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Maryland
DEPARTMENT OF HEALTH

Board of Physicians

Wes Moore, Governor · Aruna Miller, Lt. Governor · Damean W.E. Freas, D.O., Chair

2023 SESSION
POSITION PAPER

BILL NO.:	**HB 962 – Physicians and Allied Health Professions – Reorganizations and Revisions**
COMMITTEE:	**Finance Committee**
POSITION:	**Letter of Support**

TITLE: **Physicians and Allied Health Professions – Reorganizations and Revisions**

POSITION & RATIONALE:

The Maryland Board of Physicians (the Board) is submitting this letter of support for House Bill (HB) 962 – Physicians and Allied Health Professions – Reorganizations and Revisions. HB 962 would restructure the Maryland Medical Practice Act (the Act), creating a general provisions section for provisions that apply to all licensees regulated by the Board and eliminating duplicative language.

The Board currently regulates 13 health occupations, each of which has its own unique standards and requirements. However, many provisions remain consistent across every provider type regulated by the Board. For example, every single health occupation regulated by the Board has the same reporting requirements for change of address. As a result, there is a significant amount of redundant or duplicative language within the Act.

During the 2020 legislative session, HB 560 and SB 395 (State Board of Physicians and Allied Health Advisory Committees – Sunset Extension and Program evaluation) passed as emergency bills and were enacted on May 8, 2020. Section 5 of this legislation required that the Board submit to the legislature a report with recommendations for improving consistency of language between practitioners regulated and eliminating redundant language in the Act. The Board submitted the report in June 2021.

As recommended in the report, HB 962 consolidates provisions that apply to all Board licensees but that are currently repeated into several locations within the Act. Language for provisions such as reporting change of address, criminal history record check requirements and terms of licensure are relocated to one new "General Provisions" section to apply to all licensees.

HB 962 is solely a restructuring bill and does not alter any licensing requirements or standards, nor does it alter current Board practices or operations. All current policies and procedures will remain the same. Instead, HB 962 ensures that common provisions are easily accessible in a centralized location within the statute, and eliminates inconsistent, repetitive or redundant language. The end result is a cleaner, more easily accessible Medical Practice Act.

Thank you for your consideration. For more information, please contact Matthew Dudzic, Manager of Policy and Legislation, Maryland Board of Physicians, 410-764-5042.

Sincerely,

Damean W. E. Freas, D.O.
Chair, Maryland Board of Physicians

The opinion of the Board expressed in this document does not necessarily reflect that of the Maryland Department of Health or the Administration.

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Unfavorable
HB 962
Physicians and Allied Health Professions – Reorganization and Revisions

Laura Bogley, JD
Executive Director, Maryland Right to Life

On behalf of the Board of Directors of Maryland Right to Life, I strongly oppose House Bill 962 and respectfully ask for your unfavorable report. By enacting this bill you will be putting profits over patients and recklessly reducing the standard of medical care in Maryland.

This bill repeals important legal safeguards for patients. The bill expands the duties of while simultaneously weakening the regulatory power of the **Maryland Board of Physicians**. The bill requires the Board to certify and license non-physician and even non-medical "providers" to perform health-related services. At the same time, the bill weakens current medical training requirements and other qualification standards for those providers.

Finally this bill will put pregnant women in Maryland at great risk for injury and death as a result of botched abortion and the proliferation of dangerous chemical abortion pills – without the benefit of a physician's examination or supervision. This bill seeks to retroactively conform the Maryland Board of Physicians to the new reduced standard of care implemented by the *Abortion Care Access Act of 2022*, which removed the legal requirement that only a licensed physician may perform abortions. The bill will enrich the multi-billion dollar abortion industry and increase the abortion workforce by expanding the scope of practice for non-physician abortion providers.

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 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.

The *Abortion Care Access Act of 2022*, removed one of the few protections in the Maryland Code for women seeking abortion, which was 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 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 two-fold: (1) authorize lower-skilled workers and non-physicians to perform abortion, (2) authorize a variety of providers to practice telabortion and remotely prescribe abortion pills without a physician's examination, even across state lines.

