



Opposition Statement SB439

Advanced Practice Registered Nurse Compact
Deborah Brocato, Legislative Consultant
Maryland Right to Life

We oppose SB439

On behalf of our 200,000 followers across the state, we respectfully object to SB439. The 2022 session of the Maryland General Assembly significantly lowered the standard of care for women and girls with The Abortion Care Access Act by removing the physician requirement for medical and surgical abortions. This bill further erodes the standard of medical care for all women and girls by allowing nurses to prescribe medications across state lines including lethal chemical abortion drugs. In Maryland, prescribing authority has been expanded from physicians to various nursing occupations which removes a level of safety. Increased number of prescribers does not equate to better medical care. And that increased number being permitted to prescribe across state lines lowers the safety of healthcare delivery.

As of December 2021, the FDA permitted the remote sale of chemical abortion pills and no longer required a physician's examination in order to obtain abortion pills thus leaving women and girls exposed to the predatory TELABORTION practices of the abortion industry. Telabortion combined with prescribing across state lines opens wide the door for abuse. Without a physician's examination to confirm gestational age and medical eligibility for chemical abortion as well as to confirm that the pregnant woman has consented to chemical abortion, these dangerous pills can be distributed to and utilized by sexual abusers and sex traffickers to continue to victimize women and girls. Women and girls in the state of Maryland deserve the highest standard of professional medical care available and this bill erodes that care. Maryland Right to Life requests an amendment be added to exclude lethal chemical abortion drugs from the application of this bill.

Telehealth vs. Teledeath: With Covid as the backdrop, the Assembly enacted laws that expanded telabortion through remote distribution chains including pharmacies, schools health centers, prisons and even vending machines and expanded public funding for telabortion 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. 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 telabortion, and emergency care may not be readily available in remote or underserved areas.



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65% of abortions are 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.

D-I-Y Abortions: While the Supreme Court imposed legal abortion on the states in their 1973 decisions *Roe v. Wade* and *Doe v. Bolton*, the promise was that abortion would be safe, legal and rare. But in 2016 the Court's decision in *Whole Woman's Health v. Hellerstedt* prioritized "mere access" to abortion facilities and abortion industry profitability over women's health and safety.

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. 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 250%. The FDA has removed safeguards that prohibited the remote sale of chemical abortion pills leaving pregnant women and girls exposed to the predatory tele-abortion practices of the abortion industry.

In addition to the physical harm of these D-I-Y abortions, consider the psychological harm of chemical abortion. After taking the mifepristone and misoprostol and the contractions begin, the woman or girl is told to expel the baby and placenta into the toilet. This is a very bloody event and the woman and girl will see the remains of their baby in the toilet. If hemorrhaging occurs, the woman or girl will need to get herself to an emergency room.

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 **SB439**.