

SB0832 support.pdf

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Position: FAV

I strongly support HB1043/SB0832 (use one or the other depending on whether testimony is for the house or senate bill) Public Health - Pregnancy - Coercion (Coercive Abuse Against Mothers Prevention Act).

I care about women...do you? If you do, then vote in favor of this bill. If you are "pro-choice" then you want a woman to have an informed choice that is free from coercion and thus you'll vote for this bill.

This bill protects women from abuse by requiring abortion providers to:

(1) ASK THE PREGNANT WOMAN IF SHE IS BEING COERCED, THREATENED, OR FORCED TO HAVE AN ABORTION;

(2) ASK THE PREGNANT WOMAN IF SHE IS BEING SEX TRAFFICKED

(3) OFFER TO PROVIDE THE PREGNANT WOMAN WITH INFORMATION 27 ABOUT ASSISTANCE, COUNSELING, AND PROTECTIVE SERVICES OFFERED BY SOCIAL SERVICES AND LAW ENFORCEMENT AGENCIES;

(4) PROVIDE THE PREGNANT WOMAN WITH A TELEPHONE THAT SHE MAY USE TO MAKE A PRIVATE PHONE CALL;

Sincerely,

Barbara Cantilena
10326 Watkins Mill Drive
Montgomery Village, MD 20886

Maryland Catholic Conference_FAV_SB832.pdf

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Position: FAV



MARYLAND
CATHOLIC
CONFERENCE

March 15, 2023

Senate Bill 832

**Public Health - Pregnancy - Coercion (Coercive Abuse Against Mothers
Prevention Act)**

Senate Finance Committee

Position: Favorable

The Catholic Conference is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

SB 832 would prohibit an individual from committing or threatening certain actions with the intent of coercing a pregnant woman to have an abortion. The bill provides public assistance in specific cases to those individuals who are pregnant minors. SB 832 requires health care facilities that perform abortions to post certain signs and requires certain employees to make reports under certain circumstances. The bill also requires health care providers to comply with a waiting period before performing an abortion if the employee/volunteer suspects the pregnant woman is being coerced into having an abortion.

SB 832's preamble states that many women report that they were coerced into abortions and because of such have suffered grievous, physical, emotional, psychological, and spiritual harm as a result. Many victims of sex trafficking are often coerced into abortions due to the circumstances of sex trafficking. More cases of coerced or attempted coerced abortions are reported if women are informed of their rights and provided information concerning treatment and protection options.

Coercive abuse is a serious women's health issue. Women should not be subject to any threats, harm, repercussions, and/or violence. Women must be free from coercive abuse when it comes to deciding whether they should continue with their pregnancy or not. Women should be free to decide to choose life. SB 832 would help empower women by helping them fight

against coercive abuse and sex trafficking and will help women be able to decide, free from any coercion, if they want to continue with their pregnancy.

For these reasons, the Maryland Catholic Conference asks for a favorable report on **SB 832**.

Thank you for your consideration.

MD SB 832 Coercive Abuse Against Mothers Preventio

Uploaded by: Danielle Pimentel

Position: FAV



**Written Testimony of Danielle Pimentel, J.D.
Policy Counsel, Americans United for Life
In Support of Senate Bill No. 832
Submitted to the Senate Finance Committee
March 15, 2023**

Dear Chair Griffith, Vice-Chair Klausmeier, and Members of the Committee:

My Name is Danielle Pimentel, and I serve as Policy Counsel at Americans United for Life (“AUL”). Established in 1971, AUL is a national law and policy nonprofit organization with a specialization in abortion, end-of-life issues, and bioethics law. AUL publishes pro-life model legislation and policy guides,¹ tracks state bioethics legislation,² and regularly testifies on pro-life legislation in Congress and the States. Our vision at AUL is to strive for a world where everyone is welcomed in life and protected in law. As Policy Counsel, I specialize in life-related legislation, constitutional law, and abortion jurisprudence.

Thank you for the opportunity to provide written testimony in support of Senate Bill No. 832, (“SB 832” or “bill”), which is based in part on an AUL model bill, the Coercive Abuse Against Mothers Prevention Act. SB 832 prohibits coercive acts intended to force a woman into aborting her unborn child. I have thoroughly examined SB 832 and I urge the Committee to support this bill because it establishes necessary legal protections for women experiencing coercive abuse, including women who are victims of sex-trafficking, and furthers Maryland’s legitimate interest to protect the maternal health and safety of its citizens.

¹ *Pro-Life Model Legislation and Guides*, AMS. UNITED FOR LIFE, <https://aul.org/law-and-policy/> (last visited Mar. 13, 2023). AUL is the original drafter of many of the hundreds of pro-life bills enacted in the States in recent years. See Olga Khazan, *Planning the End of Abortion*, ATLANTIC (July 16, 2020), www.theatlantic.com/politics/archive/2015/07/what-pro-life-activists-really-want/398297/ (“State legislatures have enacted a slew of abortion restrictions in recent years. Americans United for Life wrote most of them.”); see also Anne Ryman & Matt Wynn, *For Anti-Abortion Activists, Success of ‘Heartbeat’ Bills was 10 Years in the Making*, CTR. FOR PUB. INTEGRITY (Jun. 20, 2019), <https://publicintegrity.org/politics/state-politics/copy-paste-legislate/for-anti-abortion-activists-success-of-heartbeat-bills-was-10-years-in-the-making/> (“The USA TODAY/Arizona Republic analysis found Americans United for Life was behind the bulk of the more than 400 copycat [anti-]abortion bills introduced in 41 states.”).

² *Defending Life: State Legislation Tracker*, AMS. UNITED FOR LIFE, <https://aul.org/law-and-policy/state-legislation-tracker/> (last visited Mar. 13, 2023).

I. The Bill Ensures that the Women of Maryland are Protected Against Coerced Abortions

SB 832 establishes necessary protections for women and young girls who are being coerced into seeking an abortion. Specifically, the bill prohibits an individual from engaging in coercive acts against a pregnant woman who refuses the individual's demand that she seek an abortion. These proscriptions include physically harming the pregnant woman, revoking an educational scholarship of the pregnant woman, firing the pregnant woman, selling the pregnant woman into sex-trafficking or forcing her to continue engaging in sex-trafficking, selling the unborn baby of the pregnant woman into sex-trafficking once he or she is born, etc. These safeguards are needed in Maryland because many women seek an abortion due to intimate partner violence ("IPV") or reproductive control from an intimate partner, family member, employer, or sex-trafficker.³ In fact, in a 2017 study on women's abortion experiences, 73.8% of women said that they "disagreed that their decision to abort was entirely free from even subtle pressure from others to abort," and 28.4% of women said that they "aborted out of fear of losing their partner if they did not abort."⁴

Women who experience IPV may be subject to physical violence, sexual violence, stalking, and psychological aggression by a current or former intimate partner.⁵ There are "[h]igh rates of physical, sexual, and emotional IPV . . . among women seeking a[n] abortion."⁶ For example, the prevalence of IPV for women seeking an abortion is nearly *three times*