We strongly urge you to protect pregnant women in Maryland and other states by preserving the medical standard of care for abortion providers (both surgical and chemical) by protecting the integrity and authority of the Maryland Board of Physicians.

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. 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.

Over the past several years, MDRTL has opposed bills attempting to expand the scope of practice of doulas, certified nurse midwives, and even pharmacists, that were broad enough to include participation in abortion (either surgical or chemical) and authorization for reimbursement through the Maryland Medical Assistance Program (Medicaid). Nearly 70% of people in a 2023 Marist poll said they are opposed to public funding for abortion.

"D-I-Y" ABORTIONS

Until their June 24, 2022 decision in *Dobbs v. Jackson Womens Health Organization*, the Supreme Court had imposed legal abortion on the states under the guise that by licensing physicians to perform abortions, abortion would become 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. 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.

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.

Chemical Abortion makes up 54% 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 500%.

During the 2021 legislative 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 announced in April 2021, and 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 has opposed 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 but nevertheless supported broad telehealth authorization and provider Medicaid reimbursements.

STATE OF PREGNANCY CARE IN 2023

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 bloodmoney 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 refuses to 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

Pregnant women in Maryland deserve quality health care from licensed OB/GYN's. 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. For these reasons we urge you to issue an unfavorable report on HB 962.

Terrifying Botched Abortion by Nurse Results in Multi-Million-Dollar Suit Against Brigham-Connected Late-Term Facility (Excerpt Only)

October 14, 2021 By Operation Rescue 14 Comments

Capital Women's Services is a late-term abortion facility in Washington, D.C. with connections to the discredited New Jersey abortionist Steven Chase Brigham. This is where a nurse conducted a botched late-term abortion that resulted in a major medical malpractice suit.

By Cheryl Sullenger

Washington, D.C. – From the moment Capital Women's Services opened in 2017, there was controversy. The facility had quietly located in an unremarkable multi-office building on Georgia Avenue in northwest Washington, D.C. where there were few regulations that would hamper its very-late-term abortion business.

Nightmare begins

Markeisha Hemsley, a Maryland resident, arrived at Capital Women's Services between 8:00 and 9:00 a.m. on the morning of October 25, 2018, for a second trimester Dilation and Evacuation (D&E) abortion. When she first made her appointment, the only information the scheduler asked for was her name and the length of her pregnancy. Hemsley was accompanied to the abortion facility by her mother. Together, they had managed to scrape together the $1,495 for the second trimester abortion, which was paid with a combination of cash and credit card.

Hemsley's malpractice complaint alleged that she was never fully informed about her abortion, which is a hallmark of Brigham's known practices. She was never told by anyone at Capital Women's Services what to expect, who would be doing her abortion, how the abortion would be done, or what risks she might be assuming in giving her consent for the abortion.

Hemsley's baby was 20.3 weeks gestation.

The lawsuit's statement of facts explained the national standard used for abortions at 20.3 weeks of pregnancy. The national standard of care for second-trimester abortions, and specifically for procedures at gestational periods of 20.3 weeks, required 1) the use of an osmotic dilator, typically laminaria, inserted 12-24 hours prior in order to dilate the cervix to 3-4 centimeters, depending on the size of the fetal tissue; 2) the use of two sizes of forceps, referred to as Bierer and Sopher forceps, to extract the fetal tissue and majority of the placenta through the cervix; and 3) a suction curette to then extract the remainder of the fetal tissue and placenta inside of the uterus. Cannulas are rarely wide enough to adequately aspirate the large amount of fetal tissue present at this gestational age.

However, the national standard, as horrific as it is for the baby, was not even close to what Hemsley got.

At around 11:30 a.m., Hemsley was given two doses of Misoprostol. One dose was taken immediately and the second dose an hour later.

