

# **SB-933-250224-Ingestion-abortion-drug.pdf**

Uploaded by: Christine Hunt

Position: FAV

Christine Hunt and Jay Crouthers  
1014 Dockser Drive  
Crownsville, MD 21032

2/24/2025

Maryland General Assembly  
Members of the Judicial Proceedings Committee  
Annapolis, MD

RE: SB933: Criminal Law - Causing Ingestion of an Abortion-Inducing Drug - Prohibition (Women's Freedom From Coercion Act)

Dear Senators,

We support and respectfully request that you vote for SB 933.

Fraudulently or forcefully causing a pregnant person to ingest an abortion-inducing drug is unjust, unfair and abusive. No one should be put in this position for any reason.

Sincerely,

Christine Hunt and Jay Crouthers

# **2025 SB933 Support Women's Freedom from Coercion A**

Uploaded by: Deborah Brocato

Position: FAV

**Favorable Statement SB933**

Criminal Law – Causing Ingestion of an Abortion-Inducing Drug –Prohibition  
(Women’s Freedom From Coercion Act)  
Deborah Brocato, Retired Register Nurse

**As a retired registered nurse, I am strongly in favor of SB933.** I am also a former volunteer of over 8 years at a pregnancy resource center.

As a volunteer at a pregnancy resource center on the Baltimore City – Baltimore County line, I saw many clients from the city. The majority of these young women were black. I saw the disparate affect on black women who were also poor with little to no support. While they were at the center for support of a current pregnancy, many of these young women had stories of forced abortion of a prior pregnancy. These young ladies lost their freedom to choose when their boyfriends and family members threatened abandonment of any type of support, including financial and housing, if they continued her pregnancy. Boyfriends used actual physical abuse and/or threatened physical abuse to force abortion. These women need to know there is legal recourse against this coercion.

The Maryland General Assembly has passed much legislation to ensure that women and girls have the freedom to choose to prevent, continue or end pregnancy. SB933 will not interfere with a woman’s ability to make those decisions. SB933 seeks to prohibit another person from taking away a woman’s choice to continue her pregnancy.

My concern is for those women and girls who are coerced into ending a pregnancy they wish to continue through force, threat of force, or unknowingly ingesting abortion-inducing drugs. The abuser is putting the lives of both the baby and the mother in jeopardy.

The two drugs used for chemical abortion are mifepristone and misoprostol. When used together, mifepristone is given first to cause the breakdown of the uterine lining and separate the placenta from the uterine wall causing fetal death. Then, misoprostol is given to cause contractions to expel the fetal remains. Bleeding can continue for several weeks.

Misoprostol can also be used alone to cause abortion. Used alone, misoprostol is taken in several doses dissolved in the mouth or in the vagina. Again, misoprostol causes contractions to bring on the abortion. Bleeding can continue for several weeks.

The FDA recommends use of mifepristone and/or misoprostol only through 10 weeks of pregnancy. Risks for failure of complete abortion and adverse events increase with greater gestational age. Those risks include hemorrhage and infection. Hemorrhage can lead to respiratory compromise, heart attack and death. Infection can lead to sepsis and death. See the attached articles from the National Institute of Health and the Charlotte Lozier Institute.

Misoprostol is also prescribed to treat gastrointestinal ulcers and to complete a naturally-occurring miscarriage.

Maryland allows prescriptions via telehealth including for mifepristone and misoprostol. While telehealth has given increased access to women, it provides a loophole for abusers. An in-person exam is not required; therefore, it’s possible the person asking for the prescription could use it on some other woman. Because misoprostol is used to treat ulcers, a man could obtain this prescription and use it against a woman.

The person seeking to cause an abortion without the woman's knowledge likely uses Misoprostol alone, crushes the pills and puts them in her food and drink. Giving her these pills all at once not only will cause extreme pain from the contractions but increase the likelihood of adverse events. It is likely the abuser will use the drugs without concern for the gestational age of the pregnancy or any other possible coexisting condition of the woman, such as ectopic pregnancy, high blood pressure, bleeding disorders, etc., that would increase the risks up to and including death.

Because the pills resemble Tylenol, the abuser could also trick the pregnant woman into taking them for pain or headache and give them to her over several doses.

Without knowing she has ingested abortion-inducing drugs, the woman will think she is having a natural miscarriage. Going to an emergency room, this means she will not be able to give complete information about her condition.

SB933 could help to deter this abuse and provide a path to justice for the victims of this coercion.

I urge you to protect a woman's freedom to continue her pregnancy and protect her from abuse. **I strongly recommend a favorable report for SB933.**

## **Lozier Study - ER visits after Abortion Pill.pdf**


Uploaded by: Deborah Brocato

Position: FAV



CHARLOTTE  
**LOZIER**  
INSTITUTE

# New Study Reveals Increasing Severity and Frequency of Emergency Department Visits Following Use of Abortion Drugs

 [lozierinstitute.org/new-study-reveals-increasing-severity-and-frequency-of-emergency-department-visits-following-use-of-abortion-drugs](https://lozierinstitute.org/new-study-reveals-increasing-severity-and-frequency-of-emergency-department-visits-following-use-of-abortion-drugs)

Charlotte Lozier Institute

September 10, 2024

**Washington, D.C.**— A new study published in the *International Journal of Epidemiology and Public Health Research* by Dr. James Studnicki, Dr. Ingrid Skop, Tessa Cox, and other Charlotte Lozier Institute (CLI) scholars, reveals the increasing severity and frequency of emergency department (ED) visits among Medicaid-eligible women from 17 states where Medicaid pays for abortion following different pregnancy outcomes. The study, titled “Comparative Acuity of Emergency Department Visits Following Pregnancy Outcomes Among Medicaid Eligible Women, 2004-2015,” confirms the risks of abortion drugs, presenting data that highlights their adverse effects on women. The study focused on ED visits within 30 days of a

pregnancy outcome—whether use of abortion drugs (mifepristone and misoprostol), surgical abortion, or live birth—and compared them to visits by women who were not pregnant.

