

SB0535 testimony.pdf

Uploaded by: Deborah Brocato

Position: FAV

SB0535
FAVORABLE
Deborah Brocato
Harford County Respect Life Coordinators
3206 Gloucester Drive
Fallston, MD 21047

Dear Senators,

I am a mother of 4 daughters, a nurse, a volunteer who has worked with many women facing a crisis pregnancy and a member of Harford County Respect Life Coordinators.

Dismemberment – “The action of cutting off a person’s or animal’s limbs.”

Dismemberment abortion – “the purpose of causing the death of an unborn child, purposely to dismember a living unborn child and extract him or her one piece at a time from the uterus through use of clamps, grasping forceps, tongs, scissors or similar instruments that, through the convergence of two rigid levers, slice, crush, and/or grasp a portion of the unborn child’s body to cut or rip it off.

According to the Lozier Institute, studies show that an unborn baby feels pain at 12 weeks. This type of abortion procedure is used for pregnancies between 13 and 24 weeks.

Our laws need to protect and defend the dignity of the human being, including the unborn child, always but especially when this child is capable of the pain of this procedure.

We are horrified when we hear of a murder and or torture where a victim has had their limbs cut from their bodies before or after their death. Why is this acceptable for a defenseless baby?

It is difficult to think and talk about the torture this baby endures while being killed. I believe if this procedure were thoroughly explained to these women seeking abortion at this point in their pregnancy, they would refuse it.

In addition to what is happening to the baby, we must consider the health and well-being of the mother. The mother is at risk of complications due to the sharp instruments used and the sharp edges of the baby’s bone fragments caused by the dismemberment. The woman is at high risk for damage or perforation of her uterus, cervix and other organs nearby. She is at risk of hemorrhage, infection, failure to carry a future pregnancy to term and even maternal death. All of this can be found in medical articles and medical journals. In Maryland, we know that these complications have occurred at the hands of Leroy Carhart.

I urge you to protect and defend the humanity of the baby and the health and well-being of the mother and vote in favor of Senate Bill 0535.

Thank you.

SB 0535 - Prohibit Dismemberment Abortions Act -

Uploaded by: Ella Ennis

Position: FAV



Ella Ennis, Legislative Chairman
Maryland Federation of Republican Women
PO Box 6040, Annapolis MD 21401
Email: eee437@comcast.net

Senator Dolores Kelley, Chairman
and Members of the Finance Committee
Senate of Maryland
Annapolis, Maryland

RE: **SB 0535** – Unborn Child Protection from Dismemberment Abortions Act – **SUPPORT**

Dear Chairman Kelley and Committee Members,

The Maryland Federation of Republican Women supports SB 0535 to prohibit dismemberment abortions on live babies in the womb, especially when they have reached the stage in development where they feel pain. This is a gruesome and inhumane procedure and should not be used except in cases of extreme emergency threat to the pregnant woman's life or serious physical health emergency.

SB 0535 defines dismemberment abortions on Page 3, lines 3 – 10 as:

(d) (1) "dismemberment abortion" means, with the intent to cause the death of the unborn child, to purposely dismember a living unborn child by using clamps, grasping forceps, tongs, scissors, or similar instruments that, through the convergence of two rigid levers, slice, crush, or grasp a portion of the unborn child's body to cut or rip it off and to extract the pieces of the body of the unborn child one at a time with the aforementioned devices or tools or by use of a suction device.

The Senate of Maryland recently passed a bill to prohibit the declawing of cats because, in some cases, it might cause pain or disability. Can we not have equivalent compassion for the unborn human child to not destroy it by such a painful and inhumane procedure in the final stages of gestation?

Please give SB 0535 a **FAVORABLE** report.

Sincerely,
Ella Ennis
Legislative Chairman
Maryland Federation of Republican Women

Maryland Catholic Conference_FAV_SB535.pdf

Uploaded by: Jenny Kraska

Position: FAV



ARCHDIOCESE OF BALTIMORE † ARCHDIOCESE OF WASHINGTON † DIOCESE OF WILMINGTON

March 16, 2022

Senate Bill 535

Unborn Child Protection From Dismemberment Abortion Act

Senate Finance Committee

Position: SUPPORT

The Maryland Catholic Conference represents the mutual public-policy interests of the three (arch)dioceses serving Maryland, including the Archdiocese of Baltimore, the Archdiocese of Washington, and the Diocese of Wilmington. We offer this testimony in support of Senate Bill 535.