³ See Sam Rowlands & Susan Walker, *Reproductive Control by Others: Means, Perpetrators and Effects*, 45 *BMJ SEXUAL & REPROD. HEALTH* 65 (2019) (stating that individuals who assert reproductive control over pregnant women include intimate partners, family members, and sex traffickers); see, e.g., *Testimony Directory*, SILENT NO MORE AWARENESS, <http://www.silentnomoreawareness.org/testimonies/> (last visited Mar. 13, 2023) (testimonies from women who were coerced into having an abortion and the devastating effects it had on them); Adrienne P. Samuels, *Police Say Maine Couple Kidnapped Daughter, Intent on Forcing Abortion*, BOSTON.COM (Sept. 18, 2006), http://archive.boston.com/news/local/articles/2006/09/18/police_say_maine_couple_kidnapped_daughter_intent_on_forcing_abortion/; Welch Suggs, *Former Coach at Berkeley is Accused of Pressuring Assistant to Have an Abortion*, CHRONICLE HIGHER EDUC. (Sept. 17, 2002), <https://www.chronicle.com/article/coach-is-accused-of-urging-assistant-to-have-an-abortion/>; Jessica Hopp et al., *Mystics Coach was Cited in Pregnancy Suit*, WASH. POST (September 16, 2002), <https://www.washingtonpost.com/archive/politics/2002/09/16/mystics-coach-was-cited-in-pregnancy-suit/75f3fd03-184c-4292-9264-3ba074460c4c/>; Damon Sims, *Cleveland Man Accused of beating 16-year-old Pregnant Daughter*, CLEVELAND.COM: COVERING NORTHEAST OHIO (July 8, 2008), http://blog.cleveland.com/metro/2008/07/cleveland_man_accused_of_beati.html; Associated Press, *Girl, 16, Forced to Drink Turpentine to Induce Abortion*, N.Y. SUN (Sept. 27, 2006), <https://www.nysun.com/article/national-girl-16-forced-to-drink-turpentine-to-induce-Forced-Abortion-in-America>, THE ELLIOT INST., 3 (Oct. 2007), <http://www.theunchoice.com/pdf/FactSheets/ForcedAbortions.pdf>.

⁴ Kaitlyn Boswell et al., *Women Who Suffered Emotionally from Abortion: A Qualitative Synthesis of Their Experience*, 22 *J. AM. PHYSICIANS & SURGEONS* 113, 115 (2017); see also Moria Gaul, *Protecting Women from Coerced Abortions: The Important Role of Pregnancy Help Centers*, CHARLOTTE LOZIER INST., Mar. 2022, at 2, https://lozierinstitute.org/wp-content/uploads/2022/03/On-Point-78_Protecting-Women-from-Coerced-Abortion_2022.pdf (finding that "[o]ne provider of post-abortive counseling reported . . . that, in any given year, 75-85% of women who received post-abortive counseling reported that 'they felt they were misled by the abortion clinics and that their decisions were uninformed and, in many ways, coerced.'").

⁵ Megan Hall et al., *Associations Between Intimate Partner Violence and Termination of Pregnancy: A Systematic Review and Meta-Analysis*, 11 *PLOS MED.* 1, 15 (Jan. 2014).

⁶ *Id.*

*greater than a woman continuing a pregnancy.*⁷ IPV victims who do obtain abortions also have “significant association” with “psychosocial problems including depression, suicidal ideation, stress, and disturbing thoughts.”⁸

Similarly, “[a]s many as one-quarter of women of reproductive age attending for sexual and reproductive health services give a history of ever having suffered [reproductive control].”⁹ Reproductive control occurs over “decisions around whether or not to start, continue or terminate a pregnancy, including deployment of contraception, and may be exercised at various times in relation to intercourse, conception gestation, and delivery.”¹⁰

Victims of sex-trafficking are among the number of women who experience reproductive control. A 2014 study on the health consequences for sex-trafficking victims found that 66 sex-trafficking victims had a total of 114 abortions, “[w]ithout accounting for possible underreporting.”¹¹ “The [sex-trafficking] survivors in this study [] reported that they often did not freely choose the abortions they had while being trafficked.”¹² A majority of the 66 sex-trafficking victims “indicated that one or more of their abortions was at least partly forced upon them.”¹³ Given the prevalence of coerced abortions among sex-trafficking victims, the authors of the 2014 study noted that “[h]ealthcare providers can play a crucial role in the trafficking rescue process by identifying possible victims and following up on those suspicions with careful, strategic questions, and actions that catalyze rescue or help create exit strategies.”¹⁴

This bill would ensure that abortion providers in Maryland take the necessary steps to protect the health and safety of women and young girls that enter their abortion clinics, including victims of sex-trafficking. Under Section 20-222(A), the bill requires an abortion provider to ask the pregnant woman while they are in a private room if she is being coerced to have an abortion and if she is being sex trafficked. By asking these questions, abortion providers will be able to identify victims of sex-trafficking and domestic abuse and can help “catalyze rescue or help create exit strategies” for these women.¹⁵

The bill also requires that healthcare providers offer to provide pregnant women with information about assistance, counseling, and protective services offered by social services and law enforcement, provide pregnant women with a telephone if they need to make a private call, and provide pregnant women with an alternative exit from the facility. These safeguards will ensure that women are informed about the essential resources and assistance available to them if they are facing IPV or reproductive control. Notably, Maryland

⁷ COMM. ON HEALTH CARE FOR UNDERSERVED WOMEN, *Reproductive and Sexual Coercion*, Comm. Op. No. 554, at 2 (reaffirmed 2022) (internal citation omitted).

⁸ Hall, *supra* note 5.

⁹ Rowlands, *supra* note 3, at 62.

¹⁰ *Id.*

¹¹ Laura J. Lederer & Christopher A. Wetzel, *The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities*, 23 ANNALS HEALTH L. 61, 73 (2014).

¹² *Id.*

¹³ *Id.*

¹⁴ *Id.* at 84.

¹⁵ *See id.*

does not have an informed consent process that would require abortion providers to provide a woman with vital and material information to guide her in her abortion decision. Thus, SB 832 fills this gap in Maryland's law by establishing legal protections for women that will empower them to make informed, *voluntary* decisions regarding an abortion.

Under Section 20-221(1)-(2), the bill would enact additional safeguards against coerced abortions by requiring abortion providers to post informational signs in patient waiting rooms, consultation rooms, and procedure rooms. As a result, women and whoever accompanies them to the facility will be able to read and understand that both coercion and sex-trafficking are illegal. This would also provide women with information on how to tell the provider if they are being sex-trafficked in a discrete manner. This is a necessary safeguard given that Maryland is "an attractive destination for traffickers," as noted by the Governor's Office of Crime Prevention, Youth, and Victim Services.¹⁶ For example, from June 2013 to April 2020, there have been 671 reports of suspected sex trafficking reported in Maryland.¹⁷ Most alleged victims were between the ages of 14–17.¹⁸

In sum, many women who come to abortion clinics are not there of their own free "choice," and instead are there due to others forcing or pressuring them to undergo an abortion. This bill responds to the rising need for legal protections for women and young girls who are being forced to seek an abortion against their will, especially those who are victims of sex-trafficking. In effect, this bill will not only protect against coerced abortions, but it will also help increase the number of women and young girls rescued from sex trafficking.

¹⁶ *Human Trafficking*, GOVERNOR'S OFF. CRIME PREVENTION, YOUTH, & VICTIM SERV., <https://goccp.maryland.gov/victim-services/human-trafficking/> (last visited Mar. 13, 2023).

