appropriated millions annually in taxpayer funds to train and certify this substandard abortion workforce. Physicians now serve only a tangential role on paper, either as medical directors for clinics or as remote prescribers of abortion drugs. These non-physician abortion providers provide teleabortion drugs and are eligible for Maryland Medicaid reimbursement as well as undisclosed gratuities from abortion drug manufacturers. However, under Maryland law both abortion drug manufacturers and distributors are shielded from liability.

In 2021 and 2022, the Maryland General Assembly enacted several telehealth bills into law as supposed Covid measures, all of which Maryland Right to Life opposed. These laws expanded teleabortion through remote distribution chains of abortion drugs including pharmacies, schools health centers, prisons and even vending machines and expanded public funding for teleabortion through Medicaid and Family Planning Program dollars.

In 2024 the Assembly authorized telehealth appointments for k-12 students, through which children can be prescribed and sent chemical abortion drugs without parental notification or consent. The abortion industry already is selling chemical abortion drugs to girls over the phone or computer, without parental



consent and without examination by a healthcare provider, including through websites like *PlanCpills.org*.

The remote sale and distribution of abortion drugs through school telehealth, poses a serious risk to the health and safety of school children and is an egregious violation of parent trust. Educators and school health providers are Mandatory Reporters of suspected sexual abuse. Instead of protecting children from sexual assault, Maryland schools are now part of the abortion drug distribution chain.

FDA Puts Politics Before Patients

The Food and Drug Administration (FDA) restrictions on the sale of chemical abortion drugs are necessary regulations to protect the health and safety of women and girls from improper use and resulting injury. But under pressure from the Biden administration, and democrat attorneys general, including Brian Frosh, the FDA removed critical safeguards on the remote sale and distribution of chemical abortion drugs through teleabortion.

Previously, the FDA required that abortion drugs be distributed only under the supervision of a qualified healthcare provider because of the drug's potential for serious complications including but not limited to, severe hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death. A physician's examination was deemed necessary to assess the duration of pregnancy, diagnose ectopic pregnancies, and provide any surgical intervention for failed chemical abortions.

In 2020, Maryland Attorney General Brian Frosh, joined twenty state Attorneys General in pressuring the FDA to permanently remove safeguards against the remote prescription of abortion pills. Maryland already has been circumventing the FDA restrictions on the remote distribution of chemical abortion pills since 2016, by allowing Planned Parenthood to practice teleabortion as part of a "research" pilot program directed by Gynuity/Carefem. While program participants are loosely tracked, Maryland generally fails to protect women as one of three states that do not require abortion providers to report the number of abortions they commit, resulting in increased threat to maternal health, complications or deaths.

In December of 2021, the FDA announced that it would no longer require that the drugs be dispensed in person to the patient and would no longer limit distribution to prescribers and their offices. The FDA still requires that, in order to prescribe the drug, the prescriber certify their ability to assess the duration of the pregnancy and diagnose ectopic pregnancies. However no physical examinations are required in this new protocol putting women and girls at risk of misdiagnosis and improper use of the drugs.

[Lawsuit against Planned Parenthood: Abortion pill caused toilet delivery of 'fully formed' 30-week baby \(liveaction.org\)](#)



Adopt Reasonable Health and Safety Standards

The growing reliance on chemical abortion underscores the need for a state protocol for the use of abortion drugs including informed consent specific to the efficacy, complications and abortion pill reversal therapy. 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 adopting the previous FDA Risk Evaluation and Mitigation Strategies (REMS) safeguards that required that the distribution and use of mifepristone and misoprostol, the drugs commonly used in chemical abortions, to be under the supervision of a licensed physician because of the drugs' potential for serious complications including, but not limited to, uterine hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death.

The Maryland General Assembly must put patient safety before abortion politics and profits. We strongly urge the bill sponsor to amend the language of this bill to exclude its application to teleabortion and the remote prescription and distribution of dangerous chemical abortion drugs.