



### **Opposition Statement HB241**

State Board of Physicians - Dispensing Permits  
Deborah Brocato, Legislative Consultant  
Maryland Right to Life

#### **We oppose HB241**

On behalf of our 200,000 followers across the state, we strongly object to HB241. This bill removes the oversight and specialized expertise of the Office of Controlled Substances Administration in dispensing controlled dangerous substances. By enacting this as law, the Assembly weakens existing safeguards for patients and reduces 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.

**Maryland Board of Physicians is Overextended:** This bill is an overreach of the Maryland Board of Physicians to usurp the authority and specialized expertise of the Office of Controlled Substances Administration. The Board is overextended and recent attempts to politicize and expand the role of the Board, including HB1252 (2022), which would have given the Board oversight, certification and disciplinary authority over non-physicians as "allied health professionals" and even non-medical providers, have been rejected by the Senate. The Board is responsible for licensing physicians and other healthcare professionals as well as disciplining the licensees who violate the Maryland Medical Practice Act and investigating complaints against the licensees. Adding the role of dispensing permits is another burden for the Board but would also seem to be a conflict of interest in providing quality healthcare to Maryland residents. The same people who prescribe the controlled substances would also be giving themselves permits to do so.

**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 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 healthcare. 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 abortion" where women self administer and hemorrhage without medical supervision or assistance.



**Opposition Statement HB241 , page 2 of 3**  
State Board of Physicians - Dispensing Permits  
Deborah Brocato, Legislative Consultant  
Maryland Right to Life

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 adopting the previous FDA Risk Evaluation and Mitigation Strategies (REMS) safeguards that required that the distribution and use of mifepristone, the drug commonly used in chemical abortions, to 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.

**Patients before Profits:** Maryland policy makers 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 tele-abortion 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.



**Opposition Statement HB241 , page 3 of 3**  
State Board of Physicians - Dispensing Permits  
Deborah Brocato, Legislative Consultant  
Maryland Right to Life

**Telehealth vs. Teledeath:** The Assembly enacted several bills into law as supposed Covid measures. These laws expanded tele-abortion through remote distribution chains including pharmacies, schools' health centers, prisons and even vending machines and expanded public funding for tele-abortion 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 and girls. 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 tele-abortion, 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.

**The abortion industry is only concerned with abortion remaining legal. 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.**

Women and girls in Maryland deserve the best possible standard of medical care and this bill lowers that standard. For these reasons, we respectfully ask you to oppose **HB241**.