



Opposition Statement SB549

Economic Development - Build Our Future Grant Pilot Program and Fund
(Innovation Economy Infrastructure Act of 2023)

Deborah Brocato, Legislative Consultant
Maryland Right to Life

We oppose SB549

On behalf of over 200,000 followers across the state, we object to **SB549**. From page 3, line 27, “**Grants may be awarded to private companies, nonprofit entities, local governments, or colleges and universities in the state,**” it is clear that this bill could easily be used to fund entities that would promote and provide abortions and abortion services. When considered in totality of other legislation and the expansion of scope of practice and the expansion of eligibility and funding for Medicaid, we oppose this full court press of state sponsored abortion. Maryland Right to Life requests an amendment to exclude abortion purposes from the application of this bill.

Maryland is a state sponsor of abortion. When parents send their daughters to colleges and universities, it is not for abortion access that leaves parents out of their daughters’ healthcare decisions. This bill should not be permitted to allow funding of abortion clinics at colleges and universities. The bill should not be permitted to fund privately owned abortion facilities or abortion facilities that are considered non-profit. Maryland taxpayers must not be forced to fund this predatory industry.

Abortion is not healthcare. It is violence against the woman or girl and her unborn child. The baby is killed and the woman or girl suffers physically, emotionally and psychologically (see www.silentnomoreawareness.org). 85% of OB/Gyns do not perform abortions on their patients indicating abortion is not an essential part of women’s healthcare. The Abortion Care Access Act of 2022, sponsored by former NARAL employee Delegate Ariana Kelly, removed abortion from the spectrum of healthcare by removing the physician requirement for abortion and allowing any “certified provider of abortion care” to perform or provide both chemical and surgical abortion through birth.

Maryland fails to protect minor girls. The Assembly reduced the age of medical consent for behavioral health services to 12 years of age. The Department of Health lists mental health as a reason for public funding of abortion, including for minor girls. Many of the businesses that commit abortions are now dispensing puberty blockers and cross-hormones. Again, gender dysphoria is a mental health condition. Minor girls could seek abortion, the lethal chemical abortion drugs and gender identity drugs without parental consent or knowledge.

D-I-Y Abortions Endanger Women: Public policy has failed to keep pace with the abortion industry’s rapid deployment of chemical abortion pills. “D-I-Y” abortion is normalizing “back alley abortion” where women self administer and hemorrhage without medical supervision or assistance.



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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.

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 protocols and standards to protect the health and wellbeing of women and girls.

Maryland Right to Life opposes state sponsorship of the abortion industry. The women and girls of Maryland are more than just dollar signs and deserve better than the state promoting the predatory abortion industry. Without an amendment excluding abortion purposes from this bill, we respectfully ask you to oppose **SB549**.