Her dosage was the same as given by Capital Women's Services for Methotrexate and Misoprostol (M&M) chemical abortions done at home over a period of several hours or days. In Hemsley's situation, the doses should have been taken three hours apart, with the abortion beginning six hours later for maximum dilation effect. This would have an impact on how the day unfolded.

About two hours and 45 minutes after taking the first dose, Hemsley's name was called, and she was escorted to a procedure room.

Nurse Jefferson

That's when she met Khalilah Q. Jefferson for the first time. Jefferson had entered the room wearing a white lab coat, but never introduced herself, leaving Hemsley to assume she was a doctor.

Jefferson is, in fact, licensed as a registered nurse and a certified registered nurse practitioner in Washington, D.C., and Maryland — not a licensed physician.

In the District of Columbia, non-physicians, including nurse practitioners, are allowed to conduct abortions with no apparent gestational limit. However, second trimester abortions require a very different skill set than simply handing someone abortion pills, or even conducting a relatively simpler first trimester suction aspiration abortion. Nurse Practitioners simply are not qualified to conduct surgeries of this nature.
During the second trimester, the risk of medical catastrophe rises with each passing week. The fact that Capital Women's Services allowed an unsupervised nurse practitioner to conduct complex second trimester D&E abortions – presumably up to 36 weeks – was appalling. The danger this posed cannot be overstated.

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With Hemsley under the illusion that Jefferson was a physician, Jefferson told her to "get undressed, lay down on the operating table, and place her legs in stirrups." At approximately 2:15 p.m., Jefferson injected two drugs to induce conscious sedation. That was enough, along with the improper dosing of Misoprostol, to cause Hemsley to turn on her side and vomit.

Botched
Jefferson then began the abortion using mechanical dilators, which were insufficient to adequately open Hemsley's cervix large enough to use the forceps needed to complete her abortion. it is important to note that her malpractice suit claims that osmotic dilators, such as laminaria, were *never* used on Hemsley.

In fact, Hemsley has no memory of seeing Jefferson use forceps at Capital Women's Services.
According to the legal complaint, Jefferson negligently used a suction cannula with ultrasound guidance to begin removing the baby's body parts without bothering to first remove the larger pieces of the baby that would not fit through the suction tubing.
By this time, the sedation was beginning to wear off and Hemsley began to feel excruciating pain.
As Jefferson rolled the ultrasound transducer over her abdomen, Hemsley heard Jefferson say repeatedly, "I missed it."
According to treatment records referenced in the legal complaint, Jefferson was looking for the baby's calvarium, or skull. Jefferson had perforated Hemsley's uterus and shoved her baby's head through the tear where it lodged in her abdomen.
At this point, Jefferson should have called an ambulance to transport Hemsley to a hospital where she could get the surgery she needed to remove the calvarium and treat her uterine perforation and other complications.
Instead, Nurse Jefferson left the procedure room to inform Hemsley's mother that "the sonogram was not giving a clear enough image of the fetus, and that she wanted to move Ms. Hemsley to 'her other office' where they had better equipment," according to the complaint.

"Shut up!"
Jefferson never bothered to tell Hemsley's mother that the "other office" was in Maryland and that no ambulance would be called.
Suffering in pain with a life-threatening internal injury, Hemsley was placed in the back seat of Jefferson's personal BMW SUV with the help of other clinic workers.
Unsure of where she was being taken and in so much pain that she feared she might die, Hemsley begged Jefferson to take her to a hospital.
The complaint narrative described Jefferson's atrocious behavior during the estimated 27-minute nightmarish drive from the D.C. facility to the Moore OBGYN's Greenbelt, Maryland office:
Jefferson transported Ms. Hemsley to the Moore OBGYN facility at 7525 Greenway Center Drive in Greenbelt, MD, approximately 14 miles away and across a state line. Ms. Hemsley remained in tremendous pain and pleaded for Jefferson to stop and take her to the hospital. In response, Jefferson turned the volume up on the stereo to drown out Ms. Hemsley's cries, insulted her, and yelled, "Shut up!"
With the help of an unidentified employee of Moore OBGYN, Hemsley was taken inside, placed on a "operating table," and hooked up to a sonogram belt. Hemsley lay in pain, unsure of what would happen next.

