



OPPOSITION STATEMENT

SB678/HB1151

Health Insurance-Reimbursement for Services Rendered by Pharmacist

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Maryland Right to Life

On behalf of our Board of Directors and members across the state, we oppose SB678/HB1151 as written and strongly object to the appropriation of public funds for the purposes of abortion. Maryland Right to Life supports policy that recognizes the equal value of each human being and reminds policymakers that abortion is not a medical treatment and is never medically necessary.

We Oppose Public Funding for Dangerous Drugs

Without amendment, this bill will force taxpayers and insurance carriers and rate payers to reimburse pharmacists for the dispensing and possible prescribing of lethal abortion drugs. The U.S. Food and Drug Administration allows non-physicians to be both certified prescribers and certified providers of lethal abortion drugs.

By enacting this as law, the Assembly would weaken existing safeguards for patients and reduce the standard of medical care. We specifically object to the reduced standard of care for the use, prescription and dispensing of chemical abortion drugs, mifepristone and misoprostol. Chemical abortion is four times more dangerous for women than surgical abortion. We urge you to put pregnant patients' health and safety above abortion profits and politics, by issuing an unfavorable report on this bill.

“D-I-Y” Abortions Endanger Women

Public policy has failed to keep pace with the abortion industry's rapid deployment of chemical abortion pills. The Assembly removed the final safeguard in law for women seeking abortion when they enacted the Abortion Care Access Act of 2022 and removed the physician only requirement. **In doing so, the Assembly removed abortion from the spectrum of healthcare.**

85% of obstetricians and gynecologists refuse to commit abortion, demonstrating that abortion is not an essential part of women's health care. In response to this provider scarcity, the abortion industry is commercializing **“Do-It-Yourself” abortion pills**. The abortion industry's radical agenda to indiscriminately sell “D-I-Y” abortions is normalizing “back alley abortions” where women self administer and hemorrhage without medical supervision or assistance.

Chemical abortion is four times more likely to result in complications than surgical abortion. To date more than 6,000 complications have been reported and 26 women have been killed through chemical abortion

since its approval by the Food and Drug Administration (FDA). Because half of all women experiencing complications from chemical abortions receive emergency intervention through hospitals, the rate of abortion complications is dramatically underreported.

Adopt Reasonable Health and Safety Standards

The growing reliance on chemical abortions underscores the need for a state protocol for the use of abortion pills including informed consent specific to the efficacy, complications and abortion pill reversal. Strong informed consent requirements, manifest both a trust in women and a justified concern for their welfare. While we oppose all abortion, we strongly recommend that the state of Maryland enact reasonable regulations to protect the health and safety of girls and women by safeguards that require that the distribution and use of mifepristone and misoprostol, the drugs commonly used in chemical abortions, be under the supervision of a licensed physician because of the drug's potential for serious complications including, but not limited to, uterine hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death.

Put patients before abortion politics and profits

Maryland policymakers have put abortion politics before patients. In 2020, Maryland Attorney General Brian Frosh, joined twenty state Attorneys General in pressuring the FDA to permanently remove safeguards against the remote prescription of abortion pills. Maryland already has been circumventing the FDA restrictions on the remote distribution of chemical abortion pills since 2016, by allowing Planned Parenthood to practice telaboration as part of a “research” pilot program directed by Gynuity/Carefem. While program participants are loosely tracked, Maryland generally fails to protect women as one of three states that do not require abortion providers to report the number of abortions they commit, resulting in increased threat to maternal health, complications or deaths.

Telehealth v. Teledeath

The Assembly enacted several bills into law as supposed Covid measures. These laws expanded telaboration through potential remote distribution chains including pharmacies, schools health centers, prisons and even vending machines and expanded public funding for telaboration through Medicaid and Family Planning Program dollars. There are many potential negative consequences to these policies which ultimately demonstrate the state's disregard for the health of women. For example, underestimation of gestational age may result in higher likelihood of failed abortion. Undetected ectopic pregnancies may rupture leading to life-threatening hemorrhages. Rh negative women may not receive preventative treatment resulting in the body's rejection of future pregnancies. Catastrophic complications can occur through telaboration, and emergency care may not be readily available in remote or underserved areas.