SB 535 would prohibit an individual from purposely performing or attempting to perform a dismemberment abortion that kills an unborn child unless the abortion is necessary to prevent a serious health risk to the pregnant woman. The bill may not be construed to create or recognize a right to an abortion or a right to a particular method of abortion. In addition, the bill's prohibitions may be construed to prevent an abortion for any reason, including rape and incest, or by any other method.

The Maryland Catholic Conference supports SB 535 because its provisions intersect with the Church's obligation to uphold respect for all human life. The Catholic Church firmly believes in the dignity of human life from natural conception to natural death, and the partial limitations that SB 535 places on legal abortion procedures in Maryland represent a positive policy development.

The Maryland Catholic Conference works to foster a culture of life in Maryland by advocating for laws that uphold the dignity of the human person and that assist pregnant women in need, while working to ensure that the State sets and enforces safe standards for women's health care. The Conference supports legislation that would place qualifying conditions on the scope of abortions performed in Maryland, which allows abortion through all nine months of pregnancy, with essentially no restrictions on why those abortions are performed.

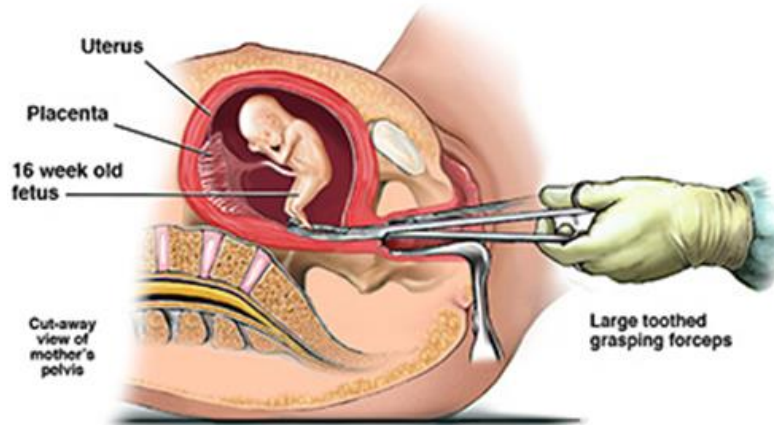
For these reasons, we urge a favorable report on Senate Bill 535.

Diagram.pdf

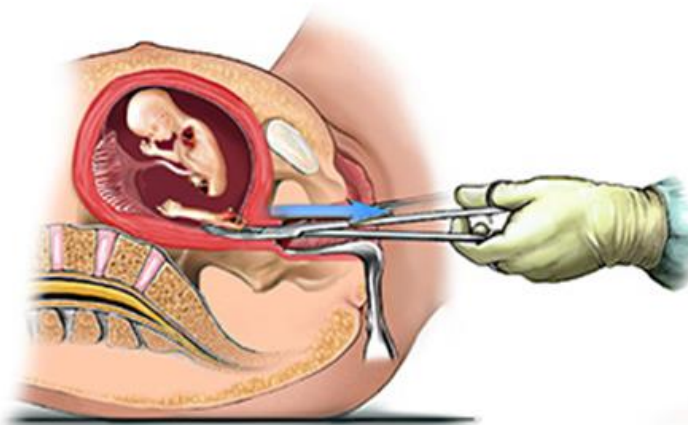
Uploaded by: Justin Ready

Position: FAV

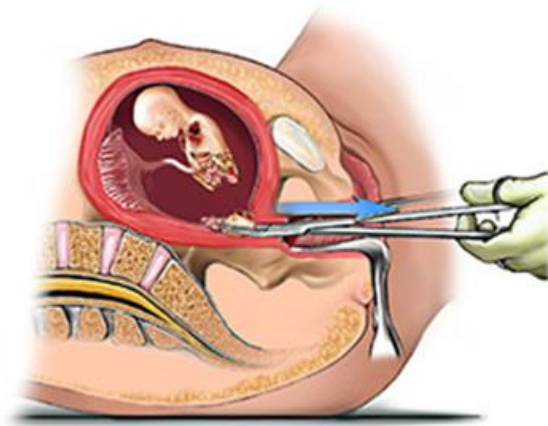
Dilation and Evacuation Abortion (D&E) of a 16 Week Old Fetus



