

# **MD SB 862 Coercive Abuse Against Mothers Preventio**

Uploaded by: Danielle Pimentel

Position: FAV



**Written Testimony of Danielle Pimentel, J.D.  
Policy Counsel, Americans United for Life  
In Support of Senate Bill No. 862  
Submitted to the Senate Finance Committee  
March 13, 2024**

Dear Chair Beidle, Vice-Chair Klausmeier, and Members of the Committee:

My Name is Danielle Pimentel, and I serve as Policy Counsel at Americans United for Life (“AUL”). Established in 1971, AUL is a national law and policy nonprofit organization with a specialization in abortion, end-of-life issues, and bioethics law. AUL publishes pro-life model legislation and policy guides,<sup>1</sup> tracks state bioethics legislation,<sup>2</sup> and regularly testifies on pro-life legislation in Congress and the States. Our vision at AUL is to strive for a world where everyone is welcomed in life and protected in law. As Policy Counsel, I specialize in life-related legislation, constitutional law, and abortion jurisprudence.

Thank you for the opportunity to provide written testimony in support of Senate Bill No. 862, (“SB 862” or “bill”), which is based in part on an AUL model bill, the Coercive Abuse Against Mothers Prevention Act. SB 862 prohibits coercive acts intended to force a woman into aborting her unborn. I have thoroughly examined SB 862 and I urge the Committee to support this bill because it establishes necessary legal protections for women experiencing coercive abuse, including women who are victims of sex-trafficking, and furthers Maryland’s legitimate interest to protect the maternal health and safety of its citizens.

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<sup>1</sup> *Pro-Life Model Legislation and Guides*, AMS. UNITED FOR LIFE, <https://aul.org/law-and-policy/> (last visited Mar. 11, 2024). AUL is the original drafter of many of the hundreds of pro-life bills enacted in the States in recent years. See Olga Khazan, *Planning the End of Abortion*, ATLANTIC (July 16, 2020), [www.theatlantic.com/politics/archive/2015/07/what-pro-life-activists-really-want/398297/](http://www.theatlantic.com/politics/archive/2015/07/what-pro-life-activists-really-want/398297/) (“State legislatures have enacted a slew of abortion restrictions in recent years. Americans United for Life wrote most of them.”); see also Anne Ryman & Matt Wynn, *For Anti-Abortion Activists, Success of ‘Heartbeat’ Bills was 10 Years in the Making*, CTR. FOR PUB. INTEGRITY (Jun. 20, 2019), <https://publicintegrity.org/politics/state-politics/copy-paste-legislate/for-anti-abortion-activists-success-of-heartbeat-bills-was-10-years-in-the-making/> (“The USA TODAY/Arizona Republic analysis found Americans United for Life was behind the bulk of the more than 400 copycat [anti-]abortion bills introduced in 41 states.”).

<sup>2</sup> *Defending Life: State Legislation Tracker*, AMS. UNITED FOR LIFE, <https://aul.org/law-and-policy/state-legislation-tracker/> (last visited Mar. 11, 2024).

## I. The Bill Ensures that the Women of Maryland are Protected Against Coerced Abortions

SB 862 establishes necessary protections for women and young girls who are being coerced into seeking an abortion. Specifically, the bill prohibits an individual from engaging in coercive acts against a pregnant woman in order to force her to have an abortion. These proscriptions include physically harming the pregnant woman, revoking an educational scholarship of the pregnant woman, firing the pregnant woman, selling the pregnant woman into sex trafficking or forcing her to continue engaging in sex trafficking, or selling the unborn baby of the pregnant woman into sex trafficking once he or she is born. These safeguards are needed in Maryland because many women are coerced into having abortions. For example, women might seek an abortion due to intimate partner violence (“IPV”) or reproductive control from an intimate partner, family member, employer, or sex-trafficker.<sup>3</sup> In fact, in a 2017 study on women’s abortion experiences, 73.8% of women said that they “disagreed that their decision to abort was entirely free from even subtle pressure from others to abort,” and 28.4% of women said that they “aborted out of fear of losing their partner if they did not abort.”<sup>4</sup> Additionally, in a 2023 national study published in *Cureus* medical journal, researchers found that over 60% of women who had abortions reported experiencing high levels of pressure to abort from one or more sources.<sup>5</sup> These women also reported having higher levels of mental health issues after having an abortion.<sup>6</sup>

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<sup>3</sup> See Sam Rowlands & Susan Walker, *Reproductive Control by Others: Means, Perpetrators and Effects*, 45 *BMJ SEXUAL & REPROD. HEALTH* 65 (2019) (stating that individuals who assert reproductive control over pregnant women include intimate partners, family members, and sex traffickers); see, e.g., *Testimony Directory*, SILENT NO MORE AWARENESS, <http://www.silentnomoreawareness.org/testimonies/> (last visited Mar. 12, 2024) (testimonies from women who were coerced into having an abortion and the devastating effects it had on them); Adrienne P. Samuels, *Police Say Maine Couple Kidnapped Daughter, Intent on Forcing Abortion*, *BOSTON.COM* (Sept. 18, 2006), [http://archive.boston.com/news/local/articles/2006/09/18/police\\_say\\_maine\\_couple\\_kidnapped\\_daughter\\_intent\\_on\\_forcing\\_abortion/](http://archive.boston.com/news/local/articles/2006/09/18/police_say_maine_couple_kidnapped_daughter_intent_on_forcing_abortion/); Welch Suggs, *Former Coach at Berkeley is Accused of Pressuring Assistant to Have an Abortion*, *CHRONICLE HIGHER EDUC.* (Sept. 17, 2002), <https://www.chronicle.com/article/coach-is-accused-of-urging-assistant-to-have-an-abortion/>; Jessica Hopp et al., *Mystics Coach was Cited in Pregnancy Suit*, *WASH. POST* (September 16, 2002), <https://www.washingtonpost.com/archive/politics/2002/09/16/mystics-coach-was-cited-in-pregnancy-suit/75f3fd03-184c-4292-9264-3ba074460c4c/>; Damon Sims, *Cleveland Man Accused of beating 16-year-old Pregnant Daughter*, *CLEVELAND.COM: COVERING NORTHEAST OHIO* (July 8, 2008), [http://blog.cleveland.com/metro/2008/07/cleveland\\_man\\_accused\\_of\\_beati.html](http://blog.cleveland.com/metro/2008/07/cleveland_man_accused_of_beati.html); Associated Press, *Girl, 16, Forced to Drink Turpentine to Induce Abortion*, *N.Y. SUN* (Sept. 27, 2006), <https://www.nysun.com/article/national-girl-16-forced-to-drink-turpentine-to-induce-Forced-Abortion-in-America>, *THE ELLIOT INST.*, 3 (Oct. 2007), <http://www.theunchoice.com/pdf/FactSheets/ForcedAbortions.pdf>.

<sup>4</sup> Kaitlyn Boswell et al., *Women Who Suffered Emotionally from Abortion: A Qualitative Synthesis of Their Experience*, 22 *J. AM. PHYSICIANS & SURGEONS* 113, 115 (2017); see also Moria Gaul, *Protecting Women from Coerced Abortions: The Important Role of Pregnancy Help Centers*, *CHARLOTTE LOZIER INST.*, Mar. 2022, at 2, [https://lozierinstitute.org/wp-content/uploads/2022/03/On-Point-78\\_Protecting-Women-from-Coerced-Abortion\\_2022.pdf](https://lozierinstitute.org/wp-content/uploads/2022/03/On-Point-78_Protecting-Women-from-Coerced-Abortion_2022.pdf) (finding that “[o]ne provider of post-abortive counseling reported . . . that, in any given year, 75-85% of women who received post-abortive counseling reported that ‘they felt they were misled by the abortion clinics and that their decisions were uninformed and, in many ways, coerced.’”).

<sup>5</sup> David C. Readon & Tessa Longbons, *Effects of Pressure to Abort on Women’s Emotional Responses and Mental Health*, *CUREUS* (Jan. 31, 2023).

<sup>6</sup> *Id.*

The findings of these studies are not surprising given that women who experience IPV may be subject to physical violence, sexual violence, stalking, and psychological aggression by a current or former intimate partner.<sup>7</sup> There are “[h]igh rates of physical, sexual, and emotional IPV . . . among women seeking a[n] abortion.”<sup>8</sup> For example, the prevalence of IPV for women seeking an abortion is nearly *three times greater than a woman continuing a pregnancy*.<sup>9</sup> IPV victims who do obtain abortions also have “significant association” with “psychosocial problems including depression, suicidal ideation, stress, and disturbing thoughts.”<sup>10</sup>

Similarly, “[a]s many as one-quarter of women of reproductive age attending for sexual and reproductive health services give a history of ever having suffered [reproductive control].”<sup>11</sup> Reproductive control occurs over “decisions around whether or not to start, continue or terminate a pregnancy, including deployment of contraception, and may be exercised at various times in relation to intercourse, conception gestation, and delivery.”<sup>12</sup>

Victims of sex trafficking are among the number of women who experience reproductive control. A 2014 study on the health consequences for sex trafficking victims found that 66 sex-trafficking victims had a total of 114 abortions, “[w]ithout accounting for possible underreporting.”<sup>13</sup> “The [sex-trafficking] survivors in this study [] reported that they often did not freely choose the abortions they had while being trafficked.”<sup>14</sup> A majority of the 66 sex-trafficking victims “indicated that one or more of their abortions was at least partly forced upon them.”<sup>15</sup> Given the prevalence of coerced abortions among sex-trafficking victims, the authors of the 2014 study noted that “[h]ealthcare providers can play a crucial role in the trafficking rescue process by identifying possible victims and following up on those suspicions with careful, strategic questions, and actions that catalyze rescue or help create exit strategies.”<sup>16</sup>

This bill would ensure that abortion providers in Maryland take the necessary steps to protect the health and safety of women and adolescents that enter their abortion clinics, including victims of sex-trafficking. Under Section 20-222(A), the bill requires an abortion provider to ask the pregnant woman while they are in a private room if she is being coerced to have an abortion and if she is being sex trafficked. By asking these questions, abortion

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<sup>7</sup> Megan Hall et al., *Associations Between Intimate Partner Violence and Termination of Pregnancy: A Systematic Review and Meta-Analysis*, 11 PLOS MED. 1, 15 (Jan. 2014).