¹⁷ *2021 Maryland Statistics*, MD. HUM. TRAFFICKING TASK FORCE (updated Jan. 19, 2021), <https://static1.squarespace.com/static/53d105bae4b009be345a11ba/t/607604b13a440767d6a681d7/1618347185527/Maryland+HT+Stats+Updated+1.21.20.pdf> (finding that in 2019 there were 187 human trafficking cases reported, which represents an 11% increase from 2018 and a 55% increase from 2017).

¹⁸ *Id.*

II. Maryland Has Broad Powers to Enact Protections that Ensure the Health and Safety of Pregnant Women

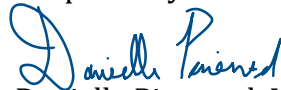
This Committee can further Maryland’s legitimate interest in protecting the maternal health and safety of its citizens by voting in support of SB 832. In *Dobbs v. Jackson Women’s Health Organization*, the United States Supreme Court found that “States may regulate abortion for legitimate reasons” if the law is rationally related to those reasons.¹⁹ The Supreme Court also held that a State has a legitimate interest in “the protection of maternal health and safety.”²⁰ Accordingly, Maryland has broad powers to pass protections like SB 832 that ensure the health and safety of pregnant woman.

Notably, at least 23 states currently have some form of coercive abuse prevention law: Alabama, Arizona, Arkansas, Delaware, Idaho, Kansas, Louisiana, Michigan Minnesota, Missouri, Montana, Nebraska, North Carolina, North Dakota, Ohio, Pennsylvania, Oklahoma, South Dakota, Tennessee, Texas, Utah, West Virginia, and Wisconsin. By enacting SB 832, Maryland will be joining numerous states that have recognized the need to implement safeguards to protect women and young girls from being coerced by partners, family members, employers, or sex traffickers.

III. Conclusion

For these reasons, I strongly encourage the members of this Committee to support SB 832 and continue to uphold Maryland’s duty to protect the health and safety of pregnant women.

Respectfully Submitted,



Danielle Pimentel, J.D.

Policy Counsel

AMERICANS UNITED FOR LIFE

¹⁹ *Dobbs v. Jackson Women’s Health Org.*, 142 S. Ct. 2228, 2283 (2022).

²⁰ *Id.* at 2283-84.

2023 SB832 Favorable Statement (CPW).pdf

Uploaded by: Deborah Brocato

Position: FAV

Favorable Statement SB832
Public Health - Pregnancy - Coercion
(Coercive Abuse Against Mothers Prevention Act)
Deborah Brocato
Campaign to Protect Women
410-440-6348

On behalf of all of our followers across the state of Maryland, Campaign to Protect Women is strongly in favor of SB832. I am also the mother of 4 daughters and a retired intensive care nurse.

Since 1991, the Maryland Freedom of Choice Act has permitted abortion on demand for any reason through birth. Until last year, a physician was required to provide abortions and the decision was between “a woman and her doctor.” A physician also determined if parental notification for minor girls was necessary. Last year, the Assembly passed the Abortion Care Access Act which removed the physician requirement and now allows a “qualified provider” certified by the state, who may or may not have a medical background, to provide surgical and chemical abortions through birth. Both chemical and surgical abortions carry risk of injury up to and including death.

This Assembly has also expanded scope of practice for many healthcare practitioners including the authority to prescribe and dispense medications including the lethal chemical abortion drugs. Telehealth allows the dangerous abortion drugs to be prescribed without benefit of the physical exam to determine gestational age or gestational abnormalities such as ectopic pregnancy or molar pregnancy. Telehealth cannot determine who will be taking the prescription and if it will be taken voluntarily.

All of these changes to healthcare delivery have made it easier for the abortion industry to prey on women and girls. These changes have made it easier for sex traffickers and other abusers to continue their coercive and criminal behavior.

The SAFETY of the women and girls of Maryland has been sacrificed for ACCESS. More access does not equal more quality.

Watching the increasing state promotion of the abortion industry and the steady removal of standards of care, I think of my 4 daughters and the many young women I assisted at a crisis pregnancy center for over 8 years.

I think about my daughters and many other young girls, high school and college girls who do not need parental consent to undergo surgical or chemical abortion. The abortion industry has turned pregnancy and motherhood into something to be dreaded instead of the cherished gift that it is. How many of these girls will feel pressured by boyfriends, teachers, college professors, etc. to “make this inconvenience go away?” How many will suffer injury or death because their parents are unaware their daughter is post-abortive with infection or hemorrhage but think it’s the flu or she is simply run down?

I think of the young women from the pregnancy center who had experienced abortion. They would say, “I can’t kill another baby!” They revealed how it was their boyfriend or their family members insisting they must get an abortion. No one offered support. No one suggested a crisis pregnancy center. They felt backed into a corner.

Favorable Statement SB832, page 2 of 2
Public Health - Pregnancy - Coercion
(Coercive Abuse Against Mothers Prevention Act)
Deborah Brocato
Campaign to Protect Women
410-440-6348

I think of the 15 year old girl at the Planned Parenthood on Howard Street in Baltimore City. I was praying across the street when a group approached - a 15 year old girl, her aunt, her grandmother and her uncle. Tears were streaming down the girl's face. I provided information about crisis pregnancy centers. The women stood just in front of the girl and said the boyfriend wouldn't help, she was too young and she "must" get the abortion. Again, I mentioned the crisis pregnancy centers. The women said they had made their decision, not the girl had made the decision. The uncle said nothing. The girl continued to cry. They all went in, and an hour later, I left without seeing them exit.

Similar stories can be found at www.silentnomoreawareness.com and www.rachelsvineyard.org.

In these cases and many others, it is clear these young girls are pointed in only one direction. They are prevented from seeking alternate solutions. They are coerced into taking a permanent action for a temporary condition which can cause physical, emotional and psychological injury. In each of these situations, the young girls go into the abortion center and receive the abortion during that visit. If there is a consultation, it is with a virtual stranger and there is not adequate time to think about a decision that cannot be reversed. When making material purchases, returns are possible within a certain time frame. This is a purchase that cannot be returned.

Something I would say to the young ladies at the pregnancy center, "When you find out you're pregnant, you're not having the baby the next day. You have 6 or 7 months to plan for the baby, and we will help you." When framed that way, having a baby didn't seem so scary anymore.

Campaign to Protect Women urges this committee to respect and protect a woman's right to motherhood. We urge you to remember the many women who cherish their pregnancy and seek support. We strongly recommend that you give a favorable report on SB832.

SB 832-abortion coercion bill.pdf

Uploaded by: Dr. James Kelly

Position: FAV



Testimony submitted on behalf of the Association of American Physicians and Surgeons by Dr. James Kelly for the State of Maryland Senate Finance Committee on March 13, 2023.

I am Dr. James Kelly a physician and a psychiatrist with 35 years experience treating women who have had abortions. **The majority** of post-abortive women that I have treated have told me that they felt **coerced** into their abortions.

Coercion comes in many forms. Common forms of coercion include various types of threats : including loss of relationships , abandonment, being taken out of school or kicked out of their homes, and overt physical threats and violent physical assaults. Coercion often comes from the baby's father or her own family. Some of the women were teenagers, some were adults, and some were enslaved in sex trafficking and coerced prostitution.