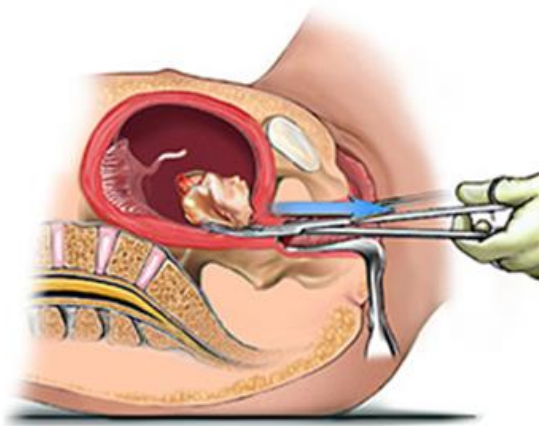
A. The fetal body parts are grasped at random with forceps.



B. The parts are pulled from the fetal body and removed through the vaginal canal.



C. The remaining body parts are grasped and pulled out.



D. The head is grasped with forceps, crushed and then removed through the vaginal canal.

Unborn Dismemberment.pdf

Uploaded by: Justin Ready

Position: FAV

JUSTIN READY
Legislative District 5
Carroll County

MINORITY WHIP

Finance Committee



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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

March 16, 2022

SB 535 – Unborn Child Protection From Dismemberment Abortion Act

Chairman Kelley, Vice Chairman Feldman, and Members of the Finance Committee:

SB 535 is legislation to end an inhumane and unnecessary manner of performing abortions. Ten states have passed this law as of August 2020, and it is being introduced in several othersⁱ.

Dismemberment abortions are a disturbing procedure carried out to terminate the life of an unborn child. Dismemberment abortions involve utilizing instruments such as tongs, scissors, or similar tools to extract the fetus from the womb, one piece at a time. It is incredibly painful to the unborn child, particularly after 20 weeksⁱⁱ. There is no aim at a particular part of the fetus. The abortionist will pull, twist, or pry whichever appendage is the easiest to reach. The result is the mutilation of the unborn during the termination of the pregnancy.

SB 535 does not attempt to ban abortions in the State of Maryland. It simply prohibits dismemberment abortions. In cases where there is a serious threat to the health of the mother, there is an exemption. I ask that the members of the Finance Committee vote in favor of protecting the dignity of human life.

I respectfully request a **favorable** vote on Senate Bill 535.

ⁱ Dilation and Evacuation Bans. *Legislative Tracker*. 2020.

ⁱⁱ Yes, an unborn baby can feel pain in an abortion. Here's the scientific proof. *Illinois Right to Life*. 2019.

SB 0535.pdf

Uploaded by: Lind Stevens

Position: FAV

SB 0535

I support this bill and I ask you to do the same.

Dismembering a child's body is cruel and barbaric.

This bill will protect the child and will also protect the psyche of all those who would have to participate it in, as well as the impact it may have on the mother's well being for the long term.

This is a very poor use of science.

There has to be a better way.

This is not it.

Sincerely,

Lind Stevens

FWA.SB535.MDRTL.L.Bogley.pdf

Uploaded by: Laura Bogley

Position: FWA



Favorable with Amendments
SB535 – Unborn Child Protection from Dismemberment Act

Laura Bogley, JD
 Director of Legislation, Maryland Right to Life

On behalf of the Board of Directors for Maryland Right to Life, I ask for your favorable report with amendments on Senate Bill 535 – the ***Unborn Child Protection from Dismemberment Act***. This is a humane bill that *with amendment*, will bring Maryland policy in line with current medical knowledge about human fetal development and the ability of unborn children to feel the pain of their abortions.

To have one's limbs ripped off is a horrible and painful way to die. And, it is completely medically unnecessary to perform an elective Dismemberment abortion on a fetal human being.

Furthermore the Supreme Court of the United States has acknowledged that the states have the right to ban barbaric procedures like Partial Birth Abortion and Dismemberment Abortion.

