



Opposition Statement SB376

Health Occupations - Licensed Direct-Entry Midwives - Previous Cesarean Section
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Maryland Right to Life

We Oppose SB376

On behalf of our 200,000 followers across the state, we respectfully object to SB376. Maryland Right to Life opposes the expansion of healthcare occupations permitted to promote and provide abortions as extended to midwives in this bill. Pregnancies for post-cesarean women and girls are considered high risk due to the scarring of the organs and tissues surrounding the uterus and the weakened uterine wall as a result of the surgical incision. Risks include uterine rupture, placenta abruption, placenta previa and placenta accreta. The Abortion Care Access Act of 2022 lowered the quality of medical care for women and girls in Maryland. This bill removes a level of safety for post-cesarean women and girls with the transferral of care to a non-physician. An abortion post-cesarean presents further risk of injury especially when done by a non-physician.

Patients before Profits: Broadening the scope of practice for health occupations places profits over patients. Maryland Right to Life (MDRTL) opposes the introduction or passage of any bill expanding the scope of practice of any healthcare professional without language excluding abortion. Medical and surgical abortions carry serious risk of injury up to and including death. For the abortion industry, increasing the number of people who can provide abortion increases the number of abortions thereby increasing income. Thus, the strategy of the abortion industry is to expand scope of practice which allows more individuals to provide medical and surgical abortions. This strategy increases the number of unborn children being killed and puts more women and girls at risk of injury and death.

The medical scarcity in abortion is a matter of medical ethics not provider scarcity, as 9 out of 10 OB/Gyns refuse to commit abortions because they recognize the scientific truth that a human fetus is a living human being. The abortion industry's response to this shortage of willing physicians is to seek authorization for lower-skilled workers and non-physicians to perform abortion, and authorization for abortionists to remotely prescribe abortion pills across state lines.

The women and girls of Maryland deserve better than these lowered safety standards. Maryland Right to Life urges the addition of an amendment to exclude abortion purposes, including the prescription and distribution of chemical abortion drugs from the application of this bill.

For these reasons and without an amendment excluding abortion services, we ask for an unfavorable report on **SB376**.