Part of a proper psychiatric or medical evaluation is to ask the women about the past history including relationships and pregnancies. Typically, the women will tell me that I am the only health care provider who has given them the time to discuss their abortions. Usually, they say other physicians limit the discussion to listing the number of abortions and births and end the discussion.

Often when asked about pregnancies and abortions the women will spontaneously cry and describe their pain and remorse. They often say they have been told that they should not have the true feelings and symptoms that they have . Usually, they are very pleased to have someone to confide their abortion story to.

They often describe symptoms of posttraumatic stress disorder, depression, anxiety, suicidal attempts, crimes, self-injurious behaviors (such as cutting, burning, banging and abusing themselves), and other mental illnesses, - that started after **their coerced abortions**.

SB 832 has a very narrow application, it only deals with **coercion**, to prevent the **trauma from coercion**. It does **NOT** in any way affect any other abortion laws.

Anyone that is truly favors **real freedom of choice** ,and is against the **abuse of coercion** ,who cares about women and wants to help women avoid lifelong problems with suicide, crime, drug abuse and mental illnesses should vote for this bill.

The Association of American Physicians and Surgeons respectfully urges this committee report favorably on SB 832.

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Uploaded by: Francis Arlinghaus

Position: FAV

SB832

Favorable

Dr. Frank Arlinghaus

3010 Evergreen Way, Ellicott City MD 21042

I ask the members of the committee to return a favorable report on Senate Bill 832.

Abortion is legal in Maryland, and this bill doesn't try to change that. What it does do is provide women, especially minors, protection from being coerced into abortion. The state needs to have women's backs by protecting them from this coercion, which often comes from boyfriends or parents. The state has a compelling interest to protect women from coercion, consistent with the limitations and restrictions of the Abortion Amendment potentially coming to referendum in 2024.

This bill provides solid protections from coercion, gives the victim explicit rights, and provides additional protection to minors. By having information in abortion facilities, it allows potential victims of coercion to get information on the help they need when they need it. By placing some responsibility on physicians, it provides further help.

This bill isn't about stopping abortion. It's about providing women protection from coercion. Among the women who have had an abortion, far too often we hear stories of coercion, often by spouses or boyfriends or parents. These women feel as if they had no choice, no help, no opportunity to make their own decision. These women deserved a system that would protect them from coercion. The current system fails them.

If one seeks to empower women with choice, then one needs to help free them from the coercive influences in that decision. Bringing a child into the world is hard enough, but having people tell you that you must abort the baby because they insist it's the only decision you can make or are allowed to make often means you feel like you have only one choice, which is no choice at all. Imagine if this is coming from your parents or your boyfriend or your husband.

I am also here on behalf of my daughter Theresa to share the story of her friend Kayleigh who along with her child were the victims of violence perpetrated by the father of her child. Kayleigh was a happy vibrant teenager who wanted to reconcile with the father of her unborn baby despite his opposition to her continuing her pregnancy. Like many of the women who are victimized by the gap in our fetal homicide law, which uses viability as a marker, Kayleigh was beaten by the father. He first assaulted her by kicking her in the stomach while discussing the pregnancy. Even worse, the assault didn't stop there, as the incident ultimately ended in her death by strangulation after assault, and in the death of the child she was carrying in her second trimester of pregnancy. I'll note that the father/murderer will spend at least 14 years in jail, but he could not be charged in the death of his child. In fact, had he not completed the killing of Kayleigh, the penalties for causing the fetal death of his child would have been limited to assault.

I ask that you return a favorable report on this bill for the reasons outlined above.

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Uploaded by: Joann Manole

Position: FAV



The Grace Center for Maternal and Women's Health supports the adoption of the Public Health - Pregnancy - Coercion (Coercive Abuse Against Mothers Prevention Act).

The Grace Center for Maternal and Women's Health performs pregnancy testing and prenatal ultrasound. We provide a variety of services for pregnant and parenting women, but we do not offer abortions. After confirming a pregnancy, we have witnessed pregnant women being coercive or threatening by their partner, family or others insisting that the mother must have an abortion.

Most recently a young women came to the Grace Center with a family member. We preformed an ultrasound confirmed the pregnancy. The family member became agitated and would not let the young women take the copy of her ultrasound, receive prenatal education from the nurse or let her discuss options counseling with the nurse. The family member wanted a report of a viable pregnancy and gestation period so that she could schedule an abortion at another location. The young pregnant women was caught off guard by the family members reaction and statements. When the family member stepped away the pregnant women quickly grabbed the ultrasound picture and stuffed it into her pocket.

In delivery of our services we have witnessed that Laws need to be created to protect pregnant women from coercive abuse and to make sure they are informed of their rights.

Respectfully Submitted,

Joann Manole,
Executive Director
Grace Center for Maternal and Women's Health

Our Mission

A SAFE HAVEN DEDICATED TO IMPROVING THE MATERNAL HEALTH AND WELL-BEING OF WOMEN IN THE COMMUNITY

10226 Old Ocean City Blvd, Unit 2 - Berlin, MD 21811 – Phone 443 513-4124 – (Fax) 443 513-4115 – www.gracematernalhealth.org

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Uploaded by: Laura Bogley

Position: FAV



Support Statement
SB832 – Coercive Abuse Against Mothers Protection Act
Laura Bogley, JD, Legislative Director, Maryland Right to Life

On behalf of the Board of Directors of Maryland Right to Life, I strongly support SB832 and urge your favorable report. The decision to abort one's unborn child is a life-altering decision, and informed consent is critical to this decision. Informed consent laws, including waiting periods are essential tools in protecting women from Intimate Partner Violence (IVP) and coerced abortion. This bill is a reasoned and compassionate response to the needs of concerned pregnant women.

Informed consent legislation is not an attack on personal freedom, but a guarantee of it. State informed consent legislation including waiting periods have been upheld as constitutional. In a national Gallup poll, 88% of Americans favored informed consent laws. 78% favor waiting periods. This bill will ensure the best possible outcome for a woman's physical and emotional well-being.

INFORMED CONSENT - In its basic definition, informed consent "is a process by which the treating health care provider discloses appropriate information to a competent patient so that the patient may make a voluntary choice to accept or refuse treatment."¹ A woman cannot agree to medical treatment unless she is "competent, adequately informed and not coerced" in giving informed consent.² States often pass reflection periods to help ensure a woman has the time she needs to take all the given information into account without the pressure of making an immediate decision since the "medical, emotional, and psychological consequences of an abortion are serious and can be lasting."³

ABORTION COERCION- 73%, or nearly 3 of 4 women said that they did not choose, but felt pressured into their abortions. Sound abortion regulatory policies serve women by promoting a high standard of medical care, protecting women's right to give informed consent to procedures and protecting women from abortion coercion at the hands of abortionists, abusive partners and sex traffickers.

Currently, all 50 states have laws requiring healthcare professionals and others to report the suspected sexual abuse of minors including statutory rape. The federal government also mandates that Title X healthcare facilities comply with state criminal reporting laws. However, there is substantial and developing evidence that many family planning and abortion clinics are not reporting all instances of suspected abuse and are, in some cases, advising minors and their abusers on how to circumvent the law. As a result, sexual predators are free to continue to abuse their victims, scarring them for life.