### **Key Findings Include:**

The likelihood of an ED visit with a severe or critical acuity code following the use of abortion drugs was more than twice as high as that of women who were not pregnant.

Compared to surgical abortions and live births, abortion drugs were associated with significantly higher rates of severe or critical ED visits.

The overall acuity and number of ED visits have increased across all pregnancy outcomes from 2004 to 2015, with the most dramatic rise seen following the use of abortion drugs.

“Abortion drugs now constitute a significant portion of all abortions in the United States. Although abortion providers acknowledge the high rate of ED visits after abortion, they minimize their seriousness by labeling them as ‘visits for symptoms, not complications,’” said **Dr. Studnicki, CLI’s Vice President and Director of Data Analytics**. “Our study reveals that by 2015, 75% of these visits within 30 days of the use of abortion drugs were coded as severe or critical—conditions that require urgent medical attention or



pose an immediate threat to life, such as severe respiratory distress, sepsis, or new neurological symptoms like paralysis or suicidal ideation.”

*Charlotte Lozier Institute was launched in 2011 as the education and research arm of Susan B. Anthony Pro-Life America. CLI is a hub for research and public policy analysis on some of the most pressing issues facing the United States and nations around the world. The Institute is named for a feminist physician known for her commitment to the sanctity of human life and equal career and educational opportunities for women.*

###

# **NIH Abortion Pill Adverse Events.pdf**

Uploaded by: Deborah Brocato

Position: FAV

PubMed National Institute of Health

National Library of Medicine, National Center for Biotechnology information

<https://pubmed.ncbi.nlm.nih.gov/33939340/>

2021 Spring;36(1):3-26.

## **Deaths and Severe Adverse Events after the use of Mifepristone as an Abortifacient from September 2000 to February 2019**

Kathi Aultman 1, Christina A Cirucci, Donna J Harrison 2, Benjamin D Beran 3, Michael D Lockwood 4, Sigmund Seiler 5

Affiliations expand

PMID: 33939340

### **Abstract**

**Objectives:** Primary: Analyze the Adverse Events (AEs) reported to the Food and Drug Administration (FDA) after use of mifepristone as an abortifacient. Secondary: Analyze maternal intent after ongoing pregnancy and investigate hemorrhage after mifepristone alone.

**Methods:** Adverse Event Reports (AERs) for mifepristone used as an abortifacient, submitted to the FDA from September 2000 to February 2019, were analyzed using the National Cancer Institute's Common Terminology Criteria for Adverse Events (CTCAEv3).

**Results:** The FDA provided 6158 pages of AERs. Duplicates, non-US, or AERs previously published (Gary, 2006) were excluded. Of the remaining, there were 3197 unique, US-only AERs of which there were 537 (16.80%) with insufficient information to determine clinical severity, leaving 2660 (83.20%) Codable US AERs. (Figure 1). Of these, 20 were Deaths, 529 were Life-threatening, 1957 were Severe, 151 were Moderate, and 3 were Mild.

**The deaths included: 9 (45.00%) sepsis, 4 (20.00%) drug toxicity/overdose, 1 (5.00%) ruptured ectopic pregnancy, 1 (5.00%) hemorrhage, 3 (15.00%) possible homicides, 1 (5.00%) suicide, 1 (5.00%) unknown. (Table 1).**

**Retained products of conception and hemorrhage caused most morbidity. There were 75 ectopic pregnancies, including 26 ruptured ectopics (includes one death).**

There were 2243 surgeries including 2146 (95.68%) D&Cs of which only 853 (39.75%) were performed by abortion providers.

Of 452 patients with ongoing pregnancies, 102 (22.57%) chose to keep their baby, 148 (32.74%) had terminations, 1 (0.22%) miscarried, and 201 (44.47%) had unknown outcomes.

Hemorrhage occurred more often in those who took mifepristone and misoprostol (51.44%) than in those who took mifepristone alone (22.41%).

**Conclusions: Significant morbidity and mortality have occurred following the use of mifepristone as an abortifacient. A pre-abortion ultrasound should be required to rule out ectopic pregnancy and confirm gestational age. The FDA AER system is inadequate and significantly underestimates the adverse events from mifepristone.**

A mandatory registry of ongoing pregnancies is essential considering the number of ongoing pregnancies especially considering the known teratogenicity of misoprostol.

The decision to prevent the FDA from enforcing REMS during the COVID-19 pandemic needs to be reversed and REMS must be strengthened.

Keywords: Abortifacient; Abortion Pill; Adverse Event Reports; Adverse Events; DIY Abortion; Drug Safety; Emergency Medicine; FAERS; FDA; Medical Abortion; Medical Abortion Complications; Mifeprex; Mifepristone; Misoprostol; No touch abortion; Post-marketing Surveillance; REMS; RU-486; Risk Evaluation Mitigation Strategy; Self-Administered Abortion.

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Similar articles

Mifepristone Adverse Events Identified by Planned Parenthood in 2009 and 2010 Compared to Those in the FDA Adverse Event Reporting System and Those Obtained Through the Freedom of Information Act.

Cirucci CA, Aultman KA, Harrison DJ. *Health Serv Res Manag Epidemiol*. 2021 Dec 21;8:23333928211068919. doi: 10.1177/23333928211068919. eCollection 2021 Jan-Dec. PMID: 34993274 Free PMC article.

Analysis of severe adverse events related to the use of mifepristone as an abortifacient.

