



### **Opposition Statement SB407**

State Board of Nursing – Advanced Practice Nursing Licensure  
and Specialty Certification – Reciprocity Discussions  
(Maryland Border States Advanced Practice Nursing Act)  
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#### **We oppose SB407.**

On behalf of our 200,000 followers across the state, we respectfully object to SB407. Maryland Right to Life opposes any bill that lowers the standard of care for the women and girls of Maryland.

The Abortion Care Access Act of 2022 significantly lowered the standard of care for women and girls with the removal of the physician requirement for medical and surgical abortions. The General Assembly has expanded prescribing authority beyond physicians to various other health care professions with less education and training which, of course, decreases safety. Advanced Practice Nurses (APN's) have prescriptive authority, including for controlled substances, without physician oversight. Increased number of prescribers does not equate to better medical care.

Last year, The Advanced Registered Nurse Compact failed to pass. HB425/SB359 would have allowed nurses to practice across state lines. This legislation, with "reciprocity discussions," is another attempt at allowing nurses to practice across state lines without undergoing licensing requirements for each of the states. Licensing requirements vary from state to state. Likewise, nurses vary in competency from person to person. This would lead to the open door for prescribing medications across state lines thus further lowering health care safety.

As of December 2021, the FDA permitted the remote sale of chemical abortion pills and **no longer required a physician's examination** in order to obtain abortion pills thus leaving women and girls exposed to the predatory TELABORTION practices of the abortion industry. Telabortion combined with prescribing across state lines can only lead to abuse that could lead to fatalities. Without a physician's examination to confirm gestational age and medical eligibility for chemical abortion as well as to confirm that the pregnant woman has consented to chemical abortion, these dangerous pills can be distributed to and utilized by sexual abusers and sex traffickers to continue to victimize women and girls. The state of Maryland should promote the highest standard of professional medical care available for women and girls, and this bill will lead to an erosion of medical care.

**Telehealth vs. Teledeath:** With COVID as the backdrop, the General Assembly enacted laws that expanded telabortion through remote distribution chains including pharmacies, school health centers, prisons, and even vending machines at the 2 year and 4 year colleges. Public funding for telabortion was expanded through Medicaid and Family Planning



Program dollars. There are many potential negative consequences to these policies which ultimately demonstrate the State's disregard for women's health. Underestimation of gestational age may result in higher likelihood of failed abortion which can lead to sepsis and death. Amber Thurman of Georgia died of sepsis as the result of an incomplete abortion after taking abortion pills. Undetected ectopic pregnancies may rupture leading to life-threatening hemorrhages. Rh negative women may not receive preventative treatment resulting in the body's rejection of future pregnancies. Catastrophic complications can occur and the woman or girl may realize too late that her health is in danger. COVID is over. Let's stop the erosion of the health care system.

65% of abortions are by coercion. Potential for misuse and coercion is high when there is no way to verify who is consuming the medication and whether they are doing so willingly. Sex traffickers, incestuous abusers and coercive boyfriends will all welcome more easily available chemical abortion.

**D-I-Y Abortions:** While the Supreme Court imposed legal abortion on the states in their 1973 decision, the promise was that abortion would be safe, legal and rare. 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" abortion, claiming that the method is safe and easy.** 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%. The FDA has removed safeguards that prohibited the remote sale of chemical abortion pills leaving pregnant women and girls exposed to the predatory telaboration practices of the abortion industry.

**In addition to the physical harm of these D-I-Y abortions, consider the psychological harm of chemical abortion.** After taking the mifepristone and misoprostol and the contractions begin, the woman or girl is told to expel the baby and placenta into the toilet. This is a very bloody event and the woman or girl will see the remains of their baby in the toilet. If hemorrhaging occurs, the woman or girl will need emergency care but may not realize the bleeding has become life-threatening.

The State of Maryland should promote high standards of medical care for women and girls. It is already too easy to obtain dangerous abortion pills. **Please prevent an Amber Thurman from happening in Maryland and give an unfavorable report on SB407.**