Bans on Barbaric Procedures Found Constitutional

The Supreme Court of the United States, upon banning Partial Birth Abortion, made clear that states can ban barbaric procedures done in the name of elective abortion, especially those procedures which cause excruciating pain to living fetuses.

The Supreme Court based its decision in part on the following premise:

*“that the State, from the inception of the pregnancy, maintains its own regulatory interest in protecting the life of the fetus that may become a child.... Where it has a rational basis to act, and does not impose an undue burden, the State may use its regulatory power to **bar certain procedures** and substitute others all in furtherance of its legitimate interests in regulating the medical profession in order to promote respect for life, including the life of the unborn.”ⁱ*

Justice Ginsberg, recognized that the performing a **Dismemberment Abortion**, also known as Dissection and Evacuation (D&E) on a **living** fetus is equivalently gruesome to performing a partial birth abortion procedure on a living fetus:

“... the Court emphasizes that the Act does not proscribe the nonintact D&E procedure. See ante, at 34. But why not, one might ask. Nonintact D&E could equally be characterized as “brutal,” ante, at 26, involving as it does “tear[ing] [a fetus] apart” and “ripp[ing] off” its limbs, ante, at 4, 6. “[T]he notion that either of these two equally gruesome procedures . . . is more akin to infanticide than the other, or that the State furthers any legitimate interest by banning one but not the other, is simply irrational.” Stenberg, 530 U. S., at 946–947 (STEVENSON, J., concurring).”

The Supreme Court not only recognized the brutality of both partial birth abortion and Dismemberment of the fetus, but also gave consideration to the effects on the medical profession. In *Gonzales v. Carhart*, the Court justified the federal law protecting unborn children from partial birth abortions based on the government's "interest in protecting the integrity and ethics of the medical profession."ⁱⁱ

Human Fetus Feels Pain Beginning at 16 weeks

According to the American Association of Pro-Life Obstetricians and Gynecologists (AAPLOG), human feti react to painful stimuli, beginning at the second trimester (16 weeks), when Dismemberment Abortions are performed.

Fetal Human Beings who are victims of Dismemberment Abortions react to painful stimuli with the same physiological responses that any other human being would display: increase in heart rate, increase in stress hormones in the blood stream, and withdrawal from painful stimuli.

"Fetal stress

There is considerable evidence that the fetus may experience pain. Not only is there a moral obligation to provide fetal anaesthesia and analgesia, but it has also been shown that pain and stress may affect fetal survival and neurodevelopment.[7]ⁱⁱⁱ Factors suggesting that the fetus experiences pain include the following.

- i. Neural development. Peripheral nerve receptors develop between 7 and 20 weeks gestation, and afferent C fibres begin development at 8 weeks and are complete by 30 weeks gestation. Spinothalamic fibres (responsible for transmission of pain) develop between 16 and 20 weeks gestation, and thalamocortical fibres between 17 and 24 weeks gestation.*
- ii. Behavioural responses. Movement of the fetus in response to external stimuli occurs as early as 8 weeks gestation, and there is reaction to sound from 20 weeks gestation. Response to painful stimuli occurs from 22 weeks gestation.*
- iii. Fetal stress response. Fetal stress in response to painful stimuli is shown by increased cortisol and β -endorphin concentrations, and vigorous movements and breathing efforts.[7,9]^{iv} There is no correlation between maternal and fetal norepinephrine levels, suggesting a lack of placental transfer of norepinephrine. This independent stress response in the fetus occurs from 18 weeks gestation.¹⁰ There may be long-term implications of not providing adequate fetal analgesia such as hyperalgesia, and possibly increased morbidity and mortality."*

A 2012 review article^{vi} on fetal anesthesia concurs, and concludes with a call for adequate fetal pain relief:

"Evidence is increasing that from the second trimester onwards, the fetus reacts to painful stimuli and that these painful interventions may cause long-term effects. It is therefore recommended to provide adequate pain relief during potentially painful procedures during in utero life."