Abuse of Abortion Drugs

The state also is neglecting the fact that as much as 65% of abortions are not by choice, but by coercion. Potential for misuse and coercion is high when there is no way to verify who is consuming the medication and whether they are doing so willingly. Sex traffickers, incestuous abusers and coercive boyfriends will all welcome more easily available chemical abortion.

Public Funding for Abortion through Maryland Medicaid

The *Maryland Medical Assistance Program* and the *Maryland Children's Health Program* (MCHP) are the two primary programs used for publicly funded reimbursements to abortion providers in Maryland.

According to the Maryland Department of Legislative Services in their *Analysis of the FY2022 Maryland Executive Budget*, Maryland taxpayers, through the Maryland Medical Assistance Program, are being forced to pay for *elective* abortions. We spent at least **\$6.5 million for 9,864 abortions, less than 10 of those abortions were due to rape, incest or to save the life of the mother.**

The state is now circumventing the legislature and the will of the people by using the closed-door regulatory process to allocate **an additional \$12 million in public funding** to implement the Abortion Care Access Act of 2022. (See attached MDRTL letter.)

Medical Assistance Expenditures on Abortion Language attached to the Medicaid budget since 1979 authorizes the use of State funds to pay for abortions under specific circumstances. Specifically, a physician or surgeon must certify that, based on his or her professional opinion, the procedure is necessary. Similar language has been attached to the appropriation for **MCHP** since its advent in fiscal 1999.

Abortion is not Health Care

Abortion is NOT health care and is never medically necessary. Abortion is the violent destruction of a developing human being. Abortion always kills a human child and often causes physical and psychological injury to women. Abortion is the exploitation of women and girls and enables sexual abusers and sex traffickers to continue in the course of their crimes and victimization. Abortion is the leading cause of death among Black Americans and has become American genocide. Abortion is the greatest human and civil rights abuse of all time.

Public Opposes Abortion Funding

Maryland is one of only 4 states that forces taxpayers to fund abortions. There is bi-partisan unity on prohibiting the use of taxpayer funding for abortion. 60% percent of those surveyed in a January 2023 Marist poll say they oppose taxpayer funding of 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.

Funding Restrictions are Constitutional

The Supreme Court has held that the alleged constitutional “right” to an abortion “implies no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds.” When a challenge to the constitutionality of the Hyde Amendment reached the Supreme Court in 1980 in the case of *Harris v. McRae*, the Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that “no other procedure involves the purposeful termination of a potential life” -- and affirmed that *Roe v. Wade* had created a limitation on government, not a government funding entitlement.

Pregnancy is not a Disease

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. Women have better options for family planning and well woman care, in fact there are 14 federally qualifying health centers for each Planned Parenthood in Maryland.

Abortion is never medically necessary to save the life of a woman - In the rare case of severe pregnancy complications, hospitals, not abortion clinics, may decide to separate the mother and child and make best efforts to sustain the lives of both. This is different from an abortion, which involves the purposeful termination of fetal human life. Prior to the Supreme Court’s imposition of their decision in *Roe v. Wade* in 1973, the Maryland legislature had enacted a ban on abortion and only would allow exception for the physical life of the mother, if two physicians agreed that termination of the pregnancy was necessary to avoid the imminent death of the mother. Science has advanced beyond this point to support that both lives can be saved.

Abortion is Black Genocide

Abortion has reached epidemic proportions among people of color with half of all pregnancies of Black women ending in abortion. It is believed that nearly half of all pregnancies of Black women end in abortion. As a result, Black Americans are no longer the leading minority population, dropping second to the Hispanic population. People of color have long been targeted for elimination through sterilization and abortion by eugenicists like Planned Parenthood founder Margaret Sanger. Even today, 78% of abortion

clinics are located in Minority communities. As a result abortion has become the leading killer of Black lives. Abortion is the greatest human and civil rights abuse of our time and as a civilized people we cannot continue to justify or subsidize this genocide. For more information please see www.BlackGenocide.org.