Gary MM, Harrison DJ. *Ann Pharmacother*. 2006 Feb;40(2):191-7. doi: 10.1345/aph.1G481. Epub 2005 Dec 27. PMID: 16380436

# **Christiansen 2025 Written Testimony SB 0933 .pdf**

Uploaded by: Sandy Christiansen

Position: FAV

## Written Testimony to the Senate Committee on Judicial Proceedings

Re: **SB 0933/HB 1186** Criminal Law - Causing Ingestion of an Abortion-Inducing Drug - Prohibition (Women's Freedom From Coercion Act)

February 24, 2025

**Position: Favorable, support**

Dear Senator Carozza and Fellow Committee Members

My name is Dr. Sandy Christiansen and I'm a board-certified obstetrician/gynecologist licensed in the state of Maryland, the medical director of the Care Net Pregnancy Center of Frederick in Maryland, the Director of the Maryland Chapter of the Academy of Medical Ethics, and the National Medical Director for Care Net.<sup>i</sup>

Women in the state of Maryland have the freedom to decide the outcome of their pregnancy—to carry or to choose abortion. They are entitled to full informed consent prior to undergoing a procedure/ingesting medication that carries risks and life-long impact. What they should not be subject to is to be unknowing, forced, or coerced abortion. I respectfully request that you exercise your sworn duty and protect the citizens of Maryland from this danger.

When a woman becomes pregnant, this reality impacts many people in her life—the father of the baby, her parents, her work/employer, her support community, and society in general. Any one of these may influence her decision—and present conflicting interests—that don't necessarily align with the pregnant woman's values or desires.<sup>ii, iii</sup> This is a set up for coercion to take place, and, in fact, coerced abortion is not uncommon.<sup>iv, v, vi, vii, viii</sup> It is commonplace for women who are victims of sex trafficking.<sup>ix, x</sup> Women and girls who have suffered incest and become pregnant are usually counseled to abort their babies and experience pressure to do so.<sup>xi</sup>

Apart from criminal scenarios, one study revealed that over 60% of women experienced one form of pressure, or another to abort their pregnancies.<sup>xii</sup> They typically are pressured by the father of the baby, parents, employers, or social service workers.<sup>xiii</sup> Make no mistake: forced abortion is very real and can be life-threatening for women, who are subject to physical and psychological harm and death threats.<sup>xiv</sup> Adding to their vulnerability, an average of 50% of women admit to feelings of ambivalence about an abortion decision—making them more at risk for coercion.<sup>xv</sup>

Abortive drugs are readily available on the Internet from illicit overseas websites. These websites do not provide FDA approved products which may be fake, expired, contaminated, or tainted. These drugs may be purchased by anyone: women, men and children. This reality makes it too easy for abusers and traffickers to obtain abortive drugs and give it to women, without their knowledge. This is criminal activity and Maryland needs this bill to become law to protect our citizens. Women in Maryland are counting on your protection.

I'm asking for a favorable vote on SB 0933 and HB 1186.

Sincerely,

Sandy Christiansen, MD, FACOG  
Care Net National Medical Director  
Director of the Maryland Chapter of the Academy of Medical Ethics  
[scmdforlife@gmail.com](mailto:scmdforlife@gmail.com)  
Frederick, MD 21703

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- <sup>i</sup> [Care Net](#) offers compassion, hope, and help to anyone considering abortion by presenting them with realistic alternatives and Christ-centered support through our life-affirming network of pregnancy centers, churches, organizations, and individuals.
- <sup>ii</sup> Reardon DC. The abortion and mental health controversy: A comprehensive literature review of common ground agreements, disagreements, actionable recommendations, and research opportunities. *SAGE Open Med* [Internet]. 2018;6:205031211880762. Available from: <http://journals.sagepub.com/doi/10.1177/2050312118807624>
- <sup>iii</sup> Reardon DC. Abortion decisions and the duty to screen: clinical, ethical, and legal implications of predictive risk factors of post-abortion maladjustment. *J Contemp Health Law Policy*. 2003;20(1):33–114
- <sup>iv</sup> Coyle CTC, Shuping MWM, Speckhard A, Brightup JE. The Relationship of Abortion and Violence Against Women : Violence Prevention Strategies and Research Needs. *Issues Law Med* [Internet]. 2015 [cited 2016 Nov 1];30(2):111–27. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/26710370>
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- <sup>xi</sup> Reardon D, Makimaa J, Sobie A, editors. *Victims and Victors: Speaking Out About Their Pregnancies, Abortions, and Children Resulting from Sexual Assault*. Springfield IL: Acorn Books; 2000. 192 p.
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- <sup>xiii</sup> Elliot Institute. Forced Abortion in America: A Special Report [Internet]. Springfield IL; 2004. Available from: <https://afterabortion.org/new-elliott-institute-report-exposed-americas-forced-abortion-crisis/>

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<sup>xiv</sup> Shadigian E, Bauer S; Pregnancy-Associated Death: A Qualitative Systematic Review of Homicide and Suicide; OB GYN Survey, Vol 60, No 3, 2005

<sup>xv</sup> Reardon DC. The abortion and mental health controversy: A comprehensive literature review of common ground agreements, disagreements, actionable recommendations, and research opportunities. SAGE Open Med [Internet]. 2018;6:205031211880762. Available from: <http://journals.sagepub.com/doi/10.1177/2050312118807624>



# **SB 933 - Carozza Testimony\_FINAL.pdf**

Uploaded by: Senator Mary Beth Carozza

Position: FAV

MARY BETH CAROZZA  
Legislative District 38  
Somerset, Wicomico,  
and Worcester Counties

Education, Energy, and  
the Environment Committee

Executive Nominations Committee



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**THE SENATE OF MARYLAND**  
**ANNAPOLIS, MARYLAND 21401**

**February 26, 2025**

**The Senate Judicial Proceedings Committee**

**SB 933 - Criminal Law - Causing Ingestion of an Abortion-Inducing Drug -  
Prohibition (Women's Freedom From Coercion Act)**

**Statement of Support by Bill Sponsor Senator Mary Beth Carozza**

Thank you Chair Smith, Vice Chair Waldstreicher, and members of the distinguished Senate Judicial Proceedings Committee for this opportunity to present Senate Bill 933 – Criminal Law – Causing Ingestion of an Abortion-Inducing Drug – Prohibition, known as the Women’s Freedom from Coercion Act.

SB 933 would prohibit a person from knowingly and willfully causing another to ingest, without their consent, an abortion-inducing drug through fraud, coercion, force, or the threat of force when the person knows or believes that the other person is pregnant. Put simply, this legislation would prohibit a very specific type of crime: when a woman chooses to keep her pregnancy to term and someone in her life eliminates that choice.

