



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.