Abortion extremism in the Maryland General Assembly **actively deprives women their freedom to reproduce** by denying them access to lifesaving alternatives to abortion. The Assembly's current package of abortion bills, including House Bill 705 Right to Reproductive Freedom, will make Maryland a safe haven for profit-minded abortionists but a hostile environment for women and children by prohibiting any safeguards in law for women seeking abortion. The legislation encourages interstate trafficking of women and girls by shielding abortionists from any liability to women for injury or death and shielding sexual predators who utilize abortion to cover their crimes.

REPRODUCTIVE CONTROL AND ABORTION - Reproductive control is also a public policy concern for women seeking abortion. Reproductive control occurs over not only over whether to start a pregnancy, but also over whether to terminate a pregnancy.⁴ Reproductive control includes intimate partners, family members, and sex traffickers asserting control over a woman’s reproductive decisions.⁵ Reproductive control not only produces coerced abortions it also affects whether the pregnancy was intended in the first place.⁶ “As many as one-quarter of women of reproductive age receiving sexual and reproductive health services give a history of ever having suffered [reproductive control].”⁷ In the United States, African American and multiracial women, younger women, and minor victims of sex trafficking are more at risk for reproductive control.⁸

ABORTION IS NOT HEALTH CARE – Pregnancy is not a disease and abortion kills, not cures. The fact that 85% of OB-GYNs in a representative national survey will not participate in abortions is glaring evidence that abortion is not an essential part of women’s healthcare. Abortion is never medically necessary and poses risks to women’s physical and emotional health as well as to the health of future pregnancies. Women have better options for family planning and well woman care. For each Planned Parenthood in Maryland, there are 14 federally qualifying health centers and 4 pro-life pregnancy centers providing FREE services for women. The Maryland Department of Health must give women real CHOICE and protect women from abortion coercion, by providing information about and referrals to lifesaving alternatives to abortion.

INVEST IN LIFE - 81% of Americans polled favor laws that protect both the lives of women and unborn children. Public funds should not be *diverted from* but *prioritized for* health and family planning services which have the objective of saving the lives of both mothers and children, including programs for improving maternal health and birth and delivery outcomes, well baby care, parenting classes, foster care reform and affordable adoption programs.

Any lawmaker who desires to defend a woman's "right to choose" should demonstrate equal vigor in attempting to ensure that every woman considering an abortion is provided with the freedom and information necessary to make a voluntary and informed decision.

For these reasons, we respectfully urge you to issue a favorable report on this bill.

Respectfully Submitted,

Laura Bogley, JD
Executive Director
Maryland Right to Life

1 Christine S. Cocanour, Informed Consent—It’s More Than a Signature on a Piece of Paper, 214 AM. J. SURGERY 993, 993 (2017).

2 Id. 6

3 H.L. v. Matheson, 450 U.S. 398, 411 (1981); Minnesota’s reflection period is currently enjoined by Doe, No. 62-CV-19-3868. See MINN. STAT. § 145.442(a) (2006).

4 BMJ SEXUAL & REPROD. HEALTH 61, 62 (2019).

5 Id. at 65.

6 Id. at 61–62.

7 Id. at 62.

8 Charvonne N. Holliday et al., Racial/Ethnic Differences in Women’s Experiences of Reproductive Coercion, Intimate Partner Violence, and Unintended Pregnancy, 26 J. OF WOMEN’S HEALTH 828 (2017); Elizabeth Miller et al., Recent Reproductive Coercion and Unintended Pregnancy Among Female Family Planning Clients, 89 CONTRACEPTION 122 (2014); Rowlands, supra note 44, at 64.

support for SB0832.pdf

Uploaded by: Marco Colombini

Position: FAV

I strongly support SB0832 Public Health - Pregnancy - Coercion (Coercive Abuse Against Mothers Prevention Act).

I care about women...do you? If you do, then vote in favor of this bill. If you are “pro-choice” then you want a woman to have an **informed choice** that is **free from coercion** and thus you’ll vote for this bill.

This bill protects women from abuse by requiring abortion providers to:

(1) ASK THE PREGNANT WOMAN IF SHE IS BEING COERCED, THREATENED, OR FORCED TO HAVE AN ABORTION;

(2) ASK THE PREGNANT WOMAN IF SHE IS BEING SEX TRAFFICKED

(3) OFFER TO PROVIDE THE PREGNANT WOMAN WITH INFORMATION 27 ABOUT ASSISTANCE, COUNSELING, AND PROTECTIVE SERVICES OFFERED BY SOCIAL SERVICES AND LAW ENFORCEMENT AGENCIES;

(4) PROVIDE THE PREGNANT WOMAN WITH A TELEPHONE THAT SHE MAY USE TO MAKE A PRIVATE PHONE CALL;

Marco Colombini

17520 Doctor Bird Road, Sandy Spring, MD 20860

MD Senate testimony, Shuping .pdf

Uploaded by: Martha Shuping

Position: FAV

SENATE BILL 832, Favorable
(Coercive Abuse Against Mothers Prevention Act)

Martha W. Shuping, M.D., M.A.
2288 Ashford Drive, Winston-Salem, NC 27103

I am a medical doctor, specializing in psychiatry. My qualifications to give this testimony include:

- MD degree 1984, Wake Forest University Medical School.
- Completion of Psychiatry Residency, Wake Forest Baptist Medical Center, 1988.
- Completion “with commendation” of Harvard Medical School’s Global Clinical Scholars Research Training Program, Diploma, 2014.
- Advisory Board Member, Global Centurions (an anti-trafficking organization).
- Adjunct Faculty, Psychology Department, Belmont Abbey College, current.
- Provider of accredited continuing education to health professionals and mental health professionals, concerning trafficking and intimate partner violence, reproductive issues and psychiatric illness, over many years.
- Author of peer-reviewed article concerning abortion and violence against women.
- 35 years in the practice of psychiatry with experience in treating women who have had psychiatric illness associated with coerced abortions.

The American College of Obstetrics and Gynecology (ACOG), Committee on Underserved Women, published a “Committee Opinion” on reproductive coercion in 2013 (reaffirmed in 2022). In this opinion ACOG indicated that reproductive coercion is a problem affecting so many women that women should be screened for reproductive coercion at the first prenatal visit, and at least once a trimester during pregnancy.¹

Coercion has been identified by a textbook of the National Abortion Federation as a risk factor for adverse reactions after abortion.² A “needs assessment” form in this book is used by some abortion clinics to screen for coercion. Screening prior to abortion and offering resources can help to prevent forced or coerced abortions.

¹American College of Obstetrics and Gynecology, Committee on Underserved Women. (2013, reaffirmed 2022). ACOG Committee Opinion (No. 554). Reproductive and sexual coercion *Obstetrics and Gynecology*, 121(2 Pt 1), 411-415.

²Baker, Anne, & Beresford, T. (2009). Chapter 5, Informed consent, patient education and counseling. In M. Paul, E.S. Lichtenberg, L. Borgatta, D. A. Grimes, P. G. Stubblefield, & M. D. Creinin (Eds.), *Management of unintended and abnormal pregnancy: Comprehensive abortion care*. Chichester, UK: Wiley-Blackwell.

Intimate Partner Violence (IPV): This is a serious problem that is often co-occurring with reproductive coercion. The American College of Obstetrics and Gynecology (ACOG), Committee on Underserved Women, in a 2012 committee opinion, states that “approximately 324,000 pregnant women are abused each year in the United States” and “the severity of violence may sometimes escalate during pregnancy or the postpartum period.”³ This report discusses research from 2007 that revealed that “the prevalence of IPV was nearly three times greater for women seeking an abortion compared with women who were continuing their pregnancies.”

