Support Statement
House Bill 973 - Health-Abortion-Ultrasound and Waiting Period
Laura Bogley, JD, Legislative Director, Maryland Right to Life

On behalf of the Board of Directors of Maryland Right to Life, I support House Bill 973 and urge your favorable report. HB 973 gives a woman considering abortion the time to review the medical risks of abortion, alternatives to abortion, and non-judgmental, scientifically accurate medical facts about the development of her unborn child before making a permanent and life-affecting decision.

Informed consent legislation is not an attack on personal freedom, but a guarantee of it. State informed consent legislation including ultrasound laws and waiting periods have been upheld as constitutional. This bill safeguards a woman's right to know and to make informed decisions. It is a reasoned and compassionate response to the needs of concerned pregnant women.

At least 29 state legislatures agree that this is a legitimate interest of the state and have adopted similar laws. In a national Gallup poll, 88% of Americans favored informed consent laws. 78% favor waiting periods. The twenty-four hour waiting period in this bill allows the woman time to weigh her decision and its alternatives. This will ensure the best possible outcome for a woman's physical and emotional well-being.

Anyone 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 information necessary for an informed decision.

INFORMED CONSENT - The decision to abort one's unborn child is a life-altering decision, and informed consent is critical to this decision. Patients must have the right to complete disclosure of benefits and risks pertaining to any medical decision, including the use of important diagnostic technologies like fetal ultrasound. Informed consent laws, including waiting periods are essential tools in protecting women from Intimate Partner Violence (IVP) and coerced abortion.

Informed consent requires that a woman has the right to view an ultrasound of her fetal child before consenting to an abortion procedure, but we know through anecdotal evidence that abortion providers routinely deny women the ability to view the ultrasound. Instead, abortionists use ultrasounds to determine gestational age of the fetus and to assist in removal of fetal body parts.

If the state considers abortion "medicine," then healthcare professionals must receive a woman's voluntary, informed consent before inducing an abortion. 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."30 A woman cannot agree to medical treatment unless she is "competent, adequately informed and not coerced" in giving informed consent.31 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."32

INTIMATE PARTNER VIOLENCE AND ABORTION - Informed consent is critical because women seeking abortion face serious risks of intimate partner violence ("IPV") and reproductive control. IPV includes physical violence, sexual violence, stalking, and psychological aggression by a current or former intimate partner.34 For women seeking abortion, the prevalence of Intimate Partner Violence (IPV) is nearly three times greater than women continuing a pregnancy.40 Women with unintended pregnancies are four times as likely to experience IPV as women with intended pregnancies.37

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. 45 Reproductive control includes intimate partners, family members, and sex traffickers asserting control over a woman's reproductive decisions.46 Reproductive control not only produces coerced abortions it also affects whether the pregnancy was intended in the first place.47 "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]."48 In the United States, African American and multiracial women, younger women, and minor victims of sex trafficking are more at risk for reproductive control.49

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.

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

30 Christine S. Cocanour, Informed Consent—It's More Than a Signature on a Piece of Paper, 214 AM. J. SURGERY 993, 993 (2017).
31 Id. 6
32 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).

34 Preventing Intimate Partner Violence, CTRS. FOR DISEASE CONTROL AND PREVENTION (Oct. 11, 2022), https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html.
37 COMM. ON HEALTHCARE FOR UNDERSERVED WOMEN, Reproductive and Sexual Coercion, Comm. Op. No.554, at 2 (reaffirmed 2022) (internal citation omitted).
40 Reproductive and Sexual Coercion, supra note 37, at 2.
45 BMJ SEXUAL & REPROD. HEALTH 61, 62 (2019).
46 Id. at 65.
47 Id. at 61–62.
48 Id. at 62.
49 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.