I want to be clear: this legislation does not restrict a woman from having an abortion. SB 933 is narrowly tailored to specifically address an issue on the rise in the United States: the non-consensual ingestion of abortion-inducing drugs.

May, 2013: Remelee Lee, a Florida woman who dreamed of becoming a mother, was tricked into an abortion by her boyfriend John Andrew Weldon, who gave her Cytotec, a brand of Misoprostol, telling her it was an antibiotic for infection. Lee was rushed to the hospital after taking only one pill and miscarried her baby at six weeks. When doctors inspected the pills, it was discovered that they were not antibiotics, but abortion pills. Weldon was indicted under the rarely used federal Unborn Victims of Violence Act, a murder charge that carries a life sentence.

February, 2014: A woman in Brooklyn, New York was rushed to a local hospital when she felt intense pain in her abdomen. The doctor removed two pills that had been inserted transvaginally without her consent during sexual intercourse by her boyfriend, Shervawn Remy. The doctor identified the pills as the abortion drug Cytotec, a brand of Misoprostol. Several hours later, she miscarried at 14 weeks. Remy, the father of the child, was charged criminally with forced abortion, a felony punishable by up to four years in prison under New York law.

May, 2017: Brooke Fiske from Arlington, Virginia was 17 weeks pregnant when her boyfriend Sikander Imran, a doctor, slipped a drug into her tea knowing it would likely cause her to miscarry their son. Brooke went into premature labor hours later. She was rushed to the hospital but her baby boy did not survive. Imran lost his medical license, pleaded guilty to fetal homicide and was sentenced to 20 years in prison but served only three years.

March, 2022: Catherine Herring is a Texas woman whose former husband, Mason Herring, grounded up the drug Misoprostol and poisoned her water with it in order to force an abortion without her knowledge or consent. Fortunately, Catherine realized what was happening when she found an empty package of Misoprostol in the trash and sought medical intervention in time to save the life of her daughter. Mason Herring was charged initially with felony assault to induce abortion and accepted a plea agreement on charges of injury to a child and assault of a pregnant person. Due to the poisoning, Catherine's daughter was born prematurely, requires a feeding tube, and will need lifelong medical assistance.

May, 2024: A woman in Massachusetts lost her child when her boyfriend Robert Kawanda went through an online pharmacy to obtain Misoprostol. Prosecutors say he orchestrated a call from a fake nurse to advise the victim she could take iron pills due to her blood levels. Kawanda then showed up at the victim's home with the supposed iron supplements and even checked her mouth to ensure she had consumed the drugs. The woman miscarried the next day. Robert Kawanda was criminally charged with attempted poisoning, assault, and battery with a dangerous weapon on a pregnant person and assault and battery on a household or family member.

Some of you may remember Senate Bill 561 of 2019, known as Laura and Reid's Law. Laura Wallen from Olney, Maryland was four months pregnant when she was killed in September 2017 and her boyfriend was charged with the crime, but he died in his jail cell before the trial began. Laura was killed by her boyfriend because she was pregnant, and she had planned to keep the pregnancy. She had given her future child the name Reid.

Laura and Reid's Law makes a crime of violence against a woman the perpetrator knows or believes is pregnant an additional felony with a jail sentence of up to 10 years in addition to any other sentence imposed for the underlying crime. The reason I am bringing attention to SB 561 of 2019 is to highlight that SB 933 of 2025 serves a similar purpose. Forcing a woman to ingest abortion-inducing drugs because she is pregnant is an act of domestic violence.

In 2019, we learned that nationally, one in ten pregnant women will experience physical abuse at the hands of an intimate partner, and pregnancy-associated homicide in Maryland is 10 times the national average. In 2023, The Maryland Network Against Domestic Violence reported 38 fatalities due to domestic violence. Over 1 in 3 women (35.6%) and 1 in 4 men (28.5%) in the United States have experienced some form of domestic violence in their lifetime.

Abusive people believe they have the right to control and restrict their partner's lives. Forcing a woman to end her pregnancy through fraud, coercion, force, or the threat of force is a form of domestic violence that eliminates her bodily autonomy and her choice.

The number of yearly abortions in the U.S. rose by 10 percent between 2020 and 2023, and the most common form is abortion-inducing drugs at 63 percent. This does not include abortions that take place within the home. In Maryland, you can have abortion pills mailed to you if you meet certain requirements, such as having a Maryland address. And while there is no specific information about the number of miscarriages in Maryland, roughly 15-20 percent of pregnancies in the United States end in miscarriage, making it the most common complication.

If someone were motivated to force a woman to ingest abortion-inducing drugs without her consent, they would have the means and opportunity, and they also would have an alibi by claiming the abortion was just a miscarriage.

Studies have found that many women who seek counseling services after having an abortion were pressured into terminating their pregnancies by their husbands, boyfriends, or family members. After having an abortion, many of these women reported symptoms of depression, guilt, shame, regret, self-hatred, feelings of worthlessness, feelings of being unworthy of love, low self-esteem, and anxiety. Some studies have found up to 9 percent reported drug or alcohol addiction, and 6.2 percent reported thoughts or attempts of suicide.

Now imagine that you wanted and planned to bring the pregnancy to term, but you thought your own body failed you, resulting in a miscarriage. Imagine the emotional pain and heartbreak you would feel, only to learn that someone took advantage of your trust and poisoned you, ignoring your choice, your bodily autonomy, and your personhood.

With abortion law being expanded in Maryland, we can expect the number of abortions to increase statewide and along with it, an increase in the forced-ingestion of an abortion-inducing drug. We do not know the exact numbers as Maryland is one of three states that does not compile nor collect women's health care data, including the cost of birth, postpartum care, pregnancy care, and abortion.

We should be concerned that 44 percent of abortions nationally are performed on African-American women despite only accounting for 13 percent of the female population. As a State with a prominent African-American population, we can assume that the Maryland percentage would be much higher.

