



**Opposition Statement SB167**  
Physician Assistants - Revisions  
(Physician Assistant Modernization Act of 2024)  
Deborah Brocato, Legislative Consultant  
Maryland Right to Life

**We Strongly Oppose SB167**

On behalf of our 200,000 followers across the state, we respectfully yet strongly object to SB167. Maryland Right to Life appreciates the contributions physician assistants make for quality healthcare delivery. While we oppose abortion, Maryland Right to Life asserts that women and girls deserve the attention of a physician for surgical and medical abortions which carry risks up to and including death. Therefore, we request an amendment to exclude abortion purposes from this bill or an unfavorable report.

As written, SB167 diminishes professional standards of patient care expanding the scope of practice of physician assistants including “personally preparing and dispensing a prescription.” Without specific language excluding the application of this bill to abortion, physician assistants would be authorized to prepare and dispense lethal chemical abortion drugs, putting more pregnant women and girls at risk for injury and death. This bill must be considered in the legislative context in which the Assembly continues to increase the number of healthcare roles to be given prescription authority and dispensing authority. The totality of bills moving through the assembly is expanding roles of healthcare professionals and further removing the physician from contact with patients with “access” being the stated reason. Increased access does not equal increased quality, and in fact, the loosening of requirements and restrictions is lowering the standard of care, especially for women and girls as it relates to abortion.

**The Abortion Care Access Act of 2022** removed the physician requirement for abortion services thereby removing a level of safety for women and girls. The physician has many more years of training and education than the nurse midwife which affords him/her greater knowledge of the overall health status of the pregnant woman or girl. The physician has greater capability of determining possible complications of pregnancy such as ectopic pregnancy, molar pregnancy or other abnormal gestation. Use of the abortion pill has resulted in at least 20 deaths and over 2,000 adverse events. (see NIH article and Lifeneews article)

**Put patients before profits.** The abortion industry is asking the state to authorize them to put profits over patients. Maryland Right to Life opposes introduction or passage of any bill dealing with the “scope of practice” of any health care professional which doesn’t include language excluding abortion. Scope or independence of practice typically describes the procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license.



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We take this position because it has long been the strategy of the pro-abortion movement to use a broad definition of that “scope” as a means to increasing the number of lower healthcare professionals licensed to provide abortion services. Expanding the number of people who can provide abortion will increase the number of unborn children being killed and will put more women at risk of substandard medical care, injury and death.

The medical scarcity in abortion practice is a matter of medical ethics not provider scarcity, as 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. The abortion industry’s solution is three-fold: (1) authorize lower-skilled workers and non-physicians to perform abortion, and (2) authorize abortionists to remotely prescribe abortion pills across state lines.

**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. But chemical abortions are 4 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%. Now, with TELABORTION, pregnant women and girls are further exposed to the predatory practices of the abortion industry.

**The women and girls of Maryland deserve better** than lowered medical standards of care. Maryland Right to Life urges an amendment to exclude abortion purposes from this bill. Without it, we ask for an unfavorable report for SB167.