Illegal abortion?

Jefferson attempted to complete the abortion, even though in Maryland, to do so was a violation of state law that allows only licensed physicians to conduct abortions.
Hemsley's malpractice complaint detailed what happened next.
At this point, Ms. Hemsley's medication had worn off, and she was in extreme pain. She cried out for Jefferson to stop and felt like she was going to die.
Jefferson did not stop and . . . used forceps to try to remove the calvarium from the abdominal cavity through the cervix, a hazardous maneuver with Ms. Hemsley's uterus already perforated.
[Hemsley's mother], who had followed Jefferson to the Moore OBGYN facility and heard her daughter's cries, entered the operating room and saw Jefferson standing in front of her screaming daughter holding bloody forceps.
Jefferson finally relented and agreed that Hemsley should go to the hospital. As Hemsley's mom attempted to call for an ambulance, Jefferson pleaded with her not to reveal the location of the office.
It is unknown how Jefferson thought the ambulance would know how to reach them if the 911 dispatcher was not given the address.
Hemsley's mother refused not to identify the office, so Jefferson then "grabbed [the] phone from her hand and impersonated [Hemsley's mother] to the 9-1-1 dispatcher, repeatedly referring to Ms. Hemsley as 'my daughter.'"
Hemsley, with only her mother's help, was forced to take an elevator to the lower floor then wait on the curb for the ambulance. Held up by her mom, Hemsley drifted in and out of consciousness due to the extreme pain.
When the ambulance arrived, Jefferson "intercepted" the EMTs and identified herself as an employee of Moore OBGYN. She then proceeded to give them a false story about Hemsley's abortion and the true extent of her injuries.
"This misrepresentation was intentional, self-serving, reckless, completely disregarded Ms. Hemsley's rights, and prolonged her pain and suffering," the complaint stated.

Other lies
In Hemsley's charts, Jefferson repeatedly omitted important information or just downright lied about her procedures and Hemsley's condition during the abortion.
Below is an example quoted directly from Hemsley's malpractice complaint.
Hemsley's cervix was noted as dilated to 101 millimeters, or 10.1 centimeters. This diameter is both physically impossible with a mechanical dilator and medically unnecessary. Jefferson also reported an estimated blood loss of just 25 mL, an astonishingly low number for a procedure that typically produces a blood loss in the 100 mL — 400 mL range.
For the record, complete cervical dilation for a woman delivering a full-term baby is 10 cm, at which time, she can begin to push the baby into the world.

Finally at the hospital
Hemsley was finally transported by ambulance to George Washington Hospital's emergency room, arriving at 6:15 p.m. There, she displayed an "altered state of consciousness" and complained of throbbing, severe abdominal pain. She was diagnosed with massive internal bleeding. Doctors discovered a seven-centimeter (or nearly 3 inch) tear in the uterus.
Hemsley was rushed into surgery where she was given a horizontal "bikini" incision that stretched from hip to hip so that the surgeon could clean up the blood that pooled between her organs, repair her uterine perforation, and inspect her urethra and bladder for injury. Her uterus was temporarily removed from her body so the skull of her baby could be located and removed.
A doctor consulted with Hemsley after her surgery and advised her not to have children for two years. She explained that if Hemsley ever did become pregnant, she would require strict monitoring and could never deliver vaginally again.
In all, Hemsley spent four days in the hospital.
She was so traumatized by her horrific experience that she feared seeing an OBGYN. It wasn't until February 2021 that she was able to muster the courage to visit an OBGYN again. She continues to suffer "psychological and emotional symptoms, especially in October."
Hemsley's lawsuit is seeking a total of $30 million in compensatory and punitive damages, costs, and whatever other relief "the court deems just and proper."