In summary, Senate Bill 933 prohibits a person from knowingly and willfully causing another to ingest an abortion-inducing drug when the person knows or believes that the other person is pregnant and without consent, through fraud or coercion, or through force or threat of force. A person who violates someone in this manner would be subject to a felony charge and face imprisonment. I look forward to working with the Committee on this legislation to protect women from being victims of this crime of non-consensual ingestion of abortion-inducing drugs.

Thank you for your kind attention and consideration, and I request the Committee grant a favorable report to SB 933.

## **SB 933.pdf**

Uploaded by: Stephanie Atha

Position: FAV

Favorable Statement SB 933  
Criminal Law - Causing Ingestion of an Abortion-Inducing Drug Prohibition  
(Women's Freedom From Coercion Act)  
Stephanie Atha, Choose Hope Women's Center

As a mother and the director of a pregnancy medical clinic, I am strongly in favor of SB933. I write to you today to make you aware of a silent but urgent crisis affecting women across Maryland—the issue of coerced and unwanted abortions.

A recent study by the Charlotte Lozier Institute found that nearly 70% of women who had abortions felt pressured or that their decision was inconsistent with their values. Even more alarming, 1 in 10 women described their abortion as outright coerced. This is not choice. This is not empowerment. This is a failure to protect vulnerable women from force, manipulation, and abuse.

Coercion takes many forms. It may come from an intimate partner, an employer, a trafficker, or even a family member who sees a woman's pregnancy as an inconvenience rather than a life. Women are told they will be abandoned, fired, or even harmed if they do not comply. And with the rise of mail-order abortion pills, it has never been easier for an abuser to make that choice for them—sometimes even without their knowledge.

Maryland has long championed reproductive rights, but what about the right to say no? What about the right to be protected from coercion? Right now, there are no legal safeguards ensuring that a woman is making this decision freely. No requirement to screen for coercion. No penalty for those who force a woman into an unwanted abortion.

This Assembly has the power to change that. We can enact commonsense protections—ensuring that every woman seeking an abortion does so free from coercion. We can require abortion providers to screen for pressure and abuse, offer resources and support, and hold perpetrators accountable.

If we truly care about women, we must protect her choices—not just the ones that are convenient. Let's stand up for the women of Maryland and say, once and for all, no woman should be forced into an abortion she does not want and those that do force a woman will be held accountable by the law.

Thank you.

Stephanie Atha  
Executive Director  
Choose Hope Women's Center  
1924 Pulaski Highway  
Edgewood MD 21040  
443.643.5595

# **Written Testimony for SB 933\_HB 1186\_ Criminal La**

Uploaded by: Trudy Tibbals

Position: FAV



Written Testimony for **SB 933/HB 1186**: Criminal Law - Causing Ingestion of an Abortion-Inducing Drug - Prohibition (Women's Freedom From Coercion Act) - Please **VOTE YES** on this bill.

Dear Judicial Proceedings and Judiciary Committees :

The purpose of this bill is "...Prohibiting a person from knowingly and willfully causing another to ingest an abortion-inducing drug when the person knows or believes that the other person is pregnant and without consent, through fraud or coercion, or by force or threat of force..."

This is a very important bill. This will protect our women from being forced or coerced into swallowing a Plan B pill to end a pregnancy AGAINST the women's will. This will keep our women safe from violence and from possible side effects from "...an abortion-inducing drug...", like severe bleeding that may cause a woman to have to seek emergency care.

Please **VOTE YES** on this bill to show all women that you care about their well-being, both physical and mental.

Thank you.

Respectfully,

Trudy Tibbals

A Very Concerned Mother of 3 and Maryland Resident

# **Maryland Catholic Conference\_FWA\_SB933.pdf**

Uploaded by: Diane Arias

Position: FWA



**February 26, 2025**

**Senate Bill 933**

**Criminal Law - Causing Ingestion of an Abortion-Inducing Drug - Prohibition  
(Women's Freedom From Coercion Act)  
Senate Judicial Proceedings Committee**

**Position: Favorable With Amendments**

The Maryland Catholic Conference (MCC) is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

**Senate Bill 933** prohibits a person from knowingly and willfully causing another to ingest an abortion-inducing drug when the person knows or believes that the other person is pregnant and without consent, through fraud or coercion, or by force or threat of force.

Life begins at conception, and every unique and irreplaceable human life deserves protection. Many women struggle with fertility, and for those who conceive, pregnancy is often accompanied by profound gratitude and recognition of life's inherent value. Any form of coercion or force that compels a woman to ingest abortion-inducing medication is immoral. With the availability of abortion pills, such as mifepristone and misoprostol, through online orders, the risks outlined in this legislation become even more pressing. This ease of access makes it alarmingly possible for women, particularly victims of domestic violence, to be coerced into unwanted abortions. If a woman ingests these medications against her will, she has only 72 hours to receive a prescribed abortion pill reversal treatment using progesterone, which could potentially save her pregnancy.<sup>1</sup>

The dignity of every human person applies to both victims and offenders. The sentencing proposed in this legislation, up to 25 years, aligns with the punishment for second-degree murder. Though no amount of sentencing can undo the immense harm or restore the lost life, justice demands that the legal system recognize the gravity of the offense. Sentencing should serve the purpose of justice and reparation, acknowledging both the harm inflicted on the mother and the unjust loss of the unborn child. Civil authorities have a duty to defend all

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<sup>1</sup> <https://abortionpillreversal.com/abortion-pill-reversal/faq>

human life, particularly when it is wantonly or unjustly endangered. When an unborn life is forcibly ended through coercion, society must stand in defense of both the lost child and the trauma endured by the mother and her family.

The Catholic Church seeks to contribute to a society that upholds human dignity while balancing justice with mercy. Punishment should serve not only as retribution but also as a means of rehabilitation. Our faith calls us to seek justice while offering offenders an opportunity to reform. True justice should: hold offenders accountable while encouraging transformation, support victims without resorting to vengeance, restore a sense of community while resisting a culture of violence, and address the root causes of crime, such as family breakdown, poverty, addiction, and systemic violence.<sup>2</sup> We oppose policies that merely increase prison sentences without addressing underlying issues. Instead, we advocate for restorative justice programs that emphasize community healing and personal accountability.