<sup>8</sup> *Id.*

<sup>9</sup> COMM. ON HEALTH CARE FOR UNDERSERVED WOMEN, *Reproductive and Sexual Coercion*, Comm. Op. No. 554, at 2 (reaffirmed 2022) (internal citation omitted).

<sup>10</sup> Hall, *supra* note 7.

<sup>11</sup> Rowlands, *supra* note 3, at 62.

<sup>12</sup> *Id.*

<sup>13</sup> Laura J. Lederer & Christopher A. Wetzel, *The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities*, 23 ANNALS HEALTH L. 61, 73 (2014).

<sup>14</sup> *Id.*

<sup>15</sup> *Id.*

<sup>16</sup> *Id.* at 84.

providers will be able to identify victims of sex trafficking and domestic abuse and can help “catalyze rescue or help create exit strategies” for these women.<sup>17</sup>

The bill also requires that healthcare providers offer information to pregnant women about assistance, counseling, and protective services offered by social services and law enforcement, provide pregnant women with a telephone if they need to make a private call, and give pregnant women an alternative exit from the facility. These safeguards will ensure that women are informed about the essential resources and assistance available to them if they are facing IPV or reproductive control. Notably, Maryland does not have an abortion-specific informed consent process that would require abortion providers to disclose information to a woman that is vital and material in guiding her in her abortion decision. Thus, SB 862 fills this gap in Maryland’s law by establishing legal protections for women that will empower them to make informed, *voluntary* decisions regarding an abortion.

Under Section 20-221(1)-(2), the bill would enact additional safeguards against coerced abortions by requiring abortion providers to post informational signs in patient waiting rooms, consultation rooms, and procedure rooms. As a result, women and whoever accompanies them to the facility will be able to read and understand that both coercion and sex trafficking are illegal. This would also provide women with information on how to tell the provider if they are being sex trafficked in a discrete manner. This is a necessary safeguard given that Maryland is “an attractive destination for traffickers,” as noted by the Governor’s Office of Crime Prevention, Youth, and Victim Services.<sup>18</sup> For example, from June 2013 to April 2020, there have been 671 reports of suspected sex trafficking reported in Maryland.<sup>19</sup> Most alleged victims were between the ages of 14–17.<sup>20</sup>

In sum, many women who come to abortion clinics are not there of their own free “choice,” and instead are there due to others forcing or pressuring them to undergo an abortion. This bill responds to the rising need for legal protections for women and young girls who are being forced to seek an abortion against their will, especially those who are victims of sex-trafficking. In effect, this bill will not only protect against coerced abortions, but it will also help increase the number of women and young girls rescued from sex trafficking.

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<sup>17</sup> *See id.*

<sup>18</sup> *Human Trafficking*, GOVERNOR’S OFF. CRIME PREVENTION, YOUTH, & VICTIM SERV., <https://goccp.maryland.gov/victim-services/human-trafficking/> (last visited Mar. 12, 2024).

<sup>19</sup> *2021 Maryland Statistics*, MD. HUM. TRAFFICKING TASK FORCE (updated Jan. 19, 2021), <https://static1.squarespace.com/static/53d105bae4b009be345a11ba/t/607604b13a440767d6a681d7/1618347185527/Maryland+HT+Stats+Updated+1.21.20.pdf> (finding that in 2019 there were 187 human trafficking cases reported, which represents an 11% increase from 2018 and a 55% increase from 2017).

<sup>20</sup> *Id.*

## II. Maryland Has Broad Powers to Enact Protections that Ensure the Health and Safety of Pregnant Women

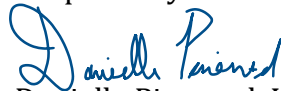
This Committee can further Maryland's legitimate interest in protecting the maternal health and safety of its citizens by voting in support of SB 862. In *Dobbs v. Jackson Women's Health Organization*, the United States Supreme Court found that "States may regulate abortion for legitimate reasons" if the law is rationally related to those reasons.<sup>21</sup> The Supreme Court also held that a State has a legitimate interest in "the protection of maternal health and safety."<sup>22</sup> Accordingly, Maryland has broad powers to pass protections like SB 862 that ensure the health and safety of pregnant woman.

Notably, at least 25 states currently have some form of coercive abuse prevention law: Alabama, Arizona, Arkansas, Connecticut, Delaware, Idaho, Indiana, Kansas, Louisiana, Maine, Michigan, Missouri, Montana, Nebraska, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Dakota, Tennessee, Texas, Utah, West Virginia, and Wisconsin. By enacting SB 862, Maryland will be joining numerous states that have recognized the need to implement safeguards to protect women and young girls from being coerced by partners, family members, employers, or sex traffickers.

## III. Conclusion

For these reasons, I strongly encourage the members of this Committee to support SB 862 and continue to uphold Maryland's duty to protect the health and safety of pregnant women.

Respectfully Submitted,



Danielle Pimentel, J.D.

Policy Counsel

AMERICANS UNITED FOR LIFE

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<sup>21</sup> *Dobbs v. Jackson Women's Health Org.*, 142 S. Ct. 2228, 2283 (2022).

<sup>22</sup> *Id.* at 2283-84.

# 2024 SB862 Prevent Coercion Favorable CPW.pdf

Uploaded by: Deborah Brocato

Position: FAV

**Favorable Statement SB862**  
Public Health - Pregnancy - Coercion  
(Protecting Pregnant Women Against Coercive Abuse and Human Trafficking)  
Deborah Brocato, Campaign to Protect Women

**On behalf of all of our followers across the state of Maryland, Campaign to Protect Women is strongly in favor of SB832.** I am also the mother of 4 daughters and a retired intensive care nurse.

Since 1991, the Maryland Freedom of Choice Act has permitted abortion on demand for any reason through birth. Until last year, a physician was required to provide abortions and the decision was between “a woman and her doctor.” A physician also determined if parental notification for minor girls was necessary. Last year, the Assembly passed the Abortion Care Access Act which removed the physician requirement and now allows a “qualified provider” certified by the state, who may or may not have a medical background, to provide surgical and chemical abortions through birth. Both chemical and surgical abortions carry risk of injury up to and including death.

This Assembly has also expanded scope of practice for many healthcare practitioners including the authority to prescribe and dispense medications including the lethal chemical abortion drugs. Telehealth allows the dangerous abortion drugs to be prescribed without benefit of the physical exam to determine gestational age or gestational abnormalities such as ectopic pregnancy or molar pregnancy. Telehealth cannot determine who will be taking the prescription and if it will be taken voluntarily.

All of these changes to healthcare delivery have made it easier for the abortion industry to prey on women and girls. These changes have made it easier for sex traffickers and other abusers to continue their coercive and criminal behavior.

**The SAFETY of the women and girls of Maryland has been sacrificed for ACCESS. More access does not equal more quality.**

Watching the increasing state promotion of the abortion industry and the steady removal of standards of care, I think of my 4 daughters and the many young women I assisted at a crisis pregnancy center for over 8 years.

I think about my daughters and many other young girls, high school and college girls who do not need parental consent to undergo surgical or chemical abortion. The abortion industry has turned pregnancy and motherhood into something to be dreaded instead of the cherished gift that it is. How many of these girls will feel pressured by boyfriends, teachers, college professors, etc. to “make this inconvenience go away?” **How many will suffer injury or death because their**



**parents are unaware their daughter is post-abortive with infection or hemorrhage but think it's the flu or she is simply run down?**

**I think of the young women from the pregnancy center who had experienced abortion. They would say, "I can't kill another baby!" They revealed how it was their boyfriend or their family members insisting they must get an abortion. No one offered support. No one suggested a crisis pregnancy center. They felt backed into a corner.**

I think of the 15 year old girl at the Planned Parenthood on Howard Street in Baltimore City. I was praying across the street when a group approached - a 15 year old girl, her aunt, her grandmother and her uncle. Tears were streaming down the girl's face. I provided information about crisis pregnancy centers. The women stood just in front of the girl and said the boyfriend wouldn't help, she was too young and she "must" get the abortion. Again, I mentioned the crisis pregnancy centers. The women said they had made their decision, not the girl had made the decision. The uncle said nothing. The girl continued to cry. They all went in, and an hour later, I left without seeing them exit.

Similar stories can be found at [www.silentnomoreawareness.com](http://www.silentnomoreawareness.com) and [www.rachelsvineyard.org](http://www.rachelsvineyard.org).

**In these cases and many others, it is clear these young girls are pointed in only one direction.** They are prevented from seeking alternate solutions. They are coerced into taking a permanent action for a temporary condition which can cause physical, emotional and psychological injury. In each of these situations, the young girls go into the abortion center and receive the abortion during that visit. If there is a consultation, it is with a virtual stranger and there is not adequate time to think about a decision that cannot be reversed. When making material purchases, returns are possible within a certain time frame. This is a purchase that cannot be returned.

Something I would say to the young ladies at the pregnancy center, "When you find out you're pregnant, you're not having the baby the next day. You have 6 or 7 months to plan for the baby, and we will help you." When framed that way, having a baby didn't seem so scary anymore.

Campaign to Protect Women urges this committee to respect and protect a woman's right to motherhood. Protect women and girls from abusers and sex traffickers. **We urge you to remember the many women who cherish their pregnancy and seek support and think of all the women and girls are enslaved by sex traffickers. We strongly recommend that you give a favorable report on SB862.**

# **Maryland Catholic Conference\_FAV\_SB862.pdf**

Uploaded by: Diane Arias

Position: FAV



MARYLAND  
CATHOLIC  
CONFERENCE

**March 13, 2024**

**Senate Bill 862**

**Public Health - Pregnancy - Coercion (Protecting Pregnant Women Against  
Coercive Abuse and Human Trafficking)  
Senate Finance Committee**

**Position: Favorable**

The Maryland Catholic Conference (MCC) is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

**Senate Bill 862** prohibits an individual from committing or threatening certain actions, including certain actions related to sex trafficking, with the intent of coercing a pregnant woman to have an abortion; providing that a pregnant minor is considered an emancipated minor for purposes of eligibility for public assistance if the minor is denied financial support from a parent or guardian due to the minor's refusal to have an abortion; etc.

This bill highlights that many women have reported being coerced into abortions, leading to severe physical, emotional, psychological, and spiritual harm. A significant percentage of women, almost 70%, view their abortions as inconsistent with their values, and one in four considers their abortions as unwanted or coerced.<sup>1</sup> Victims of sex trafficking are particularly vulnerable to coerced abortions due to their circumstances. Providing women with information about their rights and treatment options leads to an increase in reported cases of coerced or attempted coerced abortions.

