



### **Opposition Statement HB1125**

Certified Nursing Assistants – Licensing Requirements  
and Administrative Updates  
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Maryland Right to Life

#### **We Strongly Oppose HB1125**

On behalf of our 200,000 followers across the state, we respectfully yet strongly object to HB1125. Maryland Right to Life requests an amendment to exclude abortion purposes being used for this bill or unfavorable report.

As written, HB1125 diminishes professional standards of patient care expanding the scope of practice of certified nursing assistants and loosening restrictions for delegating tasks to other unlicensed individuals. In addition, the bill interferes with the ability of the Board of Nursing to independently operate and make decisions regarding the practice of its members. To maintain high standards for medical practice, the Board of Nursing needs to retain its independence. Without specific language excluding the application of this bill to abortion, a registered nurse or licensed practical nurse could delegate the dispensing of abortion drugs to certified nursing assistants and other “unlicensed individual[s],” putting more pregnant women and girls at risk for injury and death. The delegation of duties to staff with further reduced qualifications lowers the standard of care even further. This bill must be considered in the legislative context of other bills that have expanded scope of practice and loosened licensing requirements of many healthcare professionals.

**The Abortion Care Access Act of 2022** removed the physician requirement for abortion services thereby removing a level of safety for women and girls. The abortion industry is being allowed to operate at a much lower standard of care than other areas of healthcare, effectively turning abortion into assembly line delivery. The women and girls of Maryland deserve better than an “anyone and everyone” approach to their care. While Maryland Right to Life opposes all abortion, women and girls seeking abortion should be able to expect precautions to lower the risk of adverse events. (see NIH article)

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

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



**The medical scarcity in abortion practice is a matter of medical ethics not provider scarcity, as 9 out of 10 OB/Gyn's refuse to commit abortions because they recognize the scientific fact that a human fetus is a living human being.** The abortion industry's solution is three-fold: (1) authorize lower-skilled workers and non-physicians to perform abortion, and (2) authorize abortionists to remotely prescribe abortion pills across state lines.

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

The abortion industry itself has referred to the use of abortion pills as "Do-It-Yourself" abortions, claiming that the method is safe and easy. But chemical abortions are 4 times more dangerous than surgical abortions, presenting a high risk of hemorrhaging, infection, and even death. With the widespread distribution of chemical abortion pills, the demand on Emergency Room personnel to deal with abortion complications has increased 250%. Now, with TELABORTION, pregnant women and girls are further exposed to the predatory practices of the abortion industry.

**The women and girls of Maryland deserve better** than lowered medical standards of care. Maryland Right to Life urges an amendment to exclude abortion purposes from this bill. **Without it, we ask for an unfavorable report for HB1125.**