### **Proposed Amendment**

*(C) A PERSON WHO VIOLATES THIS SECTION IS GUILTY OF A FELONY AND, UPON CONVICTION, IS SUBJECT TO IMPRISONMENT NOT EXCEEDING 10 YEARS.*

This proposed amendment acknowledges the profound harm caused to both the unborn child and the mother while also recognizing the potential for rehabilitation of the offender. It seeks to ensure justice is served while upholding the dignity of all involved.

For these reasons, the Maryland Catholic Conference asks for a favorable report with the above amendments on **SB 933**.

Thank you for your consideration.

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<sup>2</sup> <https://www.usccb.org/resources/responsibility-rehabilitation-and-restoration-catholic-perspective-crime-and-criminal#intro>

# **SB 933 Criminal Law - Causing Ingestion of an Abor**

Uploaded by: Andrea Rafter

Position: UNF

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BILL NO:	Senate Bill 0933
TITLE:	Criminal Law - Causing Ingestion of an Abortion-Inducing Drug - Prohibition (Women's Freedom From Coercion Act)
COMMITTEE:	Judicial Proceedings
HEARING DATE:	February 26, 2025
POSITION:	<b>OPPOSE</b>

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The Women's Law Center of Maryland is dedicated to ensuring the physical safety, economic security, and bodily autonomy of women throughout the state. With this mandate, we urge an unfavorable report on Senate Bill 0933.

Senate Bill 0933 would criminalize the act of knowingly and willfully causing a pregnant individual to ingest an abortion-inducing drug without consent, through fraud or coercion, or by force or threat of force. The Women's Law Center does not support coercion or force of any kind, however, we fear SB 0933's potential negative implications and do not want to set a precedent of a separate penalty for a crime utilizing an abortion drug.

SB 933 would inadvertently limit access to medical abortion services. The bill's broad language may increase healthcare providers' hesitancy in prescribing abortion-inducing medications even when it is medically appropriate and consensual. This will reduce the availability of constitutionally-protected abortion services, disproportionately affecting women who rely on medication-induced abortions as a safe and accessible option.

The bill's emphasis on criminalization may also deter women from seeking medical assistance in cases of complications arising from self-managed abortions or miscarriage. Fear of legal consequences could discourage individuals from disclosing pertinent information to healthcare providers, potentially leading to inadequate medical care and increased health risks. Punitive approaches always disproportionately impact marginalized women, and this bill will certainly harm those with limited access to healthcare resources.

Furthermore, SB 933's focus on criminal penalties, including imprisonment of up to 25 years, may not effectively address the root causes of coerced abortions. Advocates argue that resources would be better allocated toward comprehensive support services for pregnant individuals, such as counseling, financial assistance, and access to healthcare. By prioritizing criminalization over support, the bill may fail to empower women to make autonomous decisions about their reproductive health.

For the above stated reasons, the Women's Law Center of Maryland urges an unfavorable report on SB 933.

*The Women's Law Center of Maryland is a non-profit legal services organization whose mission is to ensure the physical safety, economic security, and bodily autonomy of women in Maryland. Our mission is advanced through direct legal services, information and referral hotlines, and statewide advocacy.*

## **SB0933 - Women's Freedom From Coercion Act - Testi**

Uploaded by: Charlotte Hoffman

Position: UNF



Wren Massey (he/they)  
Policy Intern

Charlotte Persephone Hoffman, Esq. (they/she)  
Policy Director  
charlotte@transmaryland.org

Wednesday February 26, 2025

The Honorable William C. Smith, Jr.  
Senate Judicial Proceedings Committee  
2 East Miller Senate Office Building  
Annapolis, Maryland 21401

### Testimony of Trans Maryland

### IN OPPOSITION TO

**Senate Bill #933:** Criminal Law - Causing Ingestion of an Abortion-Inducing Drug - Prohibition  
(Women's Freedom From Coercion Act)

To the Chair, Vice Chair, and esteemed members of the Senate Judicial Proceedings Committee:

Trans Maryland is a multi-racial, multi-gender, trans-led community power building organization dedicated to Maryland's trans community. Trans Maryland believes in protecting the rights of all Marylanders, particularly transgender community members, to access safe, inclusive, and appropriate healthcare. This belief stems from the understanding that all people have a fundamental right to bodily autonomy and to be treated with respect and dignity with what they chose to do with their body. To fight for these rights means to fight for the right for all Marylanders to access safe reproductive healthcare, including abortions.

There is absolutely no reason to pass this bill. Medical coercion is already illegal under [Md. Code Regs. 10.26.03.06](#) "Records, Confidentiality, and Informed Consent." In subsection D, this statute clearly states that medical providers must provide the patient with "The purpose and nature of an evaluation or treatment regimen," and that the patient has the right to withdraw from the treatment at any time for any reason. The ability for people in Maryland to withdraw from any treatment for any reason as a part of informed consent is only strengthened through the 2010 case [Stouffer v. Reid](#) from the Court of Appeals of Maryland. Additionally, abortion inducing drugs are controlled substances that require a prescription to receive. If a non-medical provider is giving out medication abortions, then they are in violation of [Md. Code, Crim. Law § 5-701](#), which directly prohibits the distribution of prescription drugs from anyone without the proper licensure to anyone without a prescription.

To put it plainly, it is already against Maryland's law to willfully cause another person to ingest abortion inducing drugs without their consent.

At Trans Maryland, we believe that people deserve to have safe and fully informed health care. However, this bill was not written with the intent to protect these rights.