Coercive abuse poses a serious threat to women's health, and women should not endure threats, harm, repercussions, or violence. The decision to continue with a pregnancy should be free from any form of coercion. Women deserve the freedom to choose life without being subject to coercive abuse. The proposed Senate Bill 862 aims to empower women by addressing coercive abuse and sex trafficking, ensuring that women can make pregnancy decisions without coercion.

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<sup>1</sup> <https://lozierinstitute.org/hidden-epidemic-nearly-70-of-abortions-are-coerced-unwanted-or-inconsistent-with-womens-preferences/>

For these reasons, the MCC asks for a favorable report on **SB 862**.

Thank you for your consideration.

**2024.SB0862.Arlinghaus.pdf**

Uploaded by: Francis Arlinghaus

Position: FAV

SB0862

Favorable

Dr. Frank Arlinghaus

3010 Evergreen Way, Ellicott City MD 21042

I ask the members of the committee to return a favorable report on Senate Bill 862.

Abortion is legal in Maryland, and this bill doesn't try to change that. What it does do is provide women, especially minors, protection from being coerced into abortion. The state needs to have women's backs by protecting them from this coercion, which often comes from boyfriends or parents. The state has a compelling interest to protect women from coercion, consistent with the limitations and restrictions of the Abortion Amendment coming to referendum in 2024.

This bill provides solid protections from coercion, gives the victim explicit rights, and provides additional protection to minors. By having information in abortion facilities, it allows potential victims of coercion to get information on the help they need when they need it. By placing some responsibility on physicians, it provides further help.

This bill isn't about stopping abortion. It's about providing women protection from coercion. Among the women who have had an abortion, far too often we hear stories of coercion, often by spouses or boyfriends or parents. These women feel as if they had no choice, no help, no opportunity to make their own decision. These women deserved a system that would protect them from coercion. The current system fails them.

If one seeks to empower women with choice, then one needs to help free them from the coercive influences in that decision. Bringing a child into the world is hard enough, but having people tell you that you must abort the baby because they insist it's the only decision you can make or are allowed to make often means you feel like you have only one choice, which is no choice at all. Imagine if this is coming from your parents or your boyfriend or your husband.

I am also here on behalf of my daughter Theresa to share the story of her friend Kayleigh who along with her child were the victims of violence perpetrated by the father of her child. Kayleigh was a happy vibrant teenager who wanted to reconcile with the father of her unborn baby despite his opposition to her continuing her pregnancy. Like many of the women who are victimized by the gap in our fetal homicide law, which uses viability as a marker, Kayleigh was beaten by the father. He first assaulted her by kicking her in the stomach while discussing the pregnancy. Even worse, the assault didn't stop there, as the incident ultimately ended in her death by strangulation after assault, and in the death of the child she was carrying in her second trimester of pregnancy. I'll note that the father/murderer will spend at least 14 years in jail, but he could not be charged in the death of his child. In fact, had he not completed the killing of Kayleigh, the penalties for causing the fetal death of his child would have been limited to assault.

I ask that you return a favorable report on Senate Bill 862 for the reasons outlined above.

# **SB 862 – Public Health – Pregnancy – Coercion (Pro**

Uploaded by: Joann Manole

Position: FAV





March 12, 2024

The Grace Center for Maternal and Women's Health supports the adoption of SB 862 – Public Health – Pregnancy – Coercion (Protecting Pregnant Women Against Coercive Abuse and Human Trafficking)

The Grace Center for Maternal and Women's Health performs pregnancy testing and prenatal ultrasound. We provide a variety of services for pregnant and parenting women, but we do not offer abortions. After confirming a pregnancy, we have witnessed pregnant women being coercive or threatening by their partner, family or others insisting that the mother must have an abortion.

Most recently a young women came to the Grace Center with a family member. We performed an ultrasound to confirm the pregnancy. The family member became agitated and would not let the young women take the copy of her ultrasound, receive prenatal education from the nurse or let her discuss options counseling with the nurse. The family member wanted a report of a viable pregnancy and gestation period so that she could schedule an abortion at another location. The young pregnant women was caught off guard by the family members reaction and statements. When the family member stepped away the pregnant women quickly grabbed the ultrasound picture and stuffed it into her pocket.

We are currently providing post-abortion support to a young girl who felt coerced by her parents to have an abortion. It is over a year after the procedure, and she is depressed, angry with her family and is receiving mental health treatment due to expressing to her parents “you should have killed me when you killed my baby”.

In delivery of our services we have witnessed that Laws need to be created to protect pregnant women from coercive abuse and to make sure they are informed of their rights.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Joann Manole".

Joann Manole,

Executive Director

Grace Center for Maternal and Women's Health

Our Mission

A SAFE HAVEN DEDICATED TO IMPROVING THE MATERNAL HEALTH AND WELL-BEING OF WOMEN IN THE COMMUNITY

# Support SB862.pdf

Uploaded by: John Miller

Position: FAV

Support SB862 women coerced to have abortion 2024

In according to a new Lozier Institute peer-reviewed study published in February 2023  
nearly 70% of IAbortions Are Coerced or Unwanted

In the Cureus Medical Journal in January 2023 they found that Pressure to Abort was  
Linked to Worsening of Subsequent Mental Health. 60 percent of women who had  
abortions reported high levels of pressure to abort from one or more sources, and those  
same women report higher levels of subsequent mental health and quality of life issues,

# **abortion coercion bill.pdf**

Uploaded by: Katherine Adelaide

Position: FAV

March 12, 2024

Re: SB 682

To whom it may concern:

Thank you for this opportunity to submit written testimony regarding the above referenced bill.

I am a member of Feminists for Life, and I totally support this bill to protect the lives and health of women from threats and coercion to abort during pregnancy.

At age 19 I experienced an unplanned pregnancy and also experienced coercion from my then husband and a male doctor to abort at three months. I was able to overcome this unwelcome pressure to terminate my pregnancy which turned out to be the only live birth pregnancy I ever had. I now have an adult daughter and three grandchildren and truly cringe at the thought of succumbing to pressure from two men to abort my own child when I was so young and vulnerable. Intentional termination of a human life has lifelong consequences that cannot be undone.

Later in life, I experienced domestic violence at the hands of a second husband, and I well understand the dynamics of power and control and coercion in an abusive relationship.

As cases of domestic violence soar in our society I have a deep appreciation for women with a crisis pregnancy who are in an abusive relationship and the impact of coercion on mother and child.

I am currently under an Address Shield with the Safe at Home program for survivors of domestic violence, sexual assault and stalking. I am so grateful that legislators like yourselves passed the Safe at Home act to protect women and I urge you to pass SB682 which will also protect women.

Sincerely,

Katherine Adelaide

301-575-4889

**FAVORABLE.SB862.HB884.LauraBogley.pdf**

Uploaded by: Laura Bogley

Position: FAV



## **Support Statement**

### **SB862/HB884 – Protecting Pregnant Women Against Coercive Abuse and Human Trafficking**

Laura Bogley, JD, Executive Director, Maryland Right to Life

On behalf of the Board of Directors of Maryland Right to Life, I strongly support SB862/HB884 and urge your favorable report. The decision to abort one's unborn child is a life-altering decision, and informed consent is critical to this decision. Informed consent laws, including waiting periods are essential tools in protecting women from Intimate Partner Violence (IPV) and coerced abortion. This bill is a reasoned and compassionate response to the needs of vulnerable pregnant women. This bill will ensure the best possible outcome for a woman's physical and emotional well-being.

**INFORMED CONSENT** - Informed consent legislation is not an attack on personal freedom, but a guarantee of it. In its basic definition, informed consent "is a process by which the treating health care provider discloses appropriate information to a competent patient so that the patient may make a voluntary choice to accept or refuse treatment."<sup>1</sup> A woman cannot agree to medical treatment unless she is "competent, adequately informed and not coerced" in giving informed consent.<sup>2</sup>

State informed consent legislation including waiting periods have been upheld as constitutional. States often pass reflection periods to help ensure a woman has the time she needs to take all the given information into account without the pressure of making an immediate decision since the "medical, emotional, and psychological consequences of an abortion are serious and can be lasting."<sup>3</sup>

**ABORTION COERCION**- 73%, or nearly 3 of 4 women said that they did not choose, but felt pressured into their abortions. Sound abortion regulatory policies serve women by promoting a high standard of medical care, protecting women's right to give informed consent to procedures and protecting women from abortion coercion at the hands of abortionists, abusive partners and sex traffickers.

Currently, all 50 states have laws requiring healthcare professionals and others to report the suspected sexual abuse of minors including statutory rape. The federal government also mandates that Title X healthcare facilities comply with state criminal reporting laws. However, there is substantial and developing evidence that many family planning and abortion clinics are not reporting all instances of suspected abuse and are, in some cases, advising minors and their abusers on how to circumvent the law. As a result, sexual predators are free to continue to abuse their victims, scarring them for life.

**The abortion monopoly over women's reproductive healthcare actively deprives women their freedom to reproduce** by denying them access to lifesaving alternatives to abortion. If ratified, the so-called Reproductive Freedom amendment to the state Constitution would make Maryland a safe haven for profit-minded abortionists but a hostile environment for women and children by prohibiting any safeguards in law for women seeking abortion. The amendment encourages interstate trafficking of women and girls by shielding abortionists from any liability to women for injury or death and shielding sexual predators who utilize abortion to cover their crimes.

**REPRODUCTIVE CONTROL AND ABORTION** - Reproductive control is also a public policy concern for women seeking abortion. Reproductive control occurs over not only over whether to start a

pregnancy, but also over whether to terminate a pregnancy.<sup>4</sup> Reproductive control includes intimate partners, family members, and sex traffickers asserting control over a woman’s reproductive decisions.<sup>5</sup> Reproductive control not only produces coerced abortions it also affects whether the pregnancy was intended in the first place.<sup>6</sup> “As many as one-quarter of women of reproductive age receiving sexual and reproductive health services give a history of ever having suffered [reproductive control].”<sup>7</sup> In the United States, African American and multiracial women, younger women, and minor victims of sex trafficking are more at risk for reproductive control.<sup>8</sup>

**ABORTION IS NOT HEALTH CARE** – Pregnancy is not a disease and abortion kills, not cures. The fact that 85% of OB-GYNs in a representative national survey will not participate in abortions is glaring evidence that abortion is not an essential part of women’s healthcare. Abortion is never medically necessary and poses risks to women’s physical and emotional health as well as to the health of future pregnancies. Women have better options for family planning and well woman care. For each Planned Parenthood in Maryland, there are 14 federally qualifying health centers and 4 pro-life pregnancy centers providing FREE services for women. The Maryland Department of Health must give women real CHOICE and protect women from abortion coercion, by providing information about and referrals to lifesaving alternatives to abortion.

