



Support Statement
House Bill 958– Public Health - Abortions
Laura Bogley-Knickman, JD
Executive Director, Maryland Right to Life

On behalf of the Board of Directors of Maryland Right to Life, I strongly support House Bill 958 and urge your favorable report. We thank Delegate Metzgar for introducing this important legislation. The State must protect pregnant women in Maryland and other states by preserving the physician only requirement for all abortions (both surgical and chemical) and by making it clear that it is not within the scope or independence of practice of lower health care workers to provide or perform abortion.

HUMANITY OF THE PREBORN - This bill speaks to the humanity of each human being. State law should be consistent with modern scientific knowledge about human fetal development. 95% of biologists agree that each new human life comes into existence at the union of an egg cell and a sperm cell, the moment of fertilization. This is not a matter of opinion or religious dogma. It is a simple scientific fact. Life does not end when a disability is diagnosed or when a person begins to require special care. Life ends when a person's heartbeat stops permanently and irreversibly. Detection of a fetal heartbeat is a sound medical measurement for verifying that a new and *separate* human life has begun.

RESTORE THE MEDICAL STANDARD OF CARE – This bill seeks to restore the medical standard of care to ensure women have access to safe medical procedures. Physicians now serve only a tangential role on paper, either as medical directors for clinics or as remote prescribers of abortion pills.

The Maryland General Assembly reduced the standard of medical care for women seeking abortion through the enactment of the *Abortion Care Access Act* of 2022. The bill repealed one of the few health and safety protections for pregnant women in the Maryland Code - the legal requirement that only a licensed physician may perform abortions. Instead the state put profits over pregnant patients and allowed practically anyone to “perform” surgical abortions and “provide” dangerous chemical abortion pills through birth. These non-medical abortion providers will be eligible for Maryland Medicaid reimbursement as well as undisclosed gratuities from drug manufacturers.

It has long been the strategy of the pro-abortion movement to use a broad definition of ‘scope’ of practice as a means of increasing the number of lower health care workers licensed to perform or provide abortion. Expanding the number of people who can provide abortion increases the number of preborn children being killed and puts more women at risk of substandard medical care, injury and death.

9 out of 10 ob/gyn’s refuse to commit abortions because they recognize the scientific fact that a human fetus is a living human being and they have sworn a Hippocratic Oath to first do no harm to patients. The abortion industry’s solution is three-fold: (1) circumvent physician requirements in the law by authorizing lower-skilled health workers to perform or provide abortion; (2) authorize a wide variety of abortion providers to remotely prescribe and distribute abortion pills, including across state lines through

interstate licensing agreements; AND (3) force taxpayers to fully fund abortion and to train and reimburse abortion providers to kill children.

UNSAFE – As the result of the reduction in the medical standard of care, the practice of abortion has become the “**red light district**” of medicine, populated by dangerous, substandard providers. With the proliferation of chemical abortion pills, the abortion industry itself has exposed women to “back alley” style abortions, where they bleed alone without medical supervision or assistance.

“D-I-Y Abortion” Drugs - Reckless public health policies that authorize the unregulated proliferation of chemical abortion pills are brazenly removing abortion further outside the spectrum of “health care” as most women are now prescribed these lethal pills without the benefit of a physician’s examination. The abortion industry itself has referred to the use of abortion pills as “Do-It-Yourself” abortions, claiming that the method is safe and easy. But chemical abortions are **4 (four) times more dangerous than surgical abortions**, presenting a high risk of hemorrhaging, infection, and even death. With the widespread distribution of chemical abortion pills, the demand on Emergency Room personnel to deal with abortion complications has increased 500%.

UNENFORCED - The Maryland Department of Health has failed to ensure that existing abortion providers and facilities are complying with Maryland law. Women continue to be injured and killed in Maryland because of ineffective enforcement of existing abortion regulations. There are reports that unlicensed physicians continue to perform abortions in Maryland. The broad expansion of lower-skilled abortion providers, will create an enforcement nightmare for the Maryland Department of Health, the Maryland Board of Physicians, and the Maryland Board of Nurses.

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. We appeal to you to prioritize the state’s interest in human life beginning at conception, and restore to all people, born and preborn, our natural and Constitutional rights to life, liberty, freedom of speech and religion.

Respectfully Submitted,

Laura Bogley, JD
Executive Director
Maryland Right to Life