Wren Massey (he/they)  
Policy Intern

Charlotte Persephone Hoffman, Esq. (they/she)  
Policy Director  
[charlotte@transmaryland.org](mailto:charlotte@transmaryland.org)

The intent behind the bill is seen most clearly in the punishment laid out in the bill. Under section C, if a person is found guilty they are convicted of a felony and sentenced to a maximum of 25 years in prison and there is no fine option presented. For context, the first time conviction of possession or distribution of Schedule IV drugs like Rohypnol (also known as the date-rape drug) “is guilty of a misdemeanor and on conviction is subject to imprisonment not exceeding 3 years or a fine not exceeding \$5,000 or both” ([Md. Code, Crim. Law § 5-608](#)). This punishment is also more severe than the punishment for manslaughter, which is also a felony but limits imprisonment to a maximum of 10 years ([Md. Code, Crim. Law § 2-207](#)).

With all of this information and comparison to current Maryland Statutes, we must ask why this bill views abortifacients as particularly vulnerable to abuses of informed consent compared to other medications and treatments and why it views this violation as so deserving of punishment. The answer is simple: because the writers of this bill view abortions as particularly violent. They do not view them as a part of comprehensive health care and are aiming to restrict them through any means necessary.

This bill is crafted to make it feel morally wrong to argue against because we do not want anyone to be subjected to any treatment that they do not consent to. However, we must see past their rhetoric and look at the intent, which is to exceptionalize abortions within Maryland’s criminal code and put a foot in the door for future attacks on abortion rights.

For these reasons, we urge an unfavorable report on SB 933.

# **SB933 Unfavorable 2025.pdf**

Uploaded by: Debi Jasen

Position: UNF

**Judicial Proceedings Committee**  
**Senate Bill 933**  
**UNFAVORABLE**

Honorable Chair, Vice Chair, and Members of the Judicial Proceedings Committee;

Please give Senate Bill 933 an Unfavorable report.

I'm sure there are already laws against forcing someone to ingest medications or other substances. This bill is absolutely unnecessary. If the sponsor and cosponsors actually wanted "women's freedom from coercion," they'd sponsor a bill condemning anti-abortion "crisis pregnancy centers," which are known for lying and coercion. Or they could even sponsor a bill to provide free reproductive healthcare, including abortion, for people who get pregnant through coercion, lying, or force. But we won't ever see that.

Please vote against this bill. Thank you.

Sincerely,  
Debi Jasen  
Pasadena, MD

# **HB1186\_SB933\_ Criminal Law - Causing Ingestion of**

Uploaded by: Jeremy Browning

Position: UNF



**Maryland Commission  
on LGBTQIA+ Affairs**

**Bill Title:** Criminal Law - Causing Ingestion of an Abortion-Inducing Drug - Prohibition (Women's Freedom From Coercion Act)

**Bill Number(s):** [HB1186/SB933](#)

**Position:** UNFAVORABLE

**Date:** February 24, 2025

**Submitted by:** Director Jeremy Browning on behalf of the Maryland Commission on LGBTQIA+ Affairs

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**To:**

**Senate Judicial Proceedings Committee**

The Hon. William C. Smith, Chair  
The Hon. J. Jeff Waldstreicher, Vice Chair

**House Judiciary Committee**

The Hon. Luke Clippinger, Chair  
The Hon. J. Sandy Bartlett

**Testimony on behalf of the Maryland Commission on LGBTQIA+ Affairs:**

The Maryland Commission on LGBTQIA+ Affairs, created by the Maryland General Assembly, works to serve LGBTQIA+ Marylanders by galvanizing community voices, researching and addressing challenges, and advocating for policies that advance equity and inclusion. The Commission envisions a Maryland where all LGBTQIA+ people can live full and authentic lives. As a vital resource, the Commission collaborates with public officials, agencies, and community partners to ensure the rights and dignity of LGBTQIA+ Marylanders are protected and respected.

While the Commission strongly opposes reproductive coercion and supports legal protections for survivors of abuse, we urge an unfavorable report on HB1186/SB933 due to its potential unintended consequences. Maryland law already criminalizes drugging another person without their consent under existing statutes, including laws against assault, reckless endangerment, and fraudulent administration of drugs.

This bill, however, specifically isolates abortion-inducing medication, raising serious concerns that it could be misused to further restrict access to reproductive healthcare. Such measures disproportionately impact LGBTQIA+ individuals, particularly transgender men and nonbinary people who seek abortion care, and add to the growing landscape of laws aimed at policing reproductive autonomy.

Additionally, broad and vague criminal statutes have historically been used to disproportionately target marginalized communities, including LGBTQIA+ people and people of color. This bill could be exploited in domestic disputes, misapplied to criminalize healthcare providers, and further stigmatize reproductive healthcare. The Maryland Commission on LGBTQIA+ Affairs believes that efforts to prevent reproductive coercion should be pursued through existing legal frameworks and survivor-centered policies that do not contribute to the overcriminalization of communities already facing systemic barriers.

For these reasons, the Maryland Commission on LGBTQIA+ Affairs respectfully urges an unfavorable report on HB1186/SB933.

# **SB 933 - MNADV - UNF.pdf**

Uploaded by: Laure Ruth

Position: UNF



**BILL NO:** Senate Bill 933  
**TITLE:** Criminal Law - Causing Ingestion of an Abortion-Inducing Drug - Prohibition (Women's Freedom From Coercion Act)  
**COMMITTEE:** Judicial Proceedings  
**HEARING DATE:** February 26, 2025  
**POSITION:** **OPPOSE**

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The Maryland Network Against Domestic Violence (MNADV) is the state domestic violence coalition that brings together victim service providers, allied professionals, and concerned individuals for the common purpose of reducing intimate partner and family violence and its harmful effects on our citizens. **MNADV urges the COMMITTEE to report unfavorably on SB 933.**

Senate Bill 933 would criminalize the act of knowingly and willfully causing a pregnant individual to ingest an abortion-inducing drug without consent, through fraud or coercion, or by force or threat of force. Certainly, the Network does not support coercion or force of any kind. However, we fear SB 933's potential negative implications or unintended consequences. And we question the approach of creating a separate crime in this instance for acts that are most certainly chargeable under existing crimes.

