



**Opposition Statement SB492/HB522  
Student Telehealth Appointments – Policy and Access**

Laura Bogley, JD  
Executive Director, Maryland Right to Life

**We oppose SB492/HB522 as written and seek amendment**

On behalf of our members across the state, we respectfully object to SB492/HB522 *as written* and urge your amendment. While “telehealth” is a worthwhile goal for Maryland, “**teledeath**” must be expressly excluded from all telehealth policy, especially where minor children are at risk from predatory practices. The abortion industry already is selling chemical abortion drugs to girls over the phone or computer, without parental consent and without examination by a healthcare provider, including through websites like *PlanCpills.org* (see attached screenshots). The remote sale and distribution of abortion drugs through school telehealth, would pose a serious risk to the health and safety of school children and is an egregious violation of parent trust.

Without amendment, this bill will extend the deadly reach of the abortion industry to schoolchildren at every middle school and high school across the state. Children as young as twelve years old could receive abortion drugs through school telehealth appointments without parental notice or consent. This lack of parental notification puts students at greater risk of abortion coercion, undiagnosed abortion complications including death, and enables pedophiles and sexual abusers to continue abusing child victims evading prosecution for their crimes.

Abortion is not healthcare, but an act of violence that ends one human life and often permanently scars the other. We strongly urge the bill sponsor to amend the language of this bill to exclude its application to teledeath through the coordination of abortion services and the remote prescription or distribution of chemical abortion drugs to schoolchildren.

**We Trust Parents**

Maryland Right to Life trusts parents to make the best decisions about their children’s health. State law must recognize the natural and legal right of parents to provide consent for their children’s medical care.

The State of Maryland, through the Department of Education has been entrusted by parents with the academic instruction of Maryland children. The state has far exceeded its limited authority to act in place of the parents during the school day, particularly in the matter of student health. By enacting this school teledeath promotion bill, the state will radically transform student health services beyond the

local school nurse into an endless virtual world of adults who stand to gain financially at the expense of vulnerable children.

### **Reading, Writing and Abortion**

Parents send their daughters to school to receive an education, not to receive abortions. But the abortion industry believes that abortion should be a rite of passage for young women. Already in Maryland schools, a minor girl may undergo a medical procedure to implant birth control, get free transportation to an abortion mill, and possibly receive chemical abortion drugs, all during the school day with an excused absence and without parental notice or consent (see attachment).

The abortion industry has long been working with abortion activists in state government, to expand abortion services through **School Based Health Centers** (SBHCs). (See attached <https://www.washingtonexaminer.com/opinion/planned-parenthood-plans-to-infiltrate-high-schools>.) With the Biden administration's politicization of the FDA, critical safeguards for the use and remote distribution of chemical abortion drugs have been removed, leaving women and girls vulnerable to predatory abortion practices anywhere they have a phone or computer. Under this bill, all schools would be required to accommodate abortion providers and others through remote access to schoolgirls for the purpose of prescribing chemical abortion drugs or coordinating later term surgical abortions.

While Maryland law requires parental notification before an abortion for girls under the age of sixteen (16), the law gives broad discretion to the profit-minded abortionists to waive this requirement if in his or her opinion, notifying the parent would not be in the child's best interest. In reality, abortionists routinely fail to conduct thorough patient intake or report suspected cases of statutory rape and abuse.

The state of Maryland has been reduced to a state sponsor of the abortion industry. The Department of Education and the Department of Health have long used taxpayer funds to contract out educational curriculum development, programs and training to questionable third-party organizations that are financially interested in abortion sales, including Planned Parenthood and Advocates for Youth. Together they have established the existing **Maryland Comprehensive Health Education Framework** and the **Maryland Standards for School-Based Health Centers (SBHCs)**. They are pushing a radical sexuality agenda beginning in kindergarten that is not required by law to be either medically accurate or age appropriate.

### **State is Failing to Protect Schoolchildren**

The Assembly recently removed protections under the law for children by reducing the age of medical consent for behavioral health services to 12 years of age. Mental health, including anxiety or depression has long been used to justify taxpayer funded abortion including on minor girls.

Parents also have the right to know that some of the same businesses who commit abortions, are expanding their business models and their reach over defenseless schoolchildren by pushing puberty blockers and gender transition procedures. State law enables these businesses to use school psychologists and counselors as a feeder system to prey upon school children and to deceive parents under the guise of student privacy.