Dr. Warren Hern, a Colorado abortionist who has performed numerous Dismemberment Abortions and has written a textbook on abortion procedures, has stated "there is no possibility of denial of an act of

destruction by the operator [of a D&E abortion]. It is before one's eyes. The sensations of dismemberment flow through the forceps like an electric current.”^{vii}

A Dismemberment Abortion procedure is accurately described in [VIDEO](#) by Dr. Tony Levatino, former abortionist, and current AAPLOG Board member.^{viii}

Dismemberment Ban will not put women's lives at risk

Opponents of SB 535 falsely claim that banning Dismemberment Abortion on human fetuses will somehow put a mother's life at risk. This assertion is false. This wording clearly gives a physician the freedom to legally exercise their medical judgment and legally perform whatever procedure is necessary to save the life of the woman, or to avert serious risk of substantial physical harm.

Under SB 535, a Dismemberment Abortion can be done legally on a human fetus if there is a “*serious health risk to the pregnant woman*”. This risk is clearly defined in the text of the bill at section 20-217 (G) (1) beginning at line 23 :

“ ‘Serious health risk to the pregnant woman’ means that, in the reasonable medical judgment of a physician, the pregnant woman has a condition that so complicates her medical condition that it necessitates the abortion of her pregnancy to avert her death or to avert a serious risk of substantial and irreversible physical impairment of a major bodily function”.

SB 535 clearly states at section 20-217 (B)(2) and corresponding subsection (II) at lines 7 and 11 that this ban does not apply to procedures used to remove the remains of a unborn child already deceased.

Proposed Amendment #1

Maryland Right to Life does not support exceptions for rape or incest in the case of a Dismemberment Abortion ban. It is an abhorrent violation of human rights to kill a fetal human being for the crime of his or her father.

We respectfully ask the bill's sponsor to remove these exceptions by striking the following language:

20-2019

(D) THIS PART MAY NOT BE CONSTRUED TO PREVENT AN ABORTION FOR ANY REASON, INCLUDING RAPE AND INCEST, OR BY ANY OTHER METHOD.

The Maryland Department of Legislative Services in their *Analysis of the FY22 Maryland Executive Budget*, reported than out of 9,864 Medicaid Funded Abortions in 2021, *less than 10* were due to rape, incest or to save the life of the mother combined.

Proposed Amendment #2

Maryland Right to Life does not support **feticide**, or the killing of a living human being *in utero*. This bill only bans elective DISMEMBERMENT ABORTION abortions on **living** human fetuses, in cases where there is no risk to the mother's life. If SB 535 is in effect, any abortionist who wants to perform an elective Dismemberment Abortion could first perform a feticide procedure and then dismember the child.

Feticide is usually accomplished with injection of potassium chloride, injection of digoxin, or by cord transaction (cutting) which result in death within 15 minutes. Inserting a needle into the baby is associated with a measurable^{ix} pain response. Feticide procedures are in and of themselves painful, but less than the horrible pain of being dismembered while still alive.

We respectfully ask the bill's sponsor to amend the following sections:

20-217. (B)(2)(II) (II) REMOVE THE REMAINS OF A ~~DEAD~~ UNBORN CHILD **WHO IS DECEASED DUE TO NATURAL CAUSES.**

20-217 (D) (1) "DISMEMBERMENT ABORTION" MEANS, WITH THE INTENT TO ~~CAUSE THE DEATH OF THE UNBORN CHILD, TO~~ PURPOSELY DISMEMBER A LIVING UNBORN CHILD BY USING CLAMPS, GRASPING FORCEPS, TONGS, SCISSORS, OR SIMILAR INSTRUMENTS THAT, THROUGH THE CONVERGENCE OF TWO RIGID LEVERS, SLICE, CRUSH, OR GRASP A PORTION OF THE UNBORN CHILD'S BODY TO CUT OR RIP IT OFF AND TO EXTRACT THE PIECES OF THE BODY OF THE UNBORN CHILD ONE AT A TIME WITH THE AFOREMENTIONED DEVICES OR TOOLS OR BY USE OF A SUCTION DEVICE.

