



### **Opposition Statement HB353**

Maryland Department of Health – 2-1-1 Maryland - Oversight  
Deborah Brocato, Legislative Consultant  
Maryland Right to Life

#### **We oppose HB353**

On behalf of over 200,000 followers across the state, we object to HB353. As written, the bill would allow entities that promote and provide abortions to prey on women and girls. Maryland Right to Life requests an amendment to exclude the 2-1-1 information system from being used for abortion purposes. Because abortion is used as treatment for mental health conditions such as anxiety and depression, “behavioral health care coordination” could be exploited for abortion referral. The 2-1-1 information system should not be used as a client source for the abortion industry.

**Maryland fails to protect minor girls.** The Assembly reduced the age of medical consent for behavioral health services to 12 years of age. The Department of Health list mental health as a reason for public funding of abortion, including for minor girls. Many of the businesses that commit abortions are now dispensing puberty blockers and cross-hormones. Again, gender dysphoria is a mental health condition. Minor girls could seek abortion, the lethal chemical abortion drugs and gender identity drugs without parental consent or knowledge. **This bill allows an easy pathway for the abortion industry to prey on minor girls. The state of Maryland must do better to protect women and girls.**

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

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

**Chemical abortion is four times more likely to result in complications than surgical abortion. To date more than 6,000 complications have been reported and 26 women have been killed through chemical abortion since its approval by the Food and Drug Administration (FDA). Because half of all women experiencing complications from chemical abortions receive emergency intervention through hospitals, the rate of abortion complications is dramatically underreported.**

**Adopt Reasonable Health and Safety Standards:** The growing reliance on chemical abortions underscores the need for a state protocol for the use of abortion pills including informed consent specific to the efficacy, complications and abortion pill reversal. Strong informed consent requirements manifest both a trust in women and a justified concern for their welfare.



While we oppose all abortion, we strongly recommend that the state of Maryland enact reasonable regulations to protect the health and safety of girls and women by adopting the previous FDA Risk Evaluation and Mitigation Strategies (REMS) safeguards that required that the distribution and use of mifepristone, the drug commonly used in chemical abortions, to be under the supervision of a licensed physician because of the drug's potential for serious complications including, but not limited to, uterine hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death.

**Patients before Profits:** Maryland policy makers have put abortion politics before patients. In 2020, Maryland Attorney General Brian Frosh joined twenty state Attorneys General in pressuring the FDA to permanently remove safeguards against the remote prescription of abortion pills. Maryland already has been circumventing the FDA restrictions on the remote distribution of chemical abortion pills since 2016 by allowing Planned Parenthood to practice tele-abortion as part of a "research" pilot program directed by Gynuity/Carefem. While program participants are loosely tracked, Maryland generally fails to protect women as one of three states that do not require abortion providers to report the number of abortions they commit, resulting in increased threat to maternal health, complications or deaths.

**Maryland Right to Life opposes the promotion of the abortion industry by the state through programs such as this 2-1-1 information system. For these reasons, without an amendment excluding abortion, we respectfully ask you to give an unfavorable report on HB353.**