

HB 1171
Opposed
Senate Finance Committee
March 30, 2022

I'm Dr. Sandy Christiansen, a board-certified ob/gyn licensed in the state of Maryland. I am opposed to the passage of HB 1171. I stand in solidarity with a majority (80%) of obstetricians who are not in favor of abortion on demand and who do not perform abortions.

According to the Institute for Women's Policy Research, 81% of women in the state of Maryland live in counties with an abortion provider. Maryland ranks third in the Nation for best reproductive rights and abortion access with an A- rating. Maryland politics are such that even if Roe v. Wade is overturned, abortion will remain firmly and forever established.

If abortion is necessary for women's health and well-being, how have the nearly 63 million abortions performed since the passage of Roe v. Wade advanced and improved women's lives? The answer: they haven't.

Induced abortion is associated with very real risks. But, in the U.S. we have incomplete data on abortion complications. The CDC collects voluntary reports with no enforcement arm. A recent study analyzed the adverse event reports to the FDA about mifepristone abortions between 2000-2019. From data of previous studies of complications following mifepristone abortions, there should have been over 180,000 adverse event reports—there were only 3000. Clearly the FDA is only receiving the tip of the iceberg.

From the year that mifepristone was FDA approved in 2000, until 2016, the FDA collected all adverse event reports: blood transfusions, hospitalizations, surgeries for—incomplete or failed abortion, hemorrhage, ectopic pregnancy; infections, and death. In 2016 the FDA stopped collecting data on the morbidity associated with mifepristone, and only collects maternal mortality. Wow. If you had to take your teenage daughter to the ER because she was hemorrhaging from a mifepristone abortion, wouldn't you expect our government to be concerned about that? Abortion harms women, men, and families, and ends the life of an individual who does not have representation.

The maternal mortality rate in the U.S. (in 2018- 17.4 for every 100,000) ranks the highest compared to nations such as the U.K. (6.5), Canada (8.6), Sweden (4.3), and France (8.7). The U.S. maternal mortality ratio is comparable with Romania, the Russian Federation and Tajikistan and worse than Iran's (16). The maternal mortality ratio in Maryland is 14. This is where the state of Maryland should be investing time, effort and taxpayer's money, not on advancing abortion.

Laws like this one tramples on the physician's right to practice medicine according to their conscience. It is a breach of a physician's oath to first do no harm and to do what is in her patient's best interest.

Abortion is not healthcare, it is the taking of an innocent life in the name of privacy. It should not be a right codified into the constitution. Please don't let this be the legacy you leave your grandchildren.

I ask for an unfavorable report on HB 1171.

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