**INVEST IN LIFE** - 81% of Americans polled favor laws that protect both the lives of women and unborn children. Public funds should not be *diverted from* but *prioritized for* health and family planning services which have the objective of saving the lives of both mothers and children, including programs for improving maternal health and birth and delivery outcomes, well baby care, parenting classes, foster care reform and affordable adoption programs.

**Any lawmaker who desires to defend a woman's "right to choose" should demonstrate equal vigor in attempting to ensure that every woman considering an abortion is provided with the freedom and information necessary to make a voluntary and informed decision.**

**For these reasons, we respectfully urge you to issue a favorable report on this bill.**

Respectfully Submitted,

**Laura Bogley, JD**  
Executive Director  
Maryland Right to Life

1 Christine S. Cocanour, Informed Consent—It’s More Than a Signature on a Piece of Paper, 214 AM. J. SURGERY 993, 993 (2017).

2 Id. 6

3 H.L. v. Matheson, 450 U.S. 398, 411 (1981); Minnesota’s reflection period is currently enjoined by Doe, No. 62-CV-19-3868. See MINN. STAT. § 145.442(a) (2006).

4 BMJ SEXUAL & REPROD. HEALTH 61, 62 (2019).

5 Id. at 65.

6 Id. at 61–62.

7 Id. at 62.

8 Charvonne N. Holliday et al., Racial/Ethnic Differences in Women’s Experiences of Reproductive Coercion, Intimate Partner Violence, and Unintended Pregnancy, 26 J. OF WOMEN’S HEALTH 828 (2017); Elizabeth Miller et al., Recent Reproductive Coercion and Unintended Pregnancy Among Female Family Planning Clients, 89 CONTRACEPTION 122 (2014); Rowlands, supra note 44, at 64.



# **SB 0862 Protect Prg Women Against Coercion.pdf**

Uploaded by: Linda Bradley

Position: FAV

Dear Members of the Senate Finance Committee,

Please SUPPORT SB 0862, Protecting Pregnant Women Against Coercive Abuse and Human Trafficking, in your hearing on Wednesday, March 13, 2024.

The bill will give many protections to pregnant women who choose to carry a child to term. It will prohibit coercion to not only have an abortion against their will, but will prohibit persuasions from other people or groups to have an abortion, such as withholding academic scholarships which have already been awarded to them, changing wages or terms of their current employment, etc.

Other important issues relate to sex trafficking, such as forcing a pregnant woman into sex trafficking, or selling a woman to another individual who intends to traffic her, etc. if she declines to have an abortion.

Any laws that we can pass to protect women who DO NOT want an abortion, but find themselves coerced in some way, should be seriously considered. If the referendum on the ballot this fall does pass and enshrines more lenient abortion laws into a constitutional amendment, laws protecting pregnant women who want to carry their child full term are crucial. There will be much more pressure on women to have abortions if all restrictions are removed in the amendment.

Even if the consensus among your committee members is not to support this bill for the average pregnant women, please consider sex trafficking, which proliferates in Maryland, as in all other states. Any support we can give to trafficking victims is common sense and morally right.

Please carefully read and consider all the protections in SB 0862, and give it a **FAVORABLE** report.

Thank you for your time and attention.

Very truly yours,

Linda R. Bradley  
McHenry, MD

# **SB 862 Favorable**

Uploaded by: Maria Hayden

Position: FAV

SB 862 Favorable  
MD

Maria Hayden, Ellicott City

I am an RN, a Vascular Access Specialist.

In a time when personal autonomy and freedom are so highly valued, particularly in health care decisions, SB862 is immensely important. We do not stand for a vulnerable person to be coerced into a surgical procedure or a medical regime, especially one with potentially harmful complications, in any area outside women's health. But in the case of abortion, there are no safeguards against coercion.

Of course, any other invasive procedure in a hospital or facility requires an informed consent, carefully outlining the procedure's rationale and risks and stating the patient's understanding and authorization. Since no such requirement exists in Maryland to procure a surgical or chemical abortion, gaping opportunities exist for abuse by anyone who may not want a baby to be born: boyfriends, parents, educators, landlords, employers, social services, sex traffickers.

Abortion should not only be held to the same standard as other medical decisions but consent is even more needed since there are these strong forces pushing women into a life-changing event that could be emotionally scarring and physically harming. We know nearly 75% of women who have an abortion felt pressured. We need at a minimum to screen for coercion and abuse.

On admission to a hospital patients are questioned on the safety of their relationships at home. We are screened for domestic violence when we have a physical. In health care we are required by law to report any suspected neglect or abuse. It is only reasonable that abortion facility employees do the same.

Waiting periods for abortions are certainly needed. Private interviews are a must. The posting of signs is more than reasonable. Women deserve to know their rights and how to get help out of their situation.

Because of our lack of safeguards, Maryland will attract out of state traffickers avoiding their own state laws. Without the passage of SB862 women are at high risk for this exploitation, injustice and abuse.

We in MD, cannot say we care about women and then NOT at bring this bill to a vote by the entire Maryland legislature and pass it.

Women who want to bear their children should never be threatened with any form of violence, discrimination or abandonment to have an abortion. It should be illegal.

# **Testimony in Favor of SB 0862 MNew.pdf**

Uploaded by: Michael New

Position: FAV

## Testimony In Favor of SB 0862

By Michael J. New, Ph.D.

Members of the Finance Committee. I live in Hyattsville, MD and I speak to you as a concerned citizen that support SB 0862 “Protecting Pregnant Women Against Coercive Abuse and Human Trafficking.” I have a Ph.D. in Political Science and a Masters Degree in Statistics both from Stanford University. I am an Assistant Professor of Practice at the Busch School of Business at the Catholic University of America. I am also a Senior Associate Scholar at the Charlotte Lozier Institute, the research and education arm of the Susan B. Anthony List. I am familiar with the current academic research pertaining to pregnancy and abortion

Regardless of one’s stance on abortion, everyone should agree that coercing or pressuring a woman to obtain an abortion is wrong. Furthermore, this is a larger problem than many realize. A May 2023 study that appeared in the journal *Cureus* surveyed over 1,000 women and identified over 200 that obtained abortions. Of those women who obtained abortions, 24 percent reported that the abortion was unwanted or coerced. A 2022 poll conducted by the British Broadcasting Company found that 15 percent of women said they had experienced unwanted pressure to terminate a pregnancy. Also, a 2014 study by Laura Lederer and Christopher Wetzel in *The Annals of Health Law* entitled “The Health Consequences of Sex Trafficking” found 55 percent of trafficked women reported at least one abortion.

On a personal note, I also help organize a pro-life sidewalk ministry outside the Washington, DC Planned Parenthood. There are situations I have encountered that lead me to believe some women are being coerced or pressured into obtaining an abortion. On one occasion a woman snuck out of the Planned Parenthood without her partner’s knowledge and sought a ride away from the Planned Parenthood from one of our sidewalk counselors. On another occasion, a woman who was dropped off at the Planned Parenthood by a male partner was happily picked up minutes later by a group of friends. There is a good chance her friends came to rescue her from her partner.

Again, no pregnant women should be forced to obtain an abortion against her will. Please vote in favor of SB 0862,

# **Support of SB 862- Abortion Coercian.pdf**

Uploaded by: Pamela Palumbo

Position: FAV

My name is Pamela Palumbo, and I urge you to vote in favor of SB862 which seeks to stop the violation of women being forced or **coerced** into an abortion. While we all would like to think this isn't happening, that is absolutely not the case.

I speak from direct daily experience of caring for women for the past 42 years in 3 local women's clinics in Annapolis, Bowie and Severna Park as well as President of the MD Coalition representing 27 additional medical clinic's across our state.

Adult women and some as young as 13 who are pregnant and who we see often share that they are being pressured or have others pressuring or coerced to have an abortion. This occurs from a boyfriend or husband emotionally and/ or physically pressuring a woman to have an abortion and also parents. In addition the issue we know of is trafficked women, in addition to the trafficking, then being forced into unwanted abortions.

Maryland currently has NO laws to protect women, including no right to Informed consent, prior to an abortion procedure or taking medication abortion by pill.

In a study by University of Florida Journal of Law and Public Policy they state. "Planned Parenthood is at an advantageous position to detect sex trafficking and to provide life saving health services to victims. Although traffickers often do not allow their captors to seek medical help, **abortion can be an exception** to this general rule. "

Studies have identified health care providers as critical potential identifiers of trafficking victims and with Planned Parenthood the largest provider of abortions in Maryland, they are in the unique position to not only support a woman right to choose abortion, but also prevent women being forced into abortions by supporting this legislation

This will in no way impede women choosing abortions themselves, rather allow you as Legislators to save women from the emotional and physical trauma of forced and coerced abortions by simply ensuring they have the information that they can not be forced into an abortion.

I urge you to support HB1043 and preserve a woman's right to choose for herself and not be forced or coerced by anyone else. Thank you

Pamela Palumbo  
91 Scotts Cove Road  
Edgewater, MD



**SB 862 - Carozza Testimony\_FINAL.pdf**

Uploaded by: Senator Mary Beth Carozza

Position: FAV

MARY BETH CAROZZA  
Legislative District 38  
Somerset, Wicomico,  
and Worcester Counties

Education, Energy, and  
the Environment Committee



Annapolis Office  
James Senate Office Building  
11 Bladen Street, Room 316  
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MaryBeth.Carozza@senate.state.md.us

Executive Nominations Committee

THE SENATE OF MARYLAND  
ANNAPOLIS, MARYLAND 21401

March 13, 2023

The Senate Finance Committee

**SB 862 – Public Health – Pregnancy – Coercion (Protecting Pregnant Women  
Against Coercive Abuse and Human Trafficking)**

**Statement of Support by Bill Sponsor Senator Mary Beth Carozza**

Thank you Chair Beidle, Vice Chair Klausmeier, and members of the distinguished Senate Finance Committee for this opportunity to present Senate Bill 862 – Public Health – Pregnancy – Coercion (Protecting Pregnant Women Against Coercive Abuse and Human Trafficking).