20-218. AN INDIVIDUAL MAY NOT PURPOSELY PERFORM OR ATTEMPT TO PERFORM A DISMEMBERMENT ABORTION ~~OF THAT KILLS~~ AN UNBORN CHILD UNLESS THE ABORTION IS NECESSARY TO PREVENT A SERIOUS HEALTH RISK TO THE PREGNANT WOMAN **AS DEFINED IN SECTION 20-217(G)(2) OF THIS ARTICLE.**

In Conclusion

Clearly there are no legal or Constitutional barriers for you to pass this humane law to prevent fetal human beings from suffering the pain of their Dismemberment Abortions. However, we urge you to consider our proposed amendments that would ban the use of Dismemberment Abortions for any reasons other than to save the life of the mother from imminent risk of death, or to remove the remains of a fetal human being who already has died of natural causes.

For these reasons we urge you to issue a favorable report *with amendments* on SB 535.

ⁱ <https://www.law.cornell.edu/supct/html/05-380.ZS.html>

ⁱⁱ <https://www.law.cornell.edu/supct/html/05-380.ZS.html>

ⁱⁱⁱ Boris P, Cox PBW, Gogarten W, Strumper D, Marcus MAE. Fetal surgery, anaesthesiological considerations. Curr Opin Anaesthesiol 2004; 17: 235–40

^{iv} Boris P, Cox PBW, Gogarten W, Strumper D, Marcus MAE. Fetal surgery, anaesthesiological considerations. Curr Opin Anaesthesiol 2004; 17: 235–40

^v Giannakouloupoulos X, Teixeira J, Fisk N. Human fetal and maternal noradrenaline responses to invasive procedures. Pediatr Res 1999; 45: 494–9

^{vi} Van de Velde M, De Buck F. "Fetal and maternal analgesia/anesthesia for fetal procedures" Fetal Diagn Ther 2012;31:201–209.

^{vii} Warren M. Hern, M.D., and Billie Corrigan, R.N., *What About Us? Staff Reactions to the D & E Procedure, paper presented at the Annual Meeting of the Association of Planned Parenthood Physicians, San Diego, California, (October 26, 1978).*

^{viii} <http://www.abortionprocedures.com/>

^{ix} Giannakouloupoulos X, Sepulveda W, Kourtis P, Glover V, Fisk NM. Fetal plasma cortisol and beta-endorphin response to intrauterine needling. Lancet. 1994 Jul 9;344(8915):77-81.

2022 SB535 testimony pdf.pdf

Uploaded by: Debi Jasen

Position: UNF

Finance - SB535 - UNFAVORABLE

Chair Kelley, Vice Chair Feldman, and the Finance Committee;

Please give Senate Bill 535 an Unfavorable Report.

SB535 is yet another bill that attempts to restrict access to abortion.¹ Dilation and Evacuation (D&E) abortions are performed in the second trimester. I'm not even sure that this bill includes the proper term for this in-clinic abortion. Don't let the shocking language of the bill sway you. Protect choice.

I urge an unfavorable report.

Thank you for your consideration.

Sincerely,
Debi Jasen
Pasadena, MD

¹<https://www.guttmacher.org/gpr/2017/02/de-abortion-bans-implications-banning-most-common-second-trimester-procedure>

SB 535 - UNF - Women's Law Center of MD.pdf

Uploaded by: Laure Ruth

Position: UNF

BILL NO: Senate Bill 535
TITLE: Unborn Child Protection From Dismemberment Abortion Act of 2022
COMMITTEE: Finance
HEARING DATE: March 16, 2022
POSITION: **OPPOSE**

Senate Bill 535 would outlaw abortion using a specific safe medical procedure. The Women's Law Center of Maryland, Inc. opposes Senate Bill 535 because it creates undue risks on woman's health, and invades very personal decisions that women have a constitutional right to make. Doctors, who are always in the best position to determine the appropriate medical course of action, should be free to make medical decisions without fear of litigation from disgruntled spouses or parents of the pregnant woman.

Senate Bill 535 is model Right to Life legislation also being offered in other states. It is a bald attempt to restrict abortion without any medical or scientific basis. There is no evidence presented that the method it seeks to prohibit is unsafe. Most importantly, the medical profession should be making these decisions, not the legislature. The additional affront of this bill are the provisions offering a right to sue to a wide range of people. The idea that the pregnant person's parents would have a right to sue if they do not agree with the pregnant person's decision to terminate a pregnancy takes us back to the dark ages, when women and children were considered mere chattel, not allowed to make personal decisions about themselves. The idea that men could sue a doctor for performing a medical procedure is more of the same. Decisions about pregnancy are and should remain a matter between a pregnant woman and their doctor. Any attempt to restrict or interfere with that relationship relegates the woman to the concept of being nothing more than a "host" for the fetus.