The abortion industry is only concerned with abortion remaining legal and lucrative. The state of Maryland has a duty to ensure that abortion is safe and must intervene on behalf of women and girls by adopting a protocol and standard of medical care for the use of chemical abortion pills. We respectfully urge you to issue an unfavorable report on this dangerous bill. Thank you for your consideration.

Respectfully Submitted,

Laura Bogley, JD
Executive Director
Maryland Right to Life

Updates

1. Medical Assistance Expenditures on Abortion

Language attached to the Medicaid budget since 1979 authorizes the use of State funds to pay for abortions under specific circumstances. Specifically, a physician or surgeon must certify that, based on his or her professional opinion, the procedure is necessary. Similar language has been attached to the appropriation for MCHP since its advent in fiscal 1999. Women eligible for Medicaid solely due to a pregnancy do not currently qualify for a State-funded abortion.

Exhibit 33 provides a summary of the number and cost of abortions by service provider in fiscal 2018 through 2020. **Exhibit 34** indicates the reasons abortions were performed in fiscal 2020 according to the restrictions in the State budget bill.

Exhibit 33
Abortion Funding under Medical Assistance Program*
Three-year Summary
Fiscal 2018-2020

	Performed under 2018 State and Federal Budget Language	Performed under 2019 State and Federal Budget Language	Performed under 2020 State and Federal Budget Language
Abortions	9,875	9,676	9,864
Total Cost(\$ in Millions)	\$6.3	\$6.1	\$6.5
Average Payment Per Abortion	\$636	\$626	\$660
Abortions in Clinics	7,644	7,490	7,545
Average Payment	\$434	\$433	\$466
Abortions in Physicians' Offices	1,720	1,773	1,903
Average Payment	\$982	\$972	\$986
Hospital Abortions - Outpatient	506	409	416
Average Payment	\$2,417	\$2,592	\$2,677
Hospital Abortions - Inpatient	**	**	0
Average Payment	\$13,228	\$6,443	\$0
Abortions Eligible for Joint Federal/State	0	0	0

* Data for fiscal 2018 and 2019 includes all Medicaid-funded abortions performed during the fiscal year, while data for fiscal 2020 includes all abortions performed during fiscal 2020, for which a Medicaid claim was filed through November 2020. Since providers have 12 months to bill Medicaid for a service, Medicaid may receive additional claims for abortions performed during fiscal 2020. For example, during fiscal 2020, an additional 16 claims from fiscal 2019 were paid after November 2019, the date of the report used in the fiscal 2021 Medicaid analysis and explains differences in the data reported in that analysis to that provided here.

** Indicates a dataset of less than 10 cases.

Source: Maryland Department of Health

Exhibit 34
Abortion Services
Fiscal 2020

I. Abortion Services Eligible for Federal Financial Participation
(Based on restrictions contained in the federal budget.)

<u>Reason</u>	<u>Number</u>
1. Life of the woman endangered.	0
Total Received	0

II. Abortion Services Eligible for State-only Funding
(Based on restrictions contained in the fiscal 2020 State budget.)

1. Likely to result in the death of the woman.	0
2. Substantial risk that continuation of the pregnancy could have a serious and adverse effect on the woman's present or future physical health.	181
3. Medical evidence that continuation of the pregnancy is creating a serious effect on the woman's mental health and, if carried to term, there is a substantial risk of a serious or long-lasting effect on the woman's future mental health.	9,642
4. Within a reasonable degree of medical certainty that the fetus is affected by genetic defect or serious deformity or abnormality.	39
5. Victim of rape, sexual offense, or incest.	*
Total Fiscal 2020 Claims Received Through November 2020	9,864

* Indicates a dataset of less than 10 cases.

Source: Maryland Department of Health