In recent years Maryland has dramatically expanded access to abortion. The Abortion Care Access Act of 2022 expanded the number of health care providers who can perform abortions to include non-physicians and established a special fund to enable greater access to abortion services.

Last session, the General Assembly passed and Governor Moore signed into law legislation requiring public institutions of higher education to provide reproductive health care plans and services, and legislation is moving forward this session to require community colleges to do the same. This Maryland General Assembly has made it a top priority to enshrine the right to reproductive freedom in the Maryland Constitution.

These combined legislative actions prioritized by this Maryland General Assembly not only has significantly increased access to abortion for Maryland women but also has attracted other women from other states to seek Maryland out as an abortion destination. Those individuals and organizations involved with human trafficking, prostitution, and other criminal activity are well aware of the new level of abortion access in the State of Maryland.

Should the constitutional amendment to establish an individual's fundamental right to reproductive freedom be approved by the voters in November, there would be virtually no safety limitations on abortion access, which makes SB 862, the legislation that I am presenting today, take on a new sense of urgency. As the State of Maryland expands access for women to exercise their right to have an abortion, we also have an obligation to protect a woman's right to protect her pregnancy and prevent abortion coercion.

Senate Bill 862 does not restrict a woman from having an abortion or using reproductive services like contraception. This legislation is intended to ensure that women are provided a true choice when it comes to pregnancy. If abortion is defined as health care, we need to treat it as health care, which means understanding the guardrails necessary to increase women's public health and safety.

This bill states that an individual who knows or suspects that a woman is pregnant may not engage in certain specific conduct with the intent of directing the pregnant woman to have an abortion. This includes committing, attempting to commit, or threatening to commit physical harm to the pregnant woman; revoking a scholarship awarded to a pregnant woman by an institution of higher education; discharging the pregnant woman from employment or changing compensation; and denying any social assistance, housing, or financial support to a pregnant woman.

This legislation includes important protections against human trafficking of pregnant women including prohibiting abusers who intend to force a pregnant woman into having an abortion from selling, attempting to sell, or threatening to sell the pregnant woman into sex trafficking, and prohibiting the selling or threatening to sell the unborn baby of the pregnant women into sex trafficking once her baby is born. The legislation also prevents an individual from forcing, attempting to force, or threatening to force the pregnant woman to continue to engage in sex trafficking in efforts to coerce her into having an abortion.

SB 862 would establish a misdemeanor penalty for coercing a pregnant woman to have an abortion where violators would be subject to a maximum fine of \$1,000.

Often, a woman who discovers that she is pregnant under not ideal circumstances finds herself at a crossroads with a series of choices. The trajectory of her life changes once she knows she is pregnant. Subtle forms of pressure can go unnoticed until the only option seems to be abortion. In other cases, the coercion is far more blatant, discriminatory, and sometimes results in physical violence.

Studies have found that many women who seek counseling services after having an abortion were pressured into terminating their pregnancies by their husbands, boyfriends, or family members. After having an abortion, many of these women reported symptoms of depression, guilt, shame, regret, self-hatred, feelings of worthlessness, feelings of being unworthy of love, low self-esteem, and anxiety. Some studies have found up to 9 percent reported drug or alcohol addiction, and 6.2 percent reported thoughts or attempts of suicide.

Many young women are not receiving adequate support from the people who matter most in their lives when it comes to having the freedom to choose. Women are taught from a young age to put others before themselves, often completely forgetting to take care of their own needs. In a

situation of extremes, like choosing to continue or terminate a pregnancy, women can often feel pressured to make a decision that does not align with their internal wants and desires. This pressure is even more terrifying in situations of domestic violence or human trafficking.

It is estimated that 24.9 million men, women, and children worldwide are subjected to the abuses of human trafficking. It happens in plain sight, and many victims are coerced by their trafficker into participating in their own abuse. As many of you know, victims and traffickers alike have told law enforcement that Maryland is a “goldmine” for human trafficking due to our central location, numerous rest stops, truck stops, and bus stations, and the I-95 corridor is a main gateway to major cities along the Eastern seaboard.

A groundbreaking study from 2014 looked at many facets of human trafficking, including the correlation between human trafficking and abortion. Of the women who survived human trafficking that participated in the study, 55 percent had at least one abortion, 30 percent had multiple abortions, and 55 percent had forced miscarriages.

Abortions like these are taking place right here in Maryland, and health care providers need to be educated and empowered to act should a victim of human trafficking enter their office to obtain such services. This legislation would allow health care providers, should they suspect their patient is a victim of coercion, to wait 24 hours before performing the procedure (although the health care provider is empowered to waive that waiting period if the life of the pregnant woman is in danger). Further, an employee or volunteer of a health care facility who knows, alleges, or suspects that a woman is being coerced into having an abortion must notify local law enforcement within 48 hours. Ideally, this would allow investigations to take place, perpetrators to be arrested, and human trafficking victims to be freed and begin the healing process.

This bill is not intended to prevent abortion. This bill is intended to prevent women from being further victimized by a system that does not value them. This bill empowers women to seek action and to prevent the perpetrator from continuing to coerce other women into having abortions. This bill allows women to have true choice.

Senate Bill 862 is commonsense legislation that seeks to protect all women from abortion coercion, especially at a time when abortion has become so readily available in the State of Maryland.

Thank you for your kind attention and consideration, and I request the Committee grant a favorable report to SB 862.

**SB 862 prevent coerced abortion - FAV.pdf**

Uploaded by: SHARON CARRICK

Position: FAV



Ella Ennis, Legislative Chairman  
Maryland Federation of Republican Women  
PO Box 6040, Annapolis MD 21401  
Email: eee437@comcast.net

The Honorable Pamela Beidle, Chair  
And Members of the Finance Committee  
Senate of Maryland  
Annapolis, Maryland

Re: **SB 862** - Public Health – Pregnancy – Coercion (Protecting Pregnant Women  
Against Coercive Abuse and Human Trafficking) - **FAVORABLE**.

Dear Chair Beidle and Committee Members,

SB 862 establishes clear definitions of the types of behavior that constitute coercive threats or actions towards pregnant women and girls, particularly those being trafficked, or in danger of being trafficked for sex or labor. It provides protections for women and girls against being coerced or threatened into having an abortion, and provides an avenue for suing the coercer. It forbids the firing of a pregnant woman or rescinding a scholarship from her because of the pregnancy.

In addition, it requires that health care facilities and abortion facilities post signs advising women and girls of their right not to be forced into having an abortion. It also provides for a minor left homeless due to a parent or guardian's actions upon learning of the pregnancy to be considered emancipated and qualified to receive public assistance to aid her during the pregnancy.

It is truly sad that this legislation is needed but it is; and we urge the Committee to vote a **FAVORABLE** report for **SB 862**.

Sincerely,  
Ella Ennis  
Legislative Chairman  
Maryland Federation of Republican Women

**Council\_10784C.01-LIFE-MARCH\_MD\_12054\_2021-12-14-1**

Uploaded by: Thomas Lough

Position: FAV

# FRATERNAL PROGRAMS REPORT FORM

Reporting Officer Name: Thomas Lough Membership Number: 2487126

Council Number: 12054 Date(s) of Program 1 / 21 / 2022 to      /      /     

State / Province: MD

1	Faith	Family	Community	Life
	<input type="checkbox"/> Into the Breach <input type="checkbox"/> Pilgrim Icon Program <input type="checkbox"/> Build the Domestic Church Kiosk <input type="checkbox"/> Rosary <input type="checkbox"/> Spiritual Reflection <input type="checkbox"/> Holy Hour <input type="checkbox"/> Sacramental Gifts <input type="checkbox"/> RSVP <input type="checkbox"/> Other	<input type="checkbox"/> Family of the Month <input type="checkbox"/> Keep Christ in Christmas <input type="checkbox"/> Family Fully Alive <input type="checkbox"/> Family Week <input type="checkbox"/> Consecration to the Holy Family <input type="checkbox"/> Family Prayer Night <input type="checkbox"/> Good Friday Family Promotion <input type="checkbox"/> Food for Families <input type="checkbox"/> Other	<input type="checkbox"/> Disaster Preparedness <input type="checkbox"/> Free Throw Championship <input type="checkbox"/> Soccer Challenge <input type="checkbox"/> Helping Hands <input type="checkbox"/> Catholic Citizenship Essay Contest <input type="checkbox"/> Coats for Kids <input type="checkbox"/> Global Wheelchair Mission <input type="checkbox"/> Habitat for Humanity <input type="checkbox"/> Other	<input type="checkbox"/> Christian Refugee Relief <input type="checkbox"/> Silver Rose <input type="checkbox"/> Pregnancy Center Support <input type="checkbox"/> Novena for Life <input type="checkbox"/> Mass for People with Special Needs <input checked="" type="checkbox"/> March for Life <input type="checkbox"/> Special Olympics <input type="checkbox"/> Ultrasound <input type="checkbox"/> Other

If Other, Program Name: \_\_\_\_\_

2 Volunteers:  $\frac{10}{\text{Members}} + \frac{\quad}{\text{Non-Members}} = \frac{10}{\text{Total Volunteers}}$        $\frac{10}{\text{Total Volunteers}} \times \frac{8}{\text{Hours (Per Person)}} = \frac{80}{\text{Total Volunteer Hours}}$

Participants (Non-Volunteer): \_\_\_\_\_

Was your Pastor present?  Yes  No

Program Planning:  $\frac{300}{\text{Cost}} \& \frac{1}{\text{Time (Hours)}}$

Members Recruited: \_\_\_\_\_ Donations: \_\_\_\_\_  
Local Currency

3 Name of event: March for Life

Location of event attended: Washington DC

4 Type of Event: null

Location Type: null

5 Number of Buses chartered/sponsored: 1

6 On a scale of 1-5 (with 5 being the highest) how engaged was your parish and council by this program? 5

7 What information or feedback would you like to share about your program? (To share more success stories, visit [kofc.org/knightsinaction](http://kofc.org/knightsinaction))

We have donated from our council \$300 towards the cost of a bus rental for the March.  
We expect good participation for this event.