“Because of the established association between reproductive health and violence, health care providers should screen women and adolescent girls for intimate partner violence and reproductive and sexual coercion” periodically, including during “new patient visits, and during obstetric care...” including the first prenatal visit.⁴ Upon arrival at an abortion clinic, the abortion patient is very likely a “new patient” and this is also likely to be her “first prenatal visit” one of the woman for whom this screening is urged. Certainly this guidance from ACOG alerts us to the need for protection that women have in regard to coercion.

3. Human Trafficking: Lederer and Wetzel have shown that many trafficked women receive healthcare in clinics, emergency rooms and other facilities without their trafficked situation being recognized by the healthcare professional.⁵ The majority of trafficked women, while in trafficking, have multiple forced abortions, with one woman reporting 17 abortions.

The Task Force on Human Trafficking of the American Psychological Association in a 2014 report recognized the problem of forced abortion of girls and women in sex

3. American College of Obstetrics and Gynecology, Committee on Underserved Women (2012, reaffirmed 2022). ACOG Committee Opinion (Number 518): Intimate partner violence. *Obstetrics & Gynecology*, 119(2), 412-417.

4. American College of Obstetrics and Gynecology, Committee on Underserved Women. (2013, reaffirmed 2022). ACOG Committee Opinion (No. 554). Reproductive and sexual coercion *Obstetrics and Gynecology*, 121(2 Pt 1), 411-415.

⁵ Lederer, L.J., & Wetzel, C.A. (2014). *The health consequences of sex trafficking and their implications for identifying victims in healthcare facilities*, 23 *Annals of Health Law*, 23(1), 61-91. Retrieved from <https://lawcommons.luc.edu/annals/vol23/iss1/5>

trafficking.⁶ The American Psychological Association (A.P.A.), in 2017, adopted a policy on human trafficking, urging that “health and social service providers need training and tools to identify and attend to victims effectively.”⁶⁷ This policy also advocates for trauma-sensitive and culturally-attuned approaches to working with patients who are trafficking survivors. In light of research and the A.P.A. recommendation, it appears important for professionals to screen women for trafficking, particularly during pregnancy, in order to identify those in trafficking and offer effective help, sensitive to the effects of trauma, and culturally appropriate.

I also have experience in treating women who have had coerced abortions, sometimes due to coercion by parents, and other times by intimate partners, and others. This is harmful to women’s mental health.

I know a woman who is currently a resident of Maryland who was sedated and restrained and had a forced abortion years ago when she had stated that she did not consent, who sought my professional help for this trauma.

Based on all of the above research and my clinical experience, it is my opinion that all the provisions of SB 832 are necessary and will be very helpful to Maryland women.

Martha Shuping MD
e-signed 3.14.2023

6. American Psychological Association (2017). Resolution on human trafficking in the United States, especially of women and girls. Retrieved from <https://www.apa.org/about/policy/trafficking-women-girls>

SB0832--Support.pdf

Uploaded by: Mary Hand

Position: FAV

SB 0832 – Mary Hand--Support

I strongly support SB0832 Public Health - Pregnancy - Coercion (Coercive Abuse Against Mothers Prevention Act).

I care about women...do you? If you do, then vote in favor of this bill. If you are “pro-choice” then you want a woman to have an **informed choice** that is **free from coercion** and thus you’ll vote for this bill.

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(4) PROVIDE THE PREGNANT WOMAN WITH A TELEPHONE THAT SHE MAY USE TO MAKE A PRIVATE PHONE CALL;

Name: Mary Hand

Address: Bethesda, MD 20817

SB 832 - Carozza Testimony_FINAL.pdf

Uploaded by: Senator Mary Beth Carozza

Position: FAV

MARY BETH CAROZZA
Legislative District 38
Somerset, Wicomico,
and Worcester Counties

Education, Energy, and
the Environment Committee

Executive Nominations Committee



Annapolis Office
James Senate Office Building
11 Bladen Street, Room 316
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410-841-3645 • 301-858-3645
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MaryBeth.Carozza@senate.state.md.us

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

March 15, 2023

The Senate Finance Committee

**SB 832 – Public Health – Pregnancy – Coercion (Coercive Abuse Against
Mothers Prevention Act)**

Statement of Support by Bill Sponsor Senator Mary Beth Carozza

Thank you Chair Griffith, Vice Chair Klausmeier, and members of the distinguished Senate Finance Committee for this opportunity to present Senate Bill 832 – Public Health – Pregnancy – Coercion (Coercive Abuse Against Mothers Prevention Act).

Over the past year, Maryland has dramatically expanded access to abortion. The Abortion Care Access Act of 2022 expanded the number of health care providers who can perform abortions to include non-physicians and established a special fund to enable greater access to abortion services. This session, the Senate already has passed legislation requiring public institutions of higher education to provide reproductive healthcare plans and services, and this Maryland General Assembly has made it a top priority to enshrine the right to an abortion in the Maryland Constitution. These combined legislative actions prioritized by this Maryland General Assembly not only has significantly increased access to abortion for Maryland women but also has attracted other women from other states to seek Maryland out as an abortion destination.

The passage of SB 798, Declaration of Rights – Right to Reproductive Freedom, virtually limits any possibility of abortion safeguards, which makes this legislation (SB 832) that I am presenting today take on a new sense of urgency. As the State of Maryland expands access for women to exercise their right to have an abortion, we also have an obligation to protect a woman's right to protect her pregnancy and prevent abortion coercion.

Senate Bill 832 does not restrict a woman from having an abortion or using reproductive services like contraception. This legislation is intended to ensure that women are provided a true choice when it comes to pregnancy.

This bill states that an individual who knows or suspects that a woman is pregnant may not engage in certain specific conduct with the intent of directing the pregnant woman to have an abortion. This includes committing, attempting to commit, or threatening to commit physical harm to the pregnant woman; revoking a scholarship awarded to a pregnant woman by an institution of higher education; discharging the pregnant woman from employment or changing

compensation; and denying any social assistance, housing, or financial support to a pregnant woman.

This legislation includes important protections against human trafficking of pregnant women including prohibiting the selling, attempting to sell, or threatening to sell the pregnant woman into sex trafficking and to sell or threaten to sell the unborn baby of the pregnant women into sex trafficking once her baby is born. The legislation also prevents an individual from forcing, attempting to force, or threatening to force the pregnant woman to continue to engage in sex trafficking.

SB 832 would establish a misdemeanor penalty for coercing a pregnant woman to have an abortion where violators would be subject to a maximum fine of \$1,000.

Often, a woman who discovers that she is pregnant under not ideal circumstances finds herself at a crossroads with a series of choices. The trajectory of her life changes once she knows she is pregnant. Subtle forms of pressure can go unnoticed until the only option seems to be abortion. In other cases, the coercion is far more blatant, discriminatory, and sometimes results in physical violence.

Studies have found that many women who seek counseling services after having an abortion were pressured into terminating their pregnancies by their husbands, boyfriends, or family members. After having an abortion, many of these women reported symptoms of depression, guilt, shame, regret, self-hatred, feelings of worthlessness, feelings of being unworthy of love, low self-esteem, and anxiety. Some studies have found up to 9 percent reported drug or alcohol addiction, and 6.2 percent reported thoughts or attempts of suicide.