SB 535 may force medical care providers to provide substandard care to pregnant patients, in lieu of this safe procedure, or to provide no care at all, in fear of litigation. This is untenable.

The Guttmacher Institute has information regarding other states' attempt to pass this law.¹ This legislation, or ones substantially similar, have been found to be an unconstitutional burden on a women's right to choose. Maryland has supported a woman's right to choose at least since Question Six in 1992, and there is no support that the citizens of this state want this type of change in our public policy.

For these reasons, the Women's Law Center urges an unfavorable report on Senate Bill 535.

The Women's Law Center of Maryland is a private, non-profit, membership organization that serves as a leading voice for justice and fairness for women. It advocates for the rights of women through legal assistance to individuals and strategic initiatives to achieve systemic change.

¹ <https://www.guttmacher.org/state-policy/explore/bans-specific-abortion-methods-used-after-first-trimester>, last viewed March 7, 2022.

2022 ACNM SB 535 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: UNF



Committee: Senate Finance Committee

Bill: Senate Bill 535 – Unborn Child Protection from Dismemberment Abortion Act

Hearing: March 16, 2022

Position: Oppose

The Maryland Affiliate of the American College of Nurse-Midwives (ACNM) opposes *Senate Bill 535 – Unborn Child Protection from Dismemberment Abortion Act*. The bill would ban the safest method of second trimester abortions, thus risking the health and life of Maryland patients. The Maryland Affiliate of ACNM is opposed to legislation designed to interfere with an individual’s autonomy in making reproductive health decisions. In 2019 after state legislatures introduced a record-breaking number of anti-reproductive health measures, ACNM – National issued a statement that “reaffirms its commitment to individual patient autonomy across the spectrum of reproductive health, including abortion.”ⁱ Therefore, we oppose this legislation and ask for an unfavorable report. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net.

ⁱ<https://www.midwife.org/acnm/files/cclibraryfiles/filename/000000007327/ACNM%20Opposition%20Statement%20to%20Threats%20to%20Abortion%20Care%20March%202019.pdf>

2022 PPM SB 535 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: UNF

Senate Finance Committee**Senate Bill 535 – Unborn Child Protection from Dismemberment Abortion Act****March 11, 2022****Oppose**

Planned Parenthood of Maryland (PPM) opposes SB 535. The bill proposes to ban the most common method of second trimester abortion, known as dilation and evacuation (or “D&E”). The only exception to the prohibition is for “medical emergencies” which is defined in the bill as the risk of death or substantial and irreversible physical impairment of a major bodily function. PPM opposes this bill for the following reasons:

- **This bill is an attempt to legislate health care decisions.** Any medical decision, including decisions about pregnancy, should be made by a individual in consultation with their health care provider;
- **The bill is dangerous to women’s health:** Health care providers should be able to consider all medical options with their patients. The proposed ban on a safe method is not medically justified, as second trimester abortion is very safe with a low risk of complications¹. This method ban would put women at risk, as it would force health care practitioners to provide sub-standard care:
 - One alternative requires an additional procedure, such as an injection through the women’s abdomen or cervix, which increases a woman’s risk of complications; and
 - Another alternative is induction, which typically takes place in a hospital and forces a woman to go through labor. Induction is associated with a higher risk of complications.
- **Eliminating Access - Sub-Standard Care or No Care:** Health care practitioners will be placed in the difficult position of offering riskier methods or providing no second trimester abortion services at all. Placed in this difficult position, providers may not offer second trimester services.
- **This bill will penalize physicians who are helping women.** The bill contains multiple provisions to penalize physicians through disciplinary action by the Board of Physicians, substantial civil fines, and civil lawsuits. As a result, any physician who performs a later abortion – even when there is a medical emergency – will be putting themselves at risk; and
- **The bill is unconstitutional.** Federal district courts have blocked similar legislation in Kansas, Oklahoma, Alabama, and Louisiana.

We ask for an unfavorable report. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net.