### **Teleabortion Puts Girls at Greater Risk**

While the abortion industry claims that chemical abortion is safe and easy, this method is **four times more dangerous than surgical abortions**, presenting a high risk of hemorrhaging, infection, and even death. With the widespread distribution of chemical abortion drugs, the demand on Emergency Room personnel to deal with abortion complications has increased 500%.

The Supreme Court is currently reviewing a case to restore the Food and Drug Administration's (FDA) original safeguards for chemical abortion drugs which are necessary to protect the health and safety of women and girls from improper use and resulting injury. Before the Biden Administration removed these safeguards, the FDA required that abortion drugs be distributed only under the supervision of a qualified healthcare provider because of the drug's potential for serious complications including but not limited to, severe hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death. A physician's examination was deemed necessary to assess the duration of pregnancy, diagnose ectopic pregnancies, and provide any surgical intervention for failed chemical abortions. Chemical abortion drugs were first approved for only the first seven (7) weeks of pregnancy due to the dramatically increased risk of complications when used later in pregnancy.

Then in December of 2021, the FDA announced that it would no longer require that the drugs be dispensed in person to the patient and would no longer limit distribution to prescribers in their offices. The FDA still requires that, in order to prescribe the drug, the prescriber must certify their ability to assess the duration of the pregnancy and diagnose ectopic pregnancies. However no physical examinations are required in this new protocol putting women and girls at risk of misdiagnosis and improper use of the drugs.

In reality, abortionists are recklessly prescribing these drugs to girls remotely without any diagnostic tests or examinations to confirm the baby's stage of growth. Many girls are experiencing complications including giving birth to live babies when the abortion drugs fail. Hospitals are seeing women who suffer complications after taking abortion drugs even into the third trimester and routinely allowing these babies to expire from lack of medical intervention. (See [Lawsuit against Planned Parenthood: Abortion pill caused toilet delivery of 'fully formed' 30-week baby \(liveaction.org\)](#)).

## Infanticide Increasing due to Chemical Abortion

Without a born-alive protection law in Maryland, abortionists may commit infanticide if a child is born as the result of failed abortion, without regard to viability. In the case of “Do-It-Yourself” abortion drugs, women are being instructed to simply flush the human fetus, whether alive or dead, down the toilet or otherwise discard of the baby without notifying law enforcement. In fact, in 2022 State lawmakers attempted to shield abortionists and co-conspirators from these crimes by introducing the so-called “Pregnant Persons Freedom Act” SB669/HB626 which would have prohibited officials from investigating the death of an infant within the first twenty-eight (28) days of life.

## The State is Putting Politics Before Patients

The Maryland General Assembly also has removed nearly all safeguards in law for women and girls seeking abortions. Through the *Abortion Care Access Act* of 2022, the Assembly authorized non-physicians to perform or provide abortions and appropriated millions annually in taxpayer funds to train and certify this substandard abortion workforce. Physicians now serve only a tangential role on paper, either as medical directors for clinics or as remote prescribers of abortion drugs. These non-physician abortion providers may provide teleabortion services and will be eligible for Maryland Medicaid reimbursement, free abortion training, as well as undisclosed gratuities from drug manufacturers.

The legislature has further increased the risk to women and children by promoting interstate abortion trafficking and authorizing providers who are not licensed in Maryland, to provide abortions through interstate compacts. In 2023 the Maryland General Assembly enacted a package of abortion shielding laws, to provide criminal immunity to abortionists for the injury or death of their patients both in and out of state.

## Pregnancy is not a Disease

Abortion is not healthcare. It is violence and brutality that ends the lives of unborn children through suction, dismemberment or chemical poisoning. The fact that 85% of OB-GYNs in a representative national survey do not perform abortions on their patients is glaring evidence that abortion is not an essential part of women’s healthcare. Planned Parenthood offers only minimal prenatal care services or adoption referrals. Women have better options for comprehensive health care. There are 14 federally qualifying health care centers and 4 FREE pregnancy resource centers for every Planned Parenthood in Maryland. The state, in order to come into compliance with federal Title IX of the Higher Education Act of 1965, must provide **equal accommodation for pregnancy**, not only the termination of pregnancy through abortion.

## **Funding restrictions are constitutional**

Taxpayers should not be forced to fund elective abortions, which make up the vast majority of abortions committed in Maryland. State funding for abortion on demand with taxpayer funds is in direct conflict with the will of the people. A 2022 Marist poll showed that 54% of Americans, both “pro-life” and “pro-choice” oppose the use of tax dollars to pay for a woman’s abortion.