**Council\_10784C.01-LIFE-OTHER\_MD\_12054\_2022-12-17-1**

Uploaded by: Thomas Lough

Position: FAV

# FRATERNAL PROGRAMS REPORT FORM

Reporting Officer Name: Thomas Lough Membership Number: 2487126

Council Number: 12054 Date(s) of Program 11 / 6 / 2022 to 11 / 6 / 2022

State / Province: MD

1 Faith	Family	Community	Life
<input type="checkbox"/> Into the Breach <input type="checkbox"/> Pilgrim Icon Program <input type="checkbox"/> Build the Domestic Church Kiosk <input type="checkbox"/> Rosary <input type="checkbox"/> Spiritual Reflection <input type="checkbox"/> Holy Hour <input type="checkbox"/> Sacramental Gifts <input type="checkbox"/> RSVP <input type="checkbox"/> Other	<input type="checkbox"/> Family of the Month <input type="checkbox"/> Keep Christ in Christmas <input type="checkbox"/> Family Fully Alive <input type="checkbox"/> Family Week <input type="checkbox"/> Consecration to the Holy Family <input type="checkbox"/> Family Prayer Night <input type="checkbox"/> Good Friday Family Promotion <input type="checkbox"/> Food for Families <input type="checkbox"/> Other	<input type="checkbox"/> Disaster Preparedness <input type="checkbox"/> Free Throw Championship <input type="checkbox"/> Soccer Challenge <input type="checkbox"/> Helping Hands <input type="checkbox"/> Catholic Citizenship Essay Contest <input type="checkbox"/> Coats for Kids <input type="checkbox"/> Global Wheelchair Mission <input type="checkbox"/> Habitat for Humanity <input type="checkbox"/> Other	<input type="checkbox"/> Christian Refugee Relief <input type="checkbox"/> Silver Rose <input type="checkbox"/> Pregnancy Center Support <input type="checkbox"/> Novena for Life <input type="checkbox"/> Mass for People with Special Needs <input type="checkbox"/> March for Life <input type="checkbox"/> Special Olympics <input type="checkbox"/> Ultrasound <input checked="" type="checkbox"/> Other

If Other, Program Name: Special speaker at our Super Sunday Breakfast

2 Volunteers:  $\frac{1}{\text{Members}} + \frac{1}{\text{Non-Members}} = \frac{1}{\text{Total Volunteers}}$        $\frac{1}{\text{Total Volunteers}} \times \frac{4}{\text{Hours (Per Person)}} = \frac{4}{\text{Total Volunteer Hours}}$

Participants (Non-Volunteer): \_\_\_\_\_ Was your Pastor present?  Yes  No

Program Planning:  $\frac{0}{\text{Cost}}$  &  $\frac{\quad}{\text{Time (Hours)}}$  Members Recruited:  $\frac{0}{\quad}$  Donations:  $\frac{0}{\text{Local Currency}}$

3 On a scale of 1-5 (with 5 being the highest) how engaged was your parish and council by this program? 5

4 What information or feedback would you like to share about your program? (To share more success stories, visit [kofc.org/knightsinaction](http://kofc.org/knightsinaction))

We had the director from Maryland Right to Life Laura Bosley to speaker at our breakfast. She told us about MRTL activities and asked to sign petitions for changing our Maryland abortion laws and stopping abortion of the un-born. Her message was well received by over 100 of our parishioners.



**Council\_10784C.01-LIFE-OTHER\_MD\_12054\_2022-12-17-1**

Uploaded by: Thomas Lough

Position: FAV

# FRATERNAL PROGRAMS REPORT FORM

Reporting Officer Name: Thomas Lough Membership Number: 2487126

Council Number: 12054 Date(s) of Program 11 / 3 / 2022 to 11 / 3 / 2022

State / Province: MD

1 Faith	Family	Community	Life
<input type="checkbox"/> Into the Breach <input type="checkbox"/> Pilgrim Icon Program <input type="checkbox"/> Build the Domestic Church Kiosk <input type="checkbox"/> Rosary <input type="checkbox"/> Spiritual Reflection <input type="checkbox"/> Holy Hour <input type="checkbox"/> Sacramental Gifts <input type="checkbox"/> RSVP <input type="checkbox"/> Other	<input type="checkbox"/> Family of the Month <input type="checkbox"/> Keep Christ in Christmas <input type="checkbox"/> Family Fully Alive <input type="checkbox"/> Family Week <input type="checkbox"/> Consecration to the Holy Family <input type="checkbox"/> Family Prayer Night <input type="checkbox"/> Good Friday Family Promotion <input type="checkbox"/> Food for Families <input type="checkbox"/> Other	<input type="checkbox"/> Disaster Preparedness <input type="checkbox"/> Free Throw Championship <input type="checkbox"/> Soccer Challenge <input type="checkbox"/> Helping Hands <input type="checkbox"/> Catholic Citizenship Essay Contest <input type="checkbox"/> Coats for Kids <input type="checkbox"/> Global Wheelchair Mission <input type="checkbox"/> Habitat for Humanity <input type="checkbox"/> Other	<input type="checkbox"/> Christian Refugee Relief <input type="checkbox"/> Silver Rose <input type="checkbox"/> Pregnancy Center Support <input type="checkbox"/> Novena for Life <input type="checkbox"/> Mass for People with Special Needs <input type="checkbox"/> March for Life <input type="checkbox"/> Special Olympics <input type="checkbox"/> Ultrasound <input checked="" type="checkbox"/> Other

If Other, Program Name: Choices Pregnancy Center Dinner

2 Volunteers:  $\frac{10}{\text{Members}} + \frac{5}{\text{Non-Members}} = \frac{15}{\text{Total Volunteers}}$        $\frac{15}{\text{Total Volunteers}} \times \frac{2}{\text{Hours (Per Person)}} = \frac{30}{\text{Total Volunteer Hours}}$

Participants (Non-Volunteer): 15      Was your Pastor present?     Yes     No

Program Planning:  $\frac{0}{\text{Cost}}$  &  $\frac{30}{\text{Time (Hours)}}$       Members Recruited: 0      Donations:  $\frac{0}{\text{Local Currency}}$

3 On a scale of 1-5 (with 5 being the highest) how engaged was your parish and council by this program? 5

4 What information or feedback would you like to share about your program? (To share more success stories, visit [kofc.org/knightsinaction](http://kofc.org/knightsinaction))

This dinner was to raise money for our local pregnancy center. It was well attended by over 300 people and our council was there in force to support and donate.



**Council\_10784C.01-LIFE-PREGNANCY\_MD\_12054\_2021-12-**

Uploaded by: Thomas Lough

Position: FAV

# FRATERNAL PROGRAMS REPORT FORM

Reporting Officer Name: Thomas Lough Membership Number: 2487126

Council Number: 12054 Date(s) of Program 9 / 1 / 2021 to      /      /     

State / Province: MD

	Faith	Family	Community	Life
1	<input type="checkbox"/> Into the Breach <input type="checkbox"/> Pilgrim Icon Program <input type="checkbox"/> Build the Domestic Church Kiosk <input type="checkbox"/> Rosary <input type="checkbox"/> Spiritual Reflection <input type="checkbox"/> Holy Hour <input type="checkbox"/> Sacramental Gifts <input type="checkbox"/> RSVP <input type="checkbox"/> Other	<input type="checkbox"/> Family of the Month <input type="checkbox"/> Keep Christ in Christmas <input type="checkbox"/> Family Fully Alive <input type="checkbox"/> Family Week <input type="checkbox"/> Consecration to the Holy Family <input type="checkbox"/> Family Prayer Night <input type="checkbox"/> Good Friday Family Promotion <input type="checkbox"/> Food for Families <input type="checkbox"/> Other	<input type="checkbox"/> Disaster Preparedness <input type="checkbox"/> Free Throw Championship <input type="checkbox"/> Soccer Challenge <input type="checkbox"/> Helping Hands <input type="checkbox"/> Catholic Citizenship Essay Contest <input type="checkbox"/> Coats for Kids <input type="checkbox"/> Global Wheelchair Mission <input type="checkbox"/> Habitat for Humanity <input type="checkbox"/> Other	<input type="checkbox"/> Christian Refugee Relief <input type="checkbox"/> Silver Rose <input checked="" type="checkbox"/> Pregnancy Center Support <input type="checkbox"/> Novena for Life <input type="checkbox"/> Mass for People with Special Needs <input type="checkbox"/> March for Life <input type="checkbox"/> Special Olympics <input type="checkbox"/> Ultrasound <input type="checkbox"/> Other

If Other, Program Name: \_\_\_\_\_

2 Volunteers:  $\frac{3}{\text{Members}} + \frac{\quad}{\text{Non-Members}} = \frac{3}{\text{Total Volunteers}}$        $\frac{3}{\text{Total Volunteers}} \times \frac{6}{\text{Hours (Per Person)}} = \frac{18}{\text{Total Volunteer Hours}}$

Participants (Non-Volunteer): \_\_\_\_\_ Was your Pastor present?  Yes  No

Program Planning:  $\frac{1000}{\text{Cost}} \& \frac{\quad}{\text{Time (Hours)}}$  Members Recruited: 0 Donations: \_\_\_\_\_  
Local Currency

3 On a scale of 1-5 (with 5 being the highest) how engaged was your parish and council by this program? \_\_\_\_\_

4 What information or feedback would you like to share about your program? (To share more success stories, visit [kofc.org/knightsinaction](http://kofc.org/knightsinaction))

We have a baby bottle donation program at our parish and put them on tables during our events. We have collected over \$600 so far and are still collecting. Our council will match the collected amount. Choices Pregnancy Center in Easton.



