



Favorable – HB1198
Abortion –Drug Induced Abortions
By Laura Bogley, JD
Director of Legislation, Maryland Right to Life

On behalf of our members and in the interest of women and girls across our state, I strongly support House Bill 1198 and urge your favorable report. This important legislation will save countless lives in Maryland by establishing a long overdue medical protocol for the use of chemical abortion pills.

“D-I-Y” Abortions Endanger Women

This bill is necessary because public policy has failed to keep pace with the abortion industry’s rapid deployment of chemical abortion pills. Maryland law permits only licensed physicians to provide abortion services. But 85% of obstetricians and gynecologists refuse to commit abortion, demonstrating that abortion is not an essential part of women’s health care. In response to this provider scarcity, the abortion industry is commercializing **“Do-It-Yourself” abortion pills**. The abortion industry’s radical agenda to indiscriminately sell “D-I-Y” abortions is *taking abortion further outside the scope of health care* and returning women to the days of “back alley abortions” where women self administer and hemorrhage without medical supervision or assistance.

Women often choose a chemical abortion as a result of intense marketing and misadvertising that it is more natural, private and safer than a surgical procedure, but Chemical abortion is four times more likely to result in complications than surgical abortion. To date more than 5,000 complications have been reported and 24 women have been killed through chemical abortion since its approval by the Food and Drug Administration (FDA). Because half of all women experiencing complications from chemical abortions receive emergency intervention through hospitals, the rate of abortion complications is dramatically underreported.

Adopt Reasonable Health and Safety Standards

The growing reliance on chemical abortions underscores the need for a state protocol for the use of abortion pills including informed consent specific to the efficacy, complications and abortion pill reversal. Strong informed consent requirements, such as those proposed by HB1198, 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 current FDA Risk Evaluation and Mitigation Strategies (REMS) safeguards that require that the distribution and use of mifepristone, the drug commonly used in chemical abortions, to be under the supervision of a qualified health care provider because of the drug’s potential for serious complications including, but not limited to, uterine hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death. The FDA REMS are the only real barrier to over the counter distribution of abortion pills.

Put patients before abortion politics and profits

Maryland policymakers have put abortion politics before patients. 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 telaboration 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 complications or deaths.

And while Governor Larry Hogan ordered the closures of businesses, schools and churches across the state due to COVID-19, he allowed abortion clinics to continue killing children as “essential health care”. Several abortion clinics conducted COVID drive-through assembly lines in parking lots to distribute abortion pills. Hogan’s pro-abortion policy threatened to overburden our hospital and emergency personnel at a time when they already were experiencing a shortage in medical personnel and supplies. Despite the fact that Planned Parenthood was exempted from closures and reported an increase in the number of abortions they committed in 2020, the Maryland Department of Health awarded them thousands of taxpayer dollars in COVID relief.

Telehealth v. Teledeath

There are several bills currently being considered this session to expand telaboration through remote distribution chains including pharmacies, schools health centers, prisons and even vending machines and to expand public funding for telaboration through Medicaid and Family Planning Program dollars. There are many potential negative consequences to these policies which ultimately demonstrate the state’s disregard for the health of women. 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 telaboration, and emergency care may not be readily available in remote or underserved areas.

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. 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 boyfriends will all welcome more easily available chemical abortion.

The abortion industry is only concerned with abortion remaining legal. 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 pills. We respectfully urge you to issue a favorable report on this important bill. Thank you for your consideration.