UNFAVORABLE STATEMENT

HB66 - Health Occupations – Licensed Direct–Entry Midwives – Previous Cesarean Section

Laura Bogley, JD, Director of Legislation

On behalf of the Board of Directors and members of Maryland Right to Life, I oppose this legislation as written and respectfully request your amendment or unfavorable report.

As written, HB 66 would diminish existing professional standards of patient care by allowing direct-entry midwives to manage the pregnancies of women with previous birth complications, in particular abdominal surgery through cesarean section.

Previous cesarean section or is a medical complication and an important part of a women's reproductive health history that must be managed by a licensed physician specializing in obstetrics. Existing law ensures that women with this particular medical history be managed only by a licensed physician because of the high incidence of repeat cesarean section that will require hospital admission and physician's care. The only foreseeable reason to direct a pregnant woman with a history of birth complications to a non-physician would be for purposes of abortion. Without specific language excluding the application of this bill to abortion, midwives will continue to expand their abortion practices resulting in additional prenatal deaths and potential harm to women and subsequent pregnancies.

The State of Maryland must preserve existing safeguards to protect pregnant women with previous birth and delivery complications. By weakening these protections, this Assembly will be negligent in providing for the health and safety of pregnant women in Maryland.

POSITION STATEMENT- Put Patients Before Profits

Maryland Right to Life (MDRTL) opposes introduction or passage of any bill dealing with the 'scope of practice' of any health care professional which doesn't include language excluding abortion. Scope or independence of practice typically describes the procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license.

We take this position because it has long been the strategy of the pro-abortion movement to use a broad definition of that 'scope' as a means to increasing the number of lower health care

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professionals licensed to provide abortion services. Expanding the number of people who can provide abortion will increase the number of unborn children being killed and will put more women at risk of substandard medical care, injury and death.

One of the few pro-life protections in the Maryland Code is the legal requirement that only a licensed physician may perform abortions. A physician's examination is essential for the health of pregnant women, in order to properly diagnose gestational age, pre-existing medical conditions and potential pregnancy complications, including ectopic pregnancy. 26 women already have been needlessly killed by the use of chemical abortion pills and several due to the lack of a physician's examination and missed diagnosis of ectopic pregnancy.

The abortion industry is asking the state to authorize them to put profits over patients. The medical scarcity in abortion practice is a matter of medical ethics, as 9 out of 10 ob/gyn's refuse to commit abortions because they recognize the scientific fact that a human fetus is a living human being. The abortion industry's solution is three-fold: (1) authorize lower-skilled workers and non-physicians to perform abortion, (2) authorize abortionists to remotely prescribe abortion pills across state lines, AND (3) circumvent the physician requirement by implementing telabortion through a variety of providers.

We strongly urge you to protect pregnant women in Maryland and other states by preserving the physician only requirement for all abortions (both surgical and chemical) and by making it clear that it is not within the scope or independence of practice of lower health care professionals to provide or perform abortion.

BACKGROUND- Commoditizing Abortion

In the early twentieth century, Margaret Sanger founded the American Birth Control League that was later called the Planned Parenthood Federation of America. Sanger was a racist and a eugenicist who believed that birth control and forced sterilization would help to curb the growth of "unfit" populations, particularly African Americans and established her clinic in Harlem, a primarily African-American borough of New York. Sanger, who later served as president of the International Planned Parenthood Federation, was instrumental in legalizing contraception in the United States.

In the late 1960s and early 1970s, underground abortionists wanted to legitimize their abortion practices as "mainstream medical care". Adopting the eugenics philosophy of Margaret Sanger, they realized that while middle and upper class women could afford contraceptive care, abortion could be marketed to poor and minority women as an affordable birth control option.

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By classifying abortion as "health care", abortionists would be able to recover payment for their services and be incentivized to "sell" more abortions.

Abortionist Dr. Bernard Nathanson, co-founded the National Abortion Rights Action League, to lobby for the legalization of abortion. Abortion advocates assured judges, legislators, and the American public that legalizing abortion would be beneficial to the health and well-being of American women. Proponents argued, if abortion were legal, the procedure would be safer for women because it would become an accepted part of "mainstream medical care," proper surgical procedures would be followed, and skilled and reputable gynecologists and surgeons would perform the procedure.

Dr. Nathanson, who later converted to being a pro-life advocate, admitted that he had taken part in fabricating the number of women who died from illegal "back alley" abortions prior to 1993. What he reported to the Supreme Court and others as tens of thousands of deaths, was in reality only 100 women in 1972. Another 100 women were killed in 1972 as the result of legal abortions, in the few states that authorized exceptions to their abortion prohibitions.

