



## Unfavorable Statement SB786/HB812

Reproductive Health Services- Protected Information and Insurance  
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**On behalf of our Board of Directors and in the interest of public health and safety, we strongly oppose this bill that enables abortionists to exploit women for profit. By enacting this legislation, the Maryland General Assembly will be abrogating your responsibilities to provide for the public welfare and to ensure the state is meeting the reproductive health needs of women in Maryland.**

### **Abortion Shield Laws Hurt Women**

Abortion will never be accepted as legitimate healthcare while the state fails to assign to abortion practices, the medical standards of care that apply to all other health care services.

The state has a duty under the Commercial Law Article and the Health Occupations Article, to protect consumers from dangerous products and to implement medical standards and disciplinary measures for individuals licensed or certified to provide health services. Instead this bill would shield negligent abortion providers and unregulated abortion drug manufacturers from liability for any harm or death caused to women.

If it is possible for an abortionist seeking Medicaid reimbursement to report the number and reasons for abortions committed, redacting personally identifying patient information, it is possible for the state to collect and report abortion metrics without violating patient privacy. But this bill will limit the state's ability to compile abortion metrics to ensure the health and safety of women obtaining abortion, including to properly measure **the correlation between abortion and maternal mortality**.

Of great concern to women's health is the fact that this bill will prevent emergency medical providers from accessing **patient medical histories** to assist them in providing critical care for women seeking emergency treatment for abortion complications. Data is being collected through hospital emergency room personnel that women are arriving with abortion injuries without revealing that they have undergone abortion procedures or consumed abortion drugs. These injuries are often falsely reported as "spontaneous miscarriage". Complications, injuries and deaths related to chemical abortion drugs, are dramatically under-reported leaving the state ill-equipped to provide for women's health and safety.

### **Abortion is Unsafe for Women in Maryland**

Despite the Supreme Court 2022 *Dobbs* decision overturning *Roe v. Wade* (1973), abortion remains legal through all nine months of pregnancy and for any reason, under the *Maryland Freedom of Choice Act* (1991). The Maryland General Assembly has repealed all legal safeguards for women's health and safety and deregulated abortion practices.

Limited regulations on abortion clinics and practices are complaint-driven and not routinely enforced—even after two women were nearly killed in Bethesda in 2020 after parts of their babies were shoved into

their abdominal cavities during late term abortion procedures. Because state law left them no little legal recourse, the survivors were forced to settle civil suits against the reckless abortionist. The state has allowed this dangerous abortionist to remain in practice. This bill would make that the norm.

Through the enactment of the *Maryland Abortion Care Access Act of 2022*, the Maryland General Assembly has **removed abortion from the spectrum of healthcare** by repealing the requirement that only a licensed physician may perform abortion. Now any “certified provider” may provide chemical or surgical abortion through birth. Physicians now serve only a tangential role on paper *if at all*, either as remote medical directors for abortion clinics or as remote prescribers of abortion pills.

As a result of these pernicious policies, the practice of abortion in Maryland has become the “red light district” of medicine, populated by dangerous, substandard providers.

### **Chemical Abortion Drugs are Unsafe**

Through “telaboration” and the unregulated proliferation of abortion drugs, the abortion industry itself has exposed women to “back alley” style abortions, where they bleed alone without medical supervision or assistance, then flush their babies down toilets. Chemical abortion pills are 4 times more dangerous than surgical abortion and emergency room visits related to abortion pill complications has increased by 500% since the drugs were first approved for use in abortion.

The Biden administration has put abortion politics before patients by demanding the Food and Drug Administration remove all regulatory safeguards for women using abortion drugs and putting women at elevated risk of injury and death. Women and girls may now obtain abortion drugs remotely through any “certified provider” without a physician’s examination. A physician’s examination is essential to determine gestational stage and medical contraindications including ectopic pregnancy or RH-negative blood.

It is important to note that the FDA only approves domestically-manufactured abortion drugs, but many abortion drugs are made in China and are completely unregulated.

### **Abortion Regulation Protects Women**

Common sense regulations of abortion practices protect women and girls seeking abortion in multiple ways. Abortion restrictions and safeguards protect women and girls from abortion coercion at the hands of abusive partners, sex traffickers and other authority figures.

**Informed consent laws** ensure that women and girls have the right to know of all the physical and psychological risks associated with abortion including post-abortion stress syndrome, depression and suicidal ideation, as well as future infertility or pregnancy complications, uterine or cervical incapacity, miscarriage, preterm birth, and even infant or maternal mortality.

**Reporting requirements** allow the state to measure not only the correlation between abortion and risks to maternal and infant health, but also to measure the extent to which the state is meeting the legitimate healthcare needs of women and families. Maryland is one of only three states that shield the abortionists by waiving abortion reporting requirements to the Centers for Disease Control.

## **Abortion is not Medically Necessary**

Pregnancy is not a disease and 95% of biologists agree that a unique human life begins at the moment of fertilization. Abortion is not healthcare as evidenced by the fact that 85% of obstetricians and gynecologists in a national survey refuse to participate in abortion practices. Medical intervention necessary to save the life of the mother, including for ectopic pregnancy and miscarriage, is not prohibited by the law of this or any other state.

## **MDH is Failing Pregnant Women and Families**

The Maryland Department of Health has consistently failed to meet the needs of pregnant women and families in Maryland and any appropriation should be withheld until the Department provides the annual report to the Centers for Disease Control to measure the number of abortions committed each year in Maryland, abortion reasons, funding sources and related health complications or injuries.

- The Department has routinely failed to enforce existing state health and safety regulations of abortion clinics, even after two women were near fatally injured in botched abortions.
- The Department has routinely failed to provide women with information and access to abortion alternatives, including the Maryland Safe Haven Program (Department of Human Services), affordable adoption programs or referral to quality prenatal care and family planning services that do not promote abortion.
- The Department has demonstrated systemic bias in favor of abortion providers, engaging in active partnerships with Planned Parenthood and other abortion organizations to develop and implement public programs, curriculum and training. In doing so the Department is failing to provide medically accurate information on pregnancy and abortion.
- The Department systemically discriminates against any reproductive health and educational providers who are unwilling to promote abortion and in doing so, suppresses pro-life speech and action in community-based programs and public education.
- The Department fails to collect, aggregate and report data about abortion and the correlation between abortion and maternal mortality, maternal injury, subsequent pre-term birth, miscarriage and infertility.
- The Department is failing to protect the Constitutionally-guaranteed rights of freedom of conscience and religion for health care workers, contributing to the scarcity of medical professions and personnel in Maryland.
- The Department is failing to protect women and girls from sexual abuse and sex trafficking by waiving annual reporting requirements for abortionists, waiving mandatory reporter requirements for abortionists, and failing to regulate abortion practices.

## **Abortion is the Leading Killer of Black Lives**

Abortion has reached epidemic proportions among people of color with half of all pregnancies of Black women ending in abortion. The Black population has long been targeted for elimination through sterilization and abortion. 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.

## **Abortion is a Failed Policy**

50 years of legal abortion never ended childhood poverty, rape and incest or unplanned pregnancies. In fact, the amount of abortions has increased proportionately to the increase in public funding for abortion. The abortion industry is financially invested in unplanned pregnancy and cannot be entrusted to provide for the reproductive health needs of Maryland women and families.

**For these reasons, we respectfully urge you to put patients before abortion politics and to ensure that there is transparency in reporting abortion data to advance women's health and safety in Maryland. The state should protect patient privacy while ensuring sound medical reporting and consumer safety practices.**