The Supreme Court of the United States, in *Dobbs v. Jackson Women’s Health* (2022), overturned *Roe v. Wade* (1973) and held that there is no right to abortion found in the Constitution of the United States. As early as 1980 the Supreme Court affirmed in *Harris v. McRae*, that *Roe* had created a limitation on government, not a government funding entitlement. The Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that “*no other procedure involves the purposeful termination of a potential life*”, and held that there is “*no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds.*”

## **Disparate Impact Statement: Abortion is having a genocidal impact on Black Marylanders**

Abortion has a disproportionate impact on Black Americans who have long been targeted by the abortion industry for eugenics purposes. Even today 78% of abortion clinics are located in minority communities. As a result abortion violence has become the leading killer of Black lives, more than gun violence and all other causes combined. More than half of all pregnancies to Black women in Baltimore City end through abortion violence.

The state fails to measure or report the correlation between the increased use of abortion with increased risk to maternal mortality, infertility, miscarriage, pre-term births for Black mothers. This makes any argument that abortion is healthcare a morally repugnant call for state-sponsored genocide of Black children in Maryland.

**Once again, we urge you to preserve the otherwise good intentions of this bill, by amending it to prohibit the use of school telehealth for the purpose of abortion sales to minors.**

Sincerely,

**Laura Bogley, J.D.**  
Executive Director  
Maryland Right to Life



## Planned Parenthood plans to infiltrate high schools

by [Kate Hardiman, Contributor](#) | December 16, 2019 02:07 PM

Planned Parenthood [announced](#) it will be opening 50 clinics in Los Angeles high schools last week. This is just the organization's latest attempt to infuse its values into the public school system.

Though the new "Wellbeing Centers" stop short of offering surgical abortions, they will provide emergency contraception, STI testing and treatment, and a wide range of birth control options. Funded by a \$10 million grant from Los Angeles County and \$6 million from Planned Parenthood, 50 clinics will open over the next three years, available to more than 75,000 students.

Students can walk into the clinics anytime — including during class. Per California law, minors can receive emergency contraception and other forms of birth control, and healthcare providers are not allowed to inform their parents without the minor's permission.

The clinics will also train hundreds of teens to be "peer advocates" about "safe sex and relationships" and will provide "pregnancy counseling." Pro-life advocates believe these are thinly-veiled efforts to drive more business to Planned Parenthood's abortion-providing clinics.

"If LAUSD truly cares about the health of our daughters (and sons) it would not give unfettered access to our kids to an organization that directly benefits from unplanned pregnancies," 28-year California public school teacher and founder of the nonprofit organization For Kids and Country Rebecca Friedrichs said in a statement.

"District officials are quick to point out these clinics won't technically offer abortions on-premises, but no one is fooled that abortion won't be heavily pushed on our daughters and sons by an organization that has made billions off the macabre practice," she concluded.

This move builds upon [the controversial sex education framework](#) California forced into its public schools in April. Planned Parenthood helped draft and lobby for this effort — which pushes schools to teach young children about gender identity and how to perform certain types of sexual acts.

Roughly 200 parents marched on Sacramento against the curriculum before it was enacted, and a petition in Fremont, California, garnered more than 8,000 signatures. The outcry over Planned Parenthood's new in-school clinics could be even louder.

Parents should be alarmed by Planned Parenthood's latest effort to usurp their authority as the primary educators of their children, and the Los Angeles school system's acquiescence. As progressive groups continue to co-opt public schools, parents will increasingly face a decision about whether they must leave the system — or risk the state deciding it knows best for their children.

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# Where people get abortion pills in Maryland

Use this guide to find a provider that meets your needs, then visit their website to request pills. **Plan C does not sell pills.**



## Online clinics that mail pills

For people who want abortion pills by mail and follow-up support from a clinician.

- \$150 or less
- 1-5 days
- Clinician support
- FDA-approved medications

[See 14 results](#)



## Websites that sell pills

For people who want abortion pills by mail without consulting a clinician.

- \$39 and up
- 3-9 days
- Potential legal risk
- Generic medications (from India)

[See 26 results](#)



## In-person clinics

For people who have access to transportation and would prefer to pick up abortion pills in person from an abortion clinic.

- \$500 or more
- Clinician support
- FDA-approved medications

[See results](#)

SOURCE: <https://www.plancpills.org/abortion-pill/maryland#ways-people-get-pills> (February 27, 2024)