One major concern is that SB 933 could inadvertently limit access to medical abortion services. The bill's broad language may create an environment where healthcare providers fear legal repercussions, leading to hesitancy in prescribing abortion-inducing medications even when it is medically appropriate, consensual and legal. This is what is happening in states with restrictive abortion laws. This would result in reduced availability of abortion services, disproportionately affecting women who rely on medication-induced abortions as a safe and accessible option.

Additionally, the bill's emphasis on criminalization may deter women from seeking medical assistance in cases of complications arising from self-managed abortions. Fear of legal consequences could discourage individuals from disclosing pertinent information to healthcare providers, potentially leading to inadequate medical care and increased health risks. This punitive approach will disproportionately impact marginalized women, including those with limited access to healthcare resources or those living in areas with restrictive abortion laws.

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For further information contact Laure Ruth ■ Public Policy Director ■ 301-852-3930 ■ [lruth@mnadv.org](mailto:lruth@mnadv.org)

1997 Annapolis Exchange Parkway, Suite 300 ■ Annapolis, MD 21401  
Tel: 301-429-3601 ■ E-mail: [info@mnadv.org](mailto:info@mnadv.org) ■ Website: [www.mnadv.org](http://www.mnadv.org)





Furthermore, SB 933's focus on criminal penalties, including imprisonment of up to 25 years, will not effectively address the root causes of coerced abortions. Resources would be better allocated toward comprehensive support services for pregnant individuals, such as counseling, financial assistance, and access to healthcare. By prioritizing criminalization over support, the bill fails to empower women to make autonomous decisions about their reproductive health.

For the above stated reasons, the **Maryland Network Against Domestic Violence** urges an **unfavorable report on SB 933.**

# **PPM--SB 933--UNF.pdf**

Uploaded by: Luke Allen

Position: UNF

**Committee:** Senate Judicial Proceedings Committee

**Bill:** Senate Bill 933 – Criminal Law - Causing Ingestion of an Abortion-Inducing Drug-Prohibition (Women's Freedom From Coercion Act)

**Hearing:** February 26, 2025

**Position:** Oppose

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Planned Parenthood of Maryland (PPM) opposes *Senate Bill 933 - Criminal Law - Causing Ingestion of an Abortion-Inducing Drug - Prohibition (Women's Freedom From Coercion Act)*. The bill would make criminal the act of forcing someone to ingest an “abortion inducing drug” without consent or knowledge or through coercion, force, or threat of force.

There is nothing more important than an individual’s right to control their future through making decisions relating to their health with full consent and information. That is why, in PPM’s daily operational practice, providers are certain to inform patients about all of their options, and make sure that they visit us on their own, **and only their own**, accord and without coercion or force. Patient safety is our number one priority.

While we obviously support medical consent and an individual’s right to advocate for the care they need, we have concerns about the possible interpretation of this law, which is written in an ambiguous manner and could possibly lead to inconsistent and unjust interpretation. This could lead to providers facing criminal ramifications for simply providing consensual, informed care.

We suggest the inclusion of language that clarifies the intent of this bill is to prevent individuals from forcing abortions rather than an effort to create a legal scare tactic that aligns abortion with danger, which perpetuates an antiquated stigma about this type of health care. It is of equal importance to include language that protects health care providers, who already follow best practices to make sure that their patients are of sound mind to make decisions, are protected under any proposed law like this.

We ask for an unfavorable report. Of course, Marylanders should be able to make medical decisions about abortion without fear and intimidation – but this law is too broad. If we can provide any additional information, please contact Erin Bradley at [erin.bradley@ppm.care](mailto:erin.bradley@ppm.care).

# **SB 0933 - MDH - JPR - LOO\_final.pdf**

Uploaded by: Meghan Lynch

Position: UNF



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 26, 2025

The Honorable William C. Smith Jr.  
Chair, Judicial Proceedings Committee  
2 East Miller Senate Office Building  
Annapolis, MD 21401-1991

**RE: Senate Bill (SB) 933 – Criminal Law - Causing Ingestion of an Abortion-Inducing Drug - Prohibition – Letter of Opposition**

Dear Chair Smith and Committee members:

The Maryland Department of Health (the Department) respectfully submits this letter of opposition for Senate Bill (SB) 933 – Causing Ingestion of an Abortion-Inducing Drug - Prohibition. The bill would prohibit a person from knowingly and willfully causing another to ingest an abortion-inducing drug when the person knows or believes that the other person is pregnant and without consent, through fraud or coercion, or by force or threat of force. It proposes a felony conviction for anyone found guilty and imprisonment up to 25 years.

Current criminal statutes, such as those against assault, battery, or other forms of coercion, already apply to situations of one person forcing another to undergo a medical procedure. By targeting medication abortion provision under the legally vague definitions of fraud and coercion, the Department is concerned of a chilling effect for physicians and providers. Proving fraud, coercion, or threat of force requires a specific set of facts and interpretation and could lead to inconsistent enforcement and wrongful prosecutions, especially against abortion providers who may be accused by disgruntled partners or guardians in the course of providing routine medical care. Fear of being wrongfully prosecuted under this law could lead to compromised care from providers, who may hesitate to provide necessary care for fear of inadvertently violating the law.

Finally, targeting a proven safe medical procedure like medication abortion under a criminal law is concerning. There is no evidence of widespread coercion among people who receive medication abortions.<sup>1</sup> In addition, medical procedures, including who can provide them and how they should be provided, are highly regulated. The Department questions the benefit of singling out medication abortion for a criminal law, as Maryland does not have criminal statutes targeting other medical procedures.

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<sup>1</sup><https://www.guttmacher.org/journals/psrh/2012/05/attitudes-and-decision-making-among-women-seeking-abortions-one-us-clinic>

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at [sarah.case-herron@maryland.gov](mailto:sarah.case-herron@maryland.gov).

Sincerely,

A handwritten signature in blue ink, appearing to read "Laura Scott", written in a cursive style.

Laura Herrera Scott, M.D., M.P.H.  
Secretary