# **CurrentOfficers.pdf**

Uploaded by: Thomas Lough

Position: FAV



### Officers -- 2022 - 2023

Officer Positions	Name	Address	Telephone #'s	Email
Grand Knight	Thomas L Lough	516 Denton Rd Federalburg, MD 21632-1120	410 754-7199 (R) 443 996-3024 (C)	upcycle1atatime@gmail.com
Financial Secretary	Martin Kyle Dori	26446 Baker Rd. Denton, MD 21629	443-614-5269 (C)	MARTINDORI@GMAIL.COM
Deputy Grand Knight	Peter M Schirmer V	113 Briarwood Cir Denton, MD 21629-3064	410-479-4704 (B)	LINDASCH928@COMCAST.NET
Chancellor	Adam M Perza	149 S Lexington Dr Felton, DE 19943-5305	302-734-7401 (R) 302-736-1776 (B)	APERZA@MAYPERZA.COM
Recorder	John A Doherty Jr	109 Riverton Ave Denton, MD 21629-1245	410-479-1041 (R) 410-725-2604 (C)	jackflodoherty@yahoo.com
Treasurer	Daniel L Tuel Jr	24276 Asbury Dr Denton, MD 21629-2219	410-479-4450 (R)	dantoolman@hotmail.com
Advocate	Craig S Clagett	30112 Pahlmans Way Queen Anne, MD 21657-3201	410-364-5056 (R) (301) 266-0669 (C)	CLAGETT994@AOL.COM
Warden	Anthony J Depasquale	23807 Westbridge Dr Henderson, MD 21640-1210	678-640-0512 (C)	ADEPASQUALE1970@GMAIL.COM
Inside Guard	Mr Charles L Gailunas	27502 Boyce Mill Rd Goldsboro, MD 21636-1400	443-801-2431 (C)	CGAILUNAS@GMAIL.COM
Outside Guard	Mr Brett A Carmean	901 S 2nd St Denton, MD 21629-1458	443-239-1371 (C)	BRETTCARMEAN@GMAIL.COM
One Year Trustee	John L Christensen	24687 Pealiquor Rd Denton, MD 21629-2302	301-518-0031 (C)	LAURISC@MSN.COM
Two Year Trustee	Nereus W Gunther III	112 Siesta Dr Denton, MD 21629-1437	410-479-0946 (C)	NGUNTHER2000@YAHOO.COM
Three Year Trustee	John M Walton Jr	Po Box 3145 Easton, MD 21601-8958	410-364-5636 (R) 301-704-3811 (C)	JOHNMWALTON2@AOL.COM



Appointed Officers	Name	Address	Telephone #'s	Email
Chaplain	Rev Christopher R Coffey	7200 Lancaster Pike Hockessin, DE 19707-9262	302-543-4471 (R)	FRCHRIS@STMARYOFTHEASSUMPTION.COM
Lecturer	Bernard P Liswell	24690 Pealiquor Rd Denton, MD 21629-2301	(410) 253-4995 (R) 410-253-4995 (B)	liswell@live.com

TRAINING

# **SB832.pdf**

Uploaded by: Thomas Lough

Position: FAV

Maryland Right to Life for Caroline County

We support these bills for they do protect women and unborn babies. A pregnant mother needs all the support and help that is available. Please stop pressuring woman to have a abortion.

Tom Lough

President MDRTL Caroline County

**SB 0862 - LOO.pdf**

Uploaded by: Christopher McGrath

Position: UNF

The Honorable Pamela Beidle  
Senate Finance Committee  
3 East, Miller Senate Office Building  
Annapolis, MD 21401

March 13, 2024

**Re: Senate Bill 862 — Public Health - Pregnancy - Coercion (Protecting Pregnant Women Against Coercive Abuse and Human Trafficking) — Letter of Opposition**

Honorable Chair Beidle, Vice Chair Klausmeier, and Committee Members,

I write to you in strong opposition to Senate Bill (SB) 862, which alleges to protect pregnant people from human trafficking. The bill would require a variety of signage to be prominently posted and perform in-person screenings regarding patients' rights to not be forced to receive abortions. It also imposes mandatory waiting periods should any health care provider, employee, or volunteer know, allege, or suspect that it is possible the pregnant person is being forced to receive an abortion.

Abortion providers already screen for signs of coercion and ensure that the person receiving abortion care is of sound mind and is not under duress. The requirements to post additional signage and compel providers to perform a prescribed speech are duplicative of current practices. **However, these are not the true aims of this bill.**

This bill's true aims lie in pages 6–8. It sets up a way for an anti-abortion advocate to volunteer or become employed with an abortion provider, and simply purport that any given patient has been coerced. If the abortion provider does not wait the requisite waiting period, then the provider is barred from being associated with any abortion provider ever again.

By imposing this asinine punishment, it creates an environment in which all abortion providers will abide by the waiting period for *all* patients due to fear of being accused of wrongdoing. Should a provider not force patients to use that waiting period, it would take a single anonymous phone call from a bad actor (or even a well-meaning one) to make that provider unemployable by any abortion provider.

This bill is simply an attempt to create a de facto mandatory waiting period in the State. This runs contrary to the intent of our State's constitution, as well as the desire for freedom of choice for all pregnant people in Maryland. Let us not restrict the freedom of individuals in Maryland to make their own choices by allowing this bad-faith legislation mar the otherwise excellent abortion rights in the State. I urgently and fully hope this Committee will give an unfavorable report on this dangerous, disingenuous, and dastardly bill.

Most respectfully,  
Christopher McGrath  
Baltimore City, Maryland

**6- SB 862 - FIN - MDH- LOO.docx.pdf**

Uploaded by: Jason Caplan

Position: UNF



## DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

March 13, 2024

The Honorable Pamela Beidle  
Chair, Finance Committee  
3 East Miller Senate Office Building  
Annapolis, MD 21401-1991

### **RE: Senate Bill 862 - Public Health - Pregnancy - Coercion (Protecting Pregnant Women Against Coercive Abuse and Human Trafficking) – Letter of Opposition**

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of opposition for Senate Bill (SB) 862 - Public Health - Pregnancy - Coercion (Protecting Pregnant Women Against Coercive Abuse and Human Trafficking). SB 862 prohibits certain actions related to sex trafficking with the intent of coercing a pregnant woman to have an abortion and requires a waiting period if there is suspicion of coercion to have an abortion. Additionally, the bill considers pregnant minors emancipated for eligibility for public assistance under certain conditions. Lastly, SB 862 requires facilities that perform abortions to display certain signage.

This bill is a targeted regulation of abortion providers (TRAP). TRAP laws single out abortion providers and impose requirements that are different and often more burdensome than those imposed on other medical practices.<sup>1</sup> For example, this bill requires an “alternative exit from the facility” to pregnant patients, which imposes a vague and difficult physical infrastructure requirement that all abortion facilities would need to meet. It also requires abortion facilities to post signs containing certain information related to sex trafficking in rooms of the facility as a “condition of licensure.” The American College of Gynecology and Obstetrics (ACOG) does not support legislation that “unduly regulates or criminalizes abortion care providers.”<sup>2</sup>

Every state, including Maryland, requires that a patient provide informed consent before undergoing any medical treatment, including abortion.<sup>3</sup> Informed consent must include voluntary participation in the decision. Despite this existing requirement, the bill imposes specific counseling requirements on abortion providing facilities only, including asking a pregnant woman if she is being forced to have an abortion or is being sex trafficked. Domestic abuse is a widespread social problem, but evidence shows that coercion to get an abortion is extremely uncommon.<sup>4</sup> A systematic review of reproductive coercion studies shows that men pressure their pregnant partners not to get an abortion at twice the rate of those who pressure

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<sup>1</sup> Targeted Regulation of Abortion Providers (TRAP). Center for Reproductive Rights. Aug 2015.

<https://reproductiverights.org/targeted-regulation-of-abortion-providers-trap/>

<sup>2</sup> Abortion Access. The American College of Obstetricians and Gynecologists.

<https://www.acog.org/advocacy/policy-priorities/abortion-access>

<sup>3</sup> Counseling and Waiting Periods for Abortion. Guttmacher Institute. Aug 2023.

<https://www.guttmacher.org/state-policy/explore/counseling-and-waiting-periods-abortion>

<sup>4</sup> Grace KT, Anderson JC. Reproductive Coercion: A Systematic Review. *Trauma Violence Abuse*. 2018;19(4):371-390. doi:10.1177/1524838016663935

partners to get an abortion.<sup>4</sup> Additionally, pregnant women who experience violence and abuse from their partner listed abuse as their reason to seek the abortion in order to end the relationship or discontinue a connection to an abusive partner.<sup>4</sup> Anti-coercion policies that single out abortion providers are not evidence-based and detract from the larger issue of domestic and sexual violence. This bill creates burdensome regulations for abortion providers with no evidence to suggest they would result in an increase in patient safety.

SB 862 mandates submission of a report to a “local law enforcement agency” within 48 hours of suspecting or discovering coercion and requires the report to contain the name and address of the pregnant woman. This raises significant concerns for a patient’s right to privacy, as their personal identifying information and request for abortion care would be shared without their consent to law enforcement. At a time when pregnancy outcomes and abortion are increasingly criminalized around the country, including in states that abortion seekers may be traveling to Maryland from, this requirement is a threat to patient safety.<sup>5</sup>

SB 862 includes a mandatory 24-hour waiting period to receive an abortion if a pregnant woman is “known, alleged, or suspected to be a victim” of coercion or sex trafficking. It does not specify who could come forward with a suspicion that could then result in this mandatory waiting period. ACOG does not support mandatory waiting periods and considers them to be an additional and unnecessary barrier to accessing evidence-based care.<sup>2</sup> In addition, mandatory waiting periods can increase the cost of abortion and create significant logistical challenges to accessing care, especially for those seeking an abortion who need to travel far from home.<sup>6</sup> This disproportionately impacts people with fewer resources, many of whom are lower-income, young, and from racial and ethnic minorities.<sup>5</sup>

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at [sarah.case-herron@maryland.gov](mailto:sarah.case-herron@maryland.gov).

Sincerely,



Laura Herrera Scott, M.D., M.P.H.  
Secretary

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<sup>5</sup> Human Rights Crisis: Abortion in the United States After Dobbs. Human Rights Watch. April 2023. [https://www.hrw.org/news/2023/04/18/human-rights-crisis-abortion-united-states-after-dobbs#\\_Toc132207237](https://www.hrw.org/news/2023/04/18/human-rights-crisis-abortion-united-states-after-dobbs#_Toc132207237)

<sup>6</sup> Recommendations and best practice statements across the continuum of abortion care. World Health Organization, Sexual and Reproductive Health Research. <https://srhr.org/abortioncare/chapter-3/pre-abortion-3-3/law-policy-recommendation-6-mandatory-waiting-periods-3-3-1/>



# **HPP SB 862 Testimony- UNF.pdf**

Uploaded by: Jessica Emerson

Position: UNF

## Testimony of the Human Trafficking Prevention Project

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**BILL NO:** Senate Bill 862  
**TITLE:** Public Health – Pregnancy – Coercion (Protecting Pregnant Women Against Coercive Abuse and Human Trafficking)  
**COMMITTEE:** Finance  
**HEARING DATE:** March 13, 2024  
**POSITION:** **UNFAVORABLE**

[The Human Trafficking Prevention Project](#) (“HTPP”) strongly opposes Senate Bill 862, as it is clearly being used to advance a political viewpoint under the pretense of caring for women experiencing one form of reproductive coercion, but disregarding other, more common forms of this behavior. Furthermore, it is an attack on women’s reproductive autonomy executed largely under the guise of improving the protections available to survivors of human trafficking.

