



**Opposition Statement HB732**  
**Health Care Practitioners –Telehealth –Out–of–State Health Care Practitioners**  
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On behalf of our pro-life members across the state, I oppose HB732 as written. While “telehealth” is a worthwhile goal for Maryland, “**teledeath**” must be expressly excluded from all telehealth policy and/or extension of Covid-19 related telehealth executive orders and legislation.

As written, this bill **will allow abortionists, not licensed by the State of Maryland, to prey upon Maryland citizens and take advantage of Maryland’s radical abortion policies and negligible regulation of the abortion industry.** This bill also could force Maryland taxpayers to fund the remote administration of lethal drugs that are intended to end human life, including **abortion-inducing drugs like mifepristone** (common brand name Mifeprex) and lethal drugs used in **Physician Assisted Suicide (PAS).**

Current FDA guidelines maintain that the distribution and use of mifepristone, the drug commonly used in chemical abortions, must be under the supervision of a qualified healthcare 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.<sup>1</sup>

Now the abortion industry, with support from Maryland Attorney General Brian Frosh, is pressuring the FDA to permanently remove these safety restrictions- leaving women to fend for themselves ([See News Article](#) p.4). The abortion industry brazenly promotes abortion inducing drugs as “DIY abortions.” They want to convince women that these abortions are safe, easy, and nearly painless. They want to expand telemedicine to distribute more abortion pills, faster, so providers can dispense these drugs en masse, putting profits before patients. They even abandon women with complications to emergency rooms, refusing to deal with or even monitor the consequences of this dangerous drug. Nevertheless, Maryland is allowing teleabortions as part of a “research” pilot program.

**The Maryland Medical Assistance Program** and the **Maryland Children’s Health Program** are two primary programs used for publicly funded reimbursements to abortion providers in Maryland. Taxpayers should not be forced to fund abortions or subsidize the billion dollar private abortion industry. A 2020 Marist poll showed that 60% of Americans oppose the use of tax dollars to pay for abortion.

**Funding restrictions are constitutional** - Furthermore government funding restrictions on abortion are constitutional. The Supreme Court in *Harris v. McRae (1980)*, ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that “*no other procedure involves the purposeful termination of a potential life*” -- and affirmed that *Roe v. Wade* did not create a government funding entitlement.

**We respectfully recommend that you heed the FDA’s existing safety restrictions on remote distribution of abortion drugs and amend this bill to protect the health and safety of Maryland women. Thank you.**

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<sup>1</sup> As of March 2020, the FDA reported 4,480 adverse events after women used Mifeprex/mifepristone for abortions (Mifeprex/mifepristone --- outcome: abortion/abortion induced). Among these events were 24 deaths, 1,183 hospitalizations, 339 blood transfusions, and 256 infections (including 48 “severe infections”).