Many young women are not receiving adequate support from the people who matter most in their lives when it comes to having the freedom to choose. Women are taught from a young age to put others before themselves, often completely forgetting to take care of their own needs. In a situation of extremes, like choosing to continue or terminate a pregnancy, women can often feel pressured to make a decision that does not align with their internal wants and desires. This pressure is even more terrifying in situations of domestic violence or human trafficking.

It is estimated that 24.9 million men, women, and children worldwide are subjected to the abuses of human trafficking. It happens in plain sight, and many victims are coerced by their trafficker into participating in their own abuse. As many of you know, victims and traffickers alike have told law enforcement that Maryland is a “goldmine” for human trafficking due to our central location, numerous rest stops, truck stops, and bus stations, and the I-95 corridor is a main gateway to major cities along the Eastern seaboard.

A groundbreaking study from 2014 looked at many facets of human trafficking, including the correlation between human trafficking and abortion. Of the women who survived human trafficking that participated in the study, 55 percent had at least one abortion, 30 percent had multiple abortions, and 55 percent had forced miscarriages.

Abortions like these are taking place right here in Maryland, and health care providers need to be educated and empowered to act should a victim of human trafficking enter their office to obtain such services. This legislation would allow health care providers, should they suspect their patient is a victim of coercion, to wait 24 hours before performing the procedure (although the health care provider is empowered to waive that waiting period). Further, an employee or volunteer of a healthcare facility who knows, alleges, or suspects that a woman is being coerced into having an abortion must notify local law enforcement within 48 hours. Ideally, this would allow investigations to take place, perpetrators to be arrested, and human trafficking victims to be freed and begin the healing process.

This bill is not intended to prevent abortion. This bill is intended to prevent women from being further victimized by a system that does not value them. This bill empowers women to seek action and to prevent the perpetrator from continuing to coerce other women into having abortions.

Senate Bill 832 is commonsense legislation that seeks to protect all women from abortion coercion, especially at a time when abortion has become so readily available in the State of Maryland.

Thank you for your kind attention and consideration, and I request the Committee grant a favorable report to SB 832.

SB0832_Tom and Tina Wilson_Favorable.pdf

Uploaded by: Thomas Wilson

Position: FAV

Written Testimony of Thomas P. and Tina M. Wilson

**RE: In Support of Senate Bill SB0832 – Public Health - Pregnancy - Coercion
(Coercive Abuse Against Mothers Prevention Act)**

March 14, 2023

As citizens of the state of Maryland, we enthusiastically support Maryland **Senate Bill SB0832**. This testimony seeks to express our rationale for support of **SB0832**.

Senate Bill SB0832 seeks to prohibit an individual from committing or threatening certain actions with the intent of coercing a pregnant woman to have an abortion. Research indicates that violence against pregnant women is a serious issue. Many women report that they were coerced into abortions and have suffered grievous physical, emotional, psychological, and spiritual harm as a result. In fact, 3 in 4 women say they felt coerced into their abortion by a partner, parent, clinic worker or other authority figure.

This bill also protects women from sex trafficking as it requires 24-hour waiting periods before abortion and reporting of suspected abuse. More women and victims of sex trafficking can receive treatment for coercive abuse if they are informed of their rights and are given information concerning treatment and protection options.

We strongly support SB0832 and ask the Committee members to favorably consider this bill.

Respectfully,

Thomas P. and Tina M. Wilson
Long-time residents of MD District 17

SB832.pdf

Uploaded by: Toni McFadden

Position: FAV

One of the hardest things about past regrets is the realization that you cannot go back and change it.

One of the greatest regrets of my life was when I ended the life of my unborn baby when I was a senior in high school.

My best friend found a place 30 minutes from my home that performed abortions. When I called, they gave me a new name so that if they called my house and my parents picked up I would know it was them calling.

So they were helping me to lie to my parents. The last thing the abortion industry wants are involved parents.

I remember sitting in the waiting room of the abortion clinic. My best friend who reinforced that I could not have this baby sat next to me and my boyfriend who I think only came to make sure I went through with the abortion sat across from me.

Here I was facing the consequences of my actions because I made a decision based on instant gratification.

I remember laying down to get a sonogram.

The screen was facing towards the wall so I could not see it. When I asked to see the screen the nurse suddenly became irritated that I even asked such a question.

Reluctantly she eventually turned the screen around. Before I could say a word, she said, "See it's nothing! It's just the size of a pea!"

That statement, that lie, gave me a sense of temporary relief. In my uneducated teenage mind, I thought ok, it's not a baby. I now know she lied to me. I was about 7 weeks along.

She didn't tell me that my baby's heart had already begun to beat. She didn't tell me that at conception my baby had their own unique DNA. This DNA would define how tall they would be. Their eye color and skin tone.

I trusted those that the medical professionals knew better than me. Unfortunately, I blindly trusted them.

I was given the RU-486 pills also known as the chemical abortion. For time sake I will tell you that my pills never worked and I ended up hemorrhaging close to 2 months later while I was at school. I had blood clots the size of my fist leaving my body.

At the time I didn't even know what hemorrhaging was. I probably should have gone to the hospital but again I was too afraid to tell my parents.

I went home and continued to bleed for hours going back and forth from the bathroom to my bed.

The abortion industry loves an uneducated woman. They do not care about women or the aftermath after ending the life of their own baby.

They don't care about the haunting reality we are forced to live with.

Abortion did not make my circumstances better.

Years later when I did tell my parents they were devastated because although teen pregnancy would not have been their plan for me, they would have never suggested an abortion.

Abortion took life from the one who should have been protected.

The act of abortion will always stay with me.

I will always regret ending the life of my child.

We need this bill to pass to help teenage girls like myself who feel pressured that abortion is their only option.

I had complications and I saw a medical staff. I cannot imagine the horrible effects with will have now that women can get these poisonous pills through the mail without ever being seen by a doctor.

We need SB832 if we truly care about women.

HPP SB 832 Testimony- UNF.pdf

Uploaded by: Jessica Emerson

Position: UNF

Testimony of the Human Trafficking Prevention Project The University of Baltimore School of Law

BILL NO: Senate Bill 832
TITLE: Public Health – Pregnancy – Coercion (Coercive Abuse Against Mothers Prevention Act)
COMMITTEE: Finance
HEARING DATE: March 15, 2023
POSITION: **OPPOSE**

The Human Trafficking Prevention Project strongly opposes Senate Bill 832, as it is clearly being used to advance a political viewpoint through the pretense of caring for women experiencing one form of reproductive coercion, but disregarding other, more common forms of this behavior. Furthermore, it is an attack on women’s reproductive autonomy executed largely under the guise of improving the protections available to survivors of human trafficking.

The Human Trafficking Prevention Project has assisted hundreds of survivors of human trafficking since its inception in 2015, and reproductive coercion is often a part of the dynamic of power and control being exercised over our clients by their traffickers and/or abusive partners. However, unlike what is being addressed in SB 832, we see reproductive coercion far more often in the form of a victim’s trafficker refusing to wear a condom or forcing his victim to engage in sexual behavior in which she does not want to participate. While we have indeed encountered instances where a trafficking victim was forced to have an abortion, it is far more common for a trafficker to coerce his victim into having a child with him as a false promise to “start a family” with his victim, knowing full well that, in reality, it is often financially *and* legally impossible to get away from someone with whom you share children. Additionally, threats to harm or kidnap the child provide a terrifying new tactic for keeping the victim compliant.