The HTPP has assisted hundreds of survivors of human trafficking since its inception in 2015, and reproductive coercion is often a part of the dynamic of power and control being exercised over our clients by their traffickers and/or abusive partners. However, unlike the actions addressed in SB 862, we see reproductive coercion far more often in the form of a victim’s trafficker refusing to wear a condom or forcing his victim to engage in a sex act in which she does not want to participate. While we have indeed encountered instances where a trafficking victim was forced to have an abortion, it is far more common for traffickers to coerce their victims into having children with them through false promises of wanting to “start a family” with them, knowing full well that, in reality, it is often financially *and* legally impossible to get away from someone with whom you share children. Additionally, threats to harm or kidnap the child provide a terrifying new tactic for keeping the victim compliant.

The “Whereas” clauses of this bill, ironically couched in terms of freedom of choice for women,<sup>1</sup> make it starkly plain this is simply an anti-abortion bill “dressed up” as a false attempt to assist vulnerable women. What’s worse is that it seeks to exploit the trauma of those already facing exploitation to do it.

The Human Trafficking Prevention Project strongly believes that access to safe, legal, self-determined reproductive care that includes abortion is foundational to ending sexual harm, including sex trafficking, and is essential for the health and well-being of all women in Maryland. We therefore strongly urge an unfavorable vote on Senate Bill 862.

*The Human Trafficking Prevention Project is dedicated to ending the criminalization of sex workers and survivors of human trafficking through access to civil legal services and support for policies that dismantle harmful systems and increase access to basic human rights and legal relief.*

*For more information, please contact:  
Jessica Emerson, LMSW, Esq.,  
Director, Human Trafficking Prevention Project  
jemerson@ubalt.edu*

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<sup>1</sup> See p. 1, lines 21-26, and p.2, lines 1-9.

**sb862.pdf**

Uploaded by: Linda Miller

Position: UNF

HON. STACY A. MAYER  
CIRCUIT COURT  
JUDGE  
BALTIMORE COUNTY  
CHAIR

HON. RICHARD SANDY  
CIRCUIT COURT  
JUDGE  
FREDERICK COUNTY  
VICE-CHAIR



KELLEY O'CONNOR  
ASSISTANT STATE COURT  
ADMINISTRATOR  
GOVERNMENT RELATIONS  
AND PUBLIC AFFAIRS  
P: (410) 260-1560

SUZANNE PELZ, ESQ.  
SNR. GOVT. RELATIONS AND  
PUBLIC AFFAIRS OFFICER  
P: (410)260-1523

## MARYLAND JUDICIAL COUNCIL LEGISLATIVE COMMITTEE

### MEMORANDUM

**TO:** Senate Finance Committee  
**FROM:** Legislative Committee  
Suzanne D. Pelz, Esq.  
410-260-1523  
**RE:** Senate Bill 862  
Public Health – Abortions - Coercion  
**DATE:** February 14, 2024  
(3/13)  
**POSITION:** Oppose

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The Maryland Judiciary opposes Senate Bill 862. This proposed legislation if enacted would prohibit an individual from committing or threatening certain actions intended to coerce a pregnant woman into having an abortion.

The Judiciary is concerned about Health General § 20-219(b)(2) of the bill which requires courts to provide counsel for pregnant women in certain cases. The action in question is civil, not criminal, and thus does not carry an automatic right to counsel. Moreover, the bill does not state that the woman must be indigent in order to be provided counsel, simply that the court shall provide counsel upon request. The language of the bill is “provide”, rather than “appoint”, as is used when referring to counsel from the Office of the Public Defender. There is no mechanism for the court to provide counsel upon request in a civil matter, and it would not be possible to estimate the cost of creating such a mechanism for these cases (in large part because there is no way to know how many pregnant women might file such a suit). Courts should retain discretion to decide when it is appropriate to appoint counsel for a party. This bill also does not provide any guidance as to who would fund this counsel.

The proposed language of § 20-222(b)(1) could also pose a grave danger to victims of trafficking. That section would require that if any employee or volunteer of a health care facility that provides abortion care suspects that a pregnant woman is a victim of trafficking, that they will make a report to law enforcement that includes the woman's name and address. This could be harmful and traumatic to the alleged victim, who (if she is a victim of trafficking) might be relying on the health care facility's promise of discretion. Requiring such a report could be far more harmful than helpful.

The bill also does not specify how the court might grant "any relief necessary" to prevent the alleged perpetrator from committing a future (as yet unrealized) violation.

cc. Hon. Mary Beth Carozza  
Judicial Council  
Legislative Committee  
Kelley O'Connor

**SB 862\_MNADV\_UNF.pdf**

Uploaded by: Melanie Shapiro

Position: UNF



**BILL NO:** Senate Bill 862  
**TITLE:** Public Health - Pregnancy - Coercion (Protecting Pregnant Women Against Coercive Abuse and Human Trafficking)  
**COMMITTEE:** Finance  
**HEARING DATE:** March 13, 2024  
**POSITION:** **OPPOSE**

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The Maryland Network Against Domestic Violence (MNADV) is the state domestic violence coalition that brings together victim service providers, allied professionals, and concerned individuals for the common purpose of reducing intimate partner and family violence and its harmful effects on our citizens. **MNADV urges the Senate Finance Committee to issue an unfavorable report on SB 862.**

Survivors of domestic violence frequently experience forms of abuse that put them at an increased risk for unintended pregnancy, such as birth control sabotage, sexual assault, and reproductive coercion.<sup>1</sup> 2.1 million women in the U.S. have become pregnant as a result of rape by an intimate partner,<sup>2</sup> and, in one study, 16% of survivors with rape-related pregnancies chose to get an abortion.<sup>3</sup> Access to abortions can be a matter of life or death for survivors of domestic violence because experiencing abuse while pregnant puts survivors at a much higher risk of being killed by their abuser.<sup>4</sup> One of the most common reasons why survivors struggle to leave their abuser is because they have children in common. When a survivor is denied an abortion, they remain tethered to their abusive partner, whereas survivors who choose to terminate an unwanted pregnancy have a reduced risk of experiencing violence over time.<sup>5</sup>

Senate Bill 862, ironically couched in terms of freedom of choice for women, is simply an anti-abortion bill dressed up in the guise of seeking to assist vulnerable women. A much better policy would be to strengthen our criminal laws on assault and sexual violence and increase prosecution under existing laws. In addition, funding more services for victims would offer the greatest chance for victims to live free of their abusers.

For the above stated reasons, the **Maryland Network Against Domestic Violence urges an unfavorable report on SB 862.**

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<sup>1</sup> <https://www.futureswithoutviolence.org/userfiles/file/HealthCare/Reproductive%20Health%20Guidelines.pdf>

<sup>2</sup> <https://www.guttmacher.org/gpr/2016/07/understanding-intimate-partner-violence-sexual-and-reproductive-health-and-rights-issue>

<sup>3</sup> <https://www.ojp.gov/pdffiles1/nij/grants/211678.pdf>

<sup>4</sup> [https://apps.who.int/iris/bitstream/handle/10665/70764/WHO\\_RHR\\_11.35\\_eng.pdf?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/70764/WHO_RHR_11.35_eng.pdf?sequence=1)

<sup>5</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4182793/>

For further information contact Melanie Shapiro • Public Policy Director • 301-852-3930 • [mshapiro@mnadv.org](mailto:mshapiro@mnadv.org)

# 2024 ACNM SB 862 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: UNF





**Committee:** Senate Finance Committee

**Bill:** Senate Bill 862 – Public Health – Pregnancy – Coercion (Protecting Pregnant Women Against Coercive Abuse and Human Trafficking)

**Hearing Date:** March 13, 2024

**Position:** Oppose

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The Maryland Affiliate of American College of Nurse Midwives (ACNM) opposes *Senate Bill 862 – Public Health – Pregnancy – Coercion*. The bill requires facilities that provide abortion care to post signs regarding the illegality of coercing a pregnant person to obtain an abortion. The bill also requires a provider to report any suspected cases of coercion to law enforcement and to wait 24 hours to provide abortion care.

ACNM is deeply concerned about all types of reproductive coercion, including individuals sabotaging their partner’s birth control and pressuring a partner about their decision regarding continuing or terminating a pregnancy. We have studied the literature and have not found that best practice includes signs in provider offices. Providers of pregnancy and reproductive health care should create supportive and private environments that allow people to disclose concerns about intimate partner violence and reproductive coercion. Providers are cautioned to be attuned on how not to alienate people who are not ready to acknowledge intimate partner violence or reproductive coercion.<sup>i</sup>

We ask for an unfavorable vote. We are concerned that this bill focuses only on coercion related to abortion, rather than the full range of reproductive coercion. We are also concerned about any legislation that codifies requirements for clinical care. Best practices are always evolving and must be supported by research. If any additional information would be helpful, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

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<sup>i</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5579411/>

# 2024 WLCM SB 862 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: UNF

**Committee:** Senate Finance Committee

**Bill:** Senate Bill 862 - Public Health – Pregnancy – Coercion (Protecting Pregnant Women Against Coercive Abuse and Human Trafficking)

**Hearing Date:** March 13, 2024

**Position:** Oppose

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The Women’s Law Center of Maryland opposes *Senate Bill 862 – Public Health – Pregnancy - Coercion*. The bill provides for separate criminal penalties for coercion about abortion care. The bill also sets signage and reporting requirements for facilities that provide abortion care.

The Women’s Law Center of Maryland is opposed to all forms of reproductive coercion which includes pressuring a partner into continuing or terminating a pregnancy as well as sabotaging a person’s attempt to use condoms or birth control. We support legislation that strengthens laws against human trafficking and intimate partner violence. We are concerned about legislation that singles out abortion care. Such legislation marginalizes abortion care. With reproductive coercion, it is more likely that a pregnant individual will be pressured to continue their pregnancy.<sup>i</sup>

We ask for an unfavorable vote. If we can provide more information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

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<sup>i</sup> <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2013/02/reproductive-and-sexual-coercion#:~:text=The%20most%20common%20forms%20of,attempt%20to%20promote%20pregnancy%201>