In December 1996, the National Abortion Federation (NAF), with funding from the Kaiser Family Foundation, convened a national symposium to explore how CNMs, NPs, and PAs could participate more fully in abortion service delivery nationwide. In 1997 they presented a symposium entitled, "The role of physician assistants, nurse practitioners, and nurse–midwives in providing abortions: strategies for expanding abortion access." (National symposium, Atlanta, GA, 13-14 December 1996. Washington, DC: National Abortion Federation; 1997).

There is even a 'tool kit' entitled "Providing Abortion Care: A Professional Tool Kit for Nurse-Midwives, Nurse Practitioners and Physician Assistants" (2009). It was developed as a guide for health care professionals who want to include abortion as being within their scope of practice.

<u>This session the Maryland Legislative Agenda for Women states that their goal in part is to expand access to abortion by authorizing "advanced practice clinicians" including nurse practitioners, certified nurse midwives, nurse midwives and physicians assistants to provide abortion, and to ensure those abortions are covered by health insurance, especially for minority women through taxpayer funded Medical Assistance.</u>

In recent years, MDRTL has opposed several bills attempting to expand the scope of practice of doulas, certified nurse midwives, and even pharmacists, that was broad enough to include participation in abortion (either surgical or chemical) and authorization for reimbursement through the Maryland Medical Assistance Program (Medicaid). These bills would divert public funds away from other legitimate health care services of these practice areas.

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“D-I-Y” ABORTIONS

While the Supreme Court imposed legal abortion on the states in their 1973 decisions Roe v. Wade and Doe v. Bolton, the promise was that abortion would be safe, legal and rare. But in 2016 the Court’s decision in *Whole Woman’s Health v. Hellerstedt*, prioritized “mere access” to abortion facilities and abortion industry profitability over women’s health and safety.

The proliferation of chemical abortion pills is taking abortion further outside the spectrum of “health care” as most women are prescribed these lethal pills without the benefit of a physician’s examination. Pregnant women and girls are left alone to hemorrhage until their unborn child is flushed out of their system and then flushed into public sewerage.

Despite the fact that Maryland law permits only a licensed physician to perform abortions, the abortion industry is taking advantage of recent telemedicine policies adopted to manage Covid-19 related medical scarcity issues. Abortionists now serve a tangential role either on paper as medical directors for clinics or as remote prescribers of abortion pills, even across state lines.

Chemical Abortion makes up 40% of current pregnancies in the United States. With the broad application of telemedicine policies that enable “telabortion”, or the remote sale and distribution of chemical abortion pills, that number is expected to increase to as much as 75%.

The abortion industry itself has referred to the use of abortion pills as “Do-It-Yourself” abortions, claiming that the method is safe and easy. But chemical abortions are **4 (four) times more dangerous than surgical abortions**, presenting a high risk of hemorrhaging, infection, and even death. With the widespread distribution of chemical abortion pills, the demand on Emergency Room personnel to deal with abortion complications has increased 250%.

Last session, MDRTL advised legislators that the Biden administration intended to remove Food and Drug Administration (FDA) REM safeguards that prohibited the remote sale of chemical abortion pills and required a physician’s examination in order to obtain abortion pills. Those FDA safeguards were officially removed in December 2021, leaving pregnant women and girls exposed to the predatory TELABORTION practices of the abortion industry.

Many of the bills MDRTL opposed in 2021 involved the establishment of distribution chains for chemical abortion pills including through telehealth appointments, pharmacists, vending machines and school-based health centers. Pro-life legislators were unsuccessful in attaching pro-life amendments to these bills yet still supported broad telehealth authorization and provider reimbursements.

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STATE OF PREGNANCY CARE IN 2022

The practice of abortion in America has become the **"red light district"** of medicine, populated by dangerous, substandard providers. With the proliferation of chemical abortion pills, the abortion industry itself has exposed women to "back alley" style abortions, where they bleed alone without medical supervision or assistance.

Legalizing abortion has failed to eliminate substandard medical care, kept people without medical licenses from performing abortions, ended the use of dirty, unsanitary procedure rooms and unsterile, inadequate instrumentation, ensured competent post-abortive care, or prevented women from dying from unsafe abortions.

More importantly, legalizing abortion has failed to provide for the legitimate reproductive health care needs of women. Abortion blood money is fueling political campaigns and dictating the prioritization of public funding for abortion, diverting funds from legitimate reproductive health care including reliable birth control methods, quality prenatal care, parenting education and support, foster care reform and affordable adoption programs.

The state has failed to analyze and report data examining the connection between abortion and maternal health and mortality, including subsequent preterm births, miscarriages and infertility. The state participates in normalizing abortion, ignoring the mental health needs of large numbers of women and girls suffering from Post-Abortion Syndrome including severe depression and anxiety.

CONCLUSION

Women in Maryland deserve better than more of the same abortion politics. State lawmakers must take immediate action to confront and remedy the abortion industry's dangerous practices and the rejection of medically appropriate health and safety standards of patient care.

<u>For these reasons, Maryland Right to Life urges your unfavorable report on HB66.</u>

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