

Opposition Statement HB372

Hospitals – Emergency Pregnancy-Related Medical Conditions - Procedures

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I Oppose HB372

On behalf of our Board of Directors and members across the state, we strongly object to the appropriation and use of any public funds for the purposes of abortion violence. Maryland Right to Life opposes any laws that would force hospitals to provide abortion and abortion services; therefore, Maryland Right to Life requests an unfavorable report on HB372.

There have been efforts by the General Assembly to force Hospital emergency rooms to perform abortions and staff the emergency departments with personnel for that purpose. Maryland Right to Life objects to any bill that provides funding for staffing the abortion workforce. Abortion is not an emergency treatment. HB372 seeks to treat pregnancy as an emergency condition for which, in Maryland, abortion would be seen as a “stabilizing” treatment.

Abortion up to birth is legal in Maryland. If a pregnant woman in labor enters an emergency room demanding an abortion. Because birth is imminent, her condition, according to this bill, would be classified as an “emergency medical condition”, and the Emergency Room would be required to provide the abortion. That would mean a hospital would be required to have on staff “qualified providers” that can perform these late-term abortions. If the hospital does not provide the abortion treatment, this bill requires the hospital and/or the hospital employee be penalized for the violation.

Pregnancy, on its own, is NOT an emergency condition. Active labor is a normal stage of pregnancy. Babies have been delivered at home and in cars and various other places when necessary. Labor can certainly become an emergency situation if the baby and/or the mother are in distress. Hospital personnel would act to save the lives of both the mother and the baby. **Wanting an abortion is not an emergency situation. No hospital should be forced to provide abortions.**

Abortion is not healthcare and is never medically necessary – and therefore, does not deserve public funding. A miscarriage is the ending of a pregnancy *after* the baby has died; an ectopic pregnancy is not a viable pregnancy and the baby cannot continue to develop. Abortion is the intentional killing of a developing human being and often causes physical and psychological injury to the mother. Sometimes, it is necessary for a woman to have a dilatation and curettage (D&C) to complete the miscarriage so she does not develop infection, sepsis or possibly die. This is NOT the same as using D&C for abortion. Nonviable pregnancies, such as ectopic and molar pregnancies, are just as stated - nonviable – the baby has not survived or will not survive. It is necessary to remove such pregnancies for the health of the mother. Again, these are not the same as abortion because the pregnancy is not healthy and developing – the baby has died or is dying. There are no laws to prevent physicians from treating these cases.

Abortion always kills a human child and often causes physical and psychological injury to women and girls. Abortion enables the exploitation of women and girls by sexual abusers and sex traffickers to continue in the course of their crimes and victimization.

Pregnancy is not a disease and abortion cures no illness or disease and therefore is not healthcare. 85% of obstetricians and gynecologists refuse to commit abortions as their medical oath requires them to first do no harm to their patients – either mother or baby. In the rare cases when continuation of pregnancy threatens the physical life of the mother, medical providers may induce birth, but have a duty to treat both the mother and the baby. There is no law in any state that prohibits medical intervention to save the physical life of the mother in the case of medical emergency, such as ectopic pregnancy or abortion. **These medical interventions do not constitute intentional abortion and are performed in hospitals when a woman or girl is admitted and evaluated. Emergency departments should not be forced to become abortion clinics.**

I strongly urge that you stop the coercion of hospitals and hospital employees to perform abortions and give HB372 an unfavorable report.