The “Whereas” clauses of this bill, ironically couched in terms of freedom of choice for women (see p. 1, lines 21-26, and p.2, lines 1-9), make it starkly plain this is simply an anti-abortion bill dressed up in the guise of seeking to assist vulnerable women. What’s worse is that it seeks to exploit the trauma of those already facing exploitation to do it.

The Human Trafficking Prevention Project strongly believes that access to safe, legal, self-determined reproductive care that includes abortion is foundational to ending sexual harm, including sex trafficking, and is essential for the health and well-being of all women in Maryland. We therefore urge an unfavorable vote on SB 832.

*For more information, please contact:
Jessica Emerson, LMSW, Esq.
Director, Human Trafficking Prevention Project
(E): jemerson@ubalt.edu*

sb832.pdf

Uploaded by: Matthew Pipkin

Position: UNF

**MARYLAND JUDICIAL CONFERENCE
GOVERNMENT RELATIONS AND PUBLIC AFFAIRS**

Hon. Matthew J. Fader
Chief Justice

187 Harry S. Truman Parkway
Annapolis, MD 21401

MEMORANDUM

TO: Senate Finance Committee
FROM: Legislative Committee
Suzanne D. Pelz, Esq.
410-260-1523
RE: Senate Bill 832
Public Health – Abortions - Coercion
DATE: March 1, 2023
(3/15)
POSITION: Oppose

The Maryland Judiciary opposes Senate Bill 832. This proposed legislation if enacted would prohibit an individual from committing or threatening certain actions intended to coerce a pregnant woman into having an abortion.

The Judiciary is concerned about Health General § 20-219(b)(2) of the bill which requires courts to provide counsel for pregnant women in certain cases. Courts should retain discretion to decide when it is appropriate to appoint counsel for a party. This bill also does not provide any guidance as to who would fund this counsel.

cc. Hon. Mary Beth Carozza
Judicial Council
Legislative Committee
Kelley O'Connor

SB 832_MNADV_UNF.pdf

Uploaded by: Melanie Shapiro

Position: UNF



BILL NO: Senate Bill 832
TITLE: Public Health - Pregnancy - Coercion (Coercive Abuse Against Mothers Prevention Act)
COMMITTEE: Finance
HEARING DATE: March 15, 2023
POSITION: **OPPOSE**

The Maryland Network Against Domestic Violence (MNADV) is the state domestic violence coalition that brings together victim service providers, allied professionals, and concerned individuals for the common purpose of reducing intimate partner and family violence and its harmful effects on our citizens. **MNADV urges the Senate Finance Committee to issue an unfavorable report on SB 832.**

Survivors of domestic violence frequently experience forms of abuse that put them at an increased risk for unintended pregnancy, such as birth control sabotage, sexual assault, and reproductive coercion.¹ 2.1 million women in the U.S. have become pregnant as a result of rape by an intimate partner,² and, in one study, 16% of survivors with rape-related pregnancies chose to get an abortion.³ Access to abortions can be a matter of life or death for survivors of domestic violence because experiencing abuse while pregnant puts survivors at a much higher risk of being killed by their abuser.⁴ One of the most common reasons why survivors struggle to leave their abuser is because they have children in common. When a survivor is denied an abortion, they remain tethered to their abusive partner, whereas survivors who choose to terminate an unwanted pregnancy have a reduced risk of experiencing violence over time.⁵

Senate Bill 832, ironically couched in terms of freedom of choice for women, is simply an anti-abortion bill dressed up in the guise of seeking to assist vulnerable women. A much better policy would be to strengthen our criminal laws on assault and sexual violence and increase prosecution under existing laws. In addition, funding more services for victims would offer the greatest chance for victims to live free of their abusers.

For the above stated reasons, the **Maryland Network Against Domestic Violence urges an unfavorable report on SB 832.**

¹ <https://www.futureswithoutviolence.org/userfiles/file/HealthCare/Reproductive%20Health%20Guidelines.pdf>

² <https://www.guttmacher.org/gpr/2016/07/understanding-intimate-partner-violence-sexual-and-reproductive-health-and-rights-issue>

³ <https://www.ojp.gov/pdffiles1/nij/grants/211678.pdf>

⁴ https://apps.who.int/iris/bitstream/handle/10665/70764/WHO_RHR_11.35_eng.pdf?sequence=1

⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4182793/>

For further information contact Melanie Shapiro • Public Policy Director • 301-852-3930 • mshapiro@mnadv.org

SB 832 - WLCMD - OPP.pdf

Uploaded by: Michelle Siri

Position: UNF

BILL NO: Senate Bill 832
TITLE: Public Health – Pregnancy – Coercion (Coercive Abuse Against Mothers Prevention Act)
COMMITTEE: Finance
HEARING DATE: March 15, 2023
POSITION: **OPPOSE**

The Women's Law Center of Maryland is dedicated to ensuring the physical safety, the economic security, and the **bodily autonomy** of women throughout the State. One way we work towards this goal is by supporting women in their reproductive decisions if, when, and how they decide to build their families. Part of this support includes working to ensure that reproductive health care is treated equitably and fairly as a medical issue and not a political issue. The Women's Law Center of Maryland strongly opposes Senate Bill 832 and urges an unfavorable report.

The Women's Law Center assists hundreds of victims of intimate partner violence every year. Sometimes reproductive coercion is a part of the dynamic of power and control exercised over our clients. However, unlike what is being addressed in Senate Bill 832, we more often see reproductive coercion in the form of a male partner tampering with or hiding a female partner's birth control, refusing to wear a condom during intercourse, and/or pressuring his female partner to get pregnant without her consent. We seldom, if ever, have encountered a case where a woman was forced to have an abortion.

Senate Bill 832 alleges that “many women report that they were coerced into abortions” but on the contrary, perpetrators are more likely to coerce their partner into continuing an unintended pregnancy¹. In a study conducted by The American College of Obstetricians and Gynecologists one-quarter of the adolescent female participants reported that they were forced to hide their contraceptive methods due to an abusive partner sabotaging their planned birth control method². It is more common that a woman trying to achieve safety and freedom from an abuser will decide not to have a child due to violence and economic issues, but her abuser will not allow her to make that decision. Forcing a woman to have a child ties the woman to her abuser.

The updated language in this bill, from that of last year's version (House Bill 1167), to incorporate victims of sex trafficking suggests this proposed legislation would assist vulnerable women. While no doubt well-intentioned, in reality the bill would risk further exploiting and harming these women. A much better way to protect survivors of sex trafficking and intimate partner abuse would be to strengthen our criminal laws regarding these crimes and increase prosecution under existing laws. In addition, funding more services for survivors of these abuses would provide them with the opportunity to regain their power and control, which is ultimately what this bill alleges to be concerned with.

The Women's Law Center strongly believes that reproductive choice, including whether or not to seek an abortion is essential for the health and well-being of women in Maryland. We therefore urge an unfavorable vote on Senate Bill 832.

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

¹ National Library of Medicine, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2901296/>

² The American College of Obstetricians and Gynecologists, <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2013/02/reproductive-and-sexual-coercion#:~:text=The%20most%20common%20forms%20of,attempt%20to%20promote%20pregnancy%201.>