

**Favorable Statement HB1186**

Criminal Law – Causing Ingestion of an Abortion-Inducing Drug –Prohibition  
(Women’s Freedom From Coercion Act)

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**As a retired registered nurse, I am strongly in favor of HB1186.** I am also a former volunteer of over 8 years at a pregnancy resource center.

As a volunteer at a pregnancy resource center on the Baltimore City – Baltimore County line, I saw many clients from the city. The majority of these young women were black. I saw the disparate effect on black women who were also poor with little to no support. While they were at the center for support of a current pregnancy, many of these young women had stories of forced abortion of a prior pregnancy. These young ladies lost their freedom to choose when their boyfriends and family members threatened abandonment of any type of support, including financial and housing, if they continued her pregnancy. Boyfriends used actual physical abuse and/or threatened physical abuse to force abortion. These women need to know there is legal recourse against this coercion.

The Maryland General Assembly has passed much legislation to ensure that women and girls have the freedom to choose to prevent, continue or end pregnancy. SB933 will not interfere with a woman’s ability to make those decisions. SB933 seeks to prohibit another person from taking away a woman’s choice to continue her pregnancy.

My concern is for those women and girls who are coerced into ending a pregnancy they wish to continue through force, threat of force, or unknowingly ingesting abortion-inducing drugs. The abuser is putting the lives of both the baby and the mother in jeopardy.

The two drugs used for chemical abortion are mifepristone and misoprostol. When used together, mifepristone is given first to cause the breakdown of the uterine lining and separate the placenta from the uterine wall causing fetal death. Then, misoprostol is given to cause contractions to expel the fetal remains. Bleeding can continue for several weeks.

Misoprostol can also be used alone to cause abortion. Used alone, misoprostol is taken in several doses dissolved in the mouth or in the vagina. Again, misoprostol causes contractions to bring on the abortion. Bleeding can continue for several weeks.

The FDA recommends use of mifepristone and/or misoprostol only through 10 weeks of pregnancy. Risks for failure of complete abortion and adverse events increase with greater gestational age. Those risks include hemorrhage and infection. Hemorrhage can lead to respiratory compromise, heart attack and death. Infection can lead to sepsis and death. See the attached articles from the National Institute of Health and the Charlotte Lozier Institute.

Misoprostol is also prescribed to treat gastrointestinal ulcers and to complete a naturally occurring miscarriage.

Maryland allows prescriptions via telehealth including for mifepristone and misoprostol. While telehealth has given increased access to women, it provides a loophole for abusers. An in-person exam is not required; therefore, it’s possible the person asking for the prescription could use it on some other woman. Because misoprostol is used to treat ulcers, a man could obtain this prescription and use it against a woman.

The person seeking to cause an abortion without the woman's knowledge likely uses Misoprostol alone, crushes the pills and puts them in her food and drink. Giving her these pills all at once not only will cause extreme pain from the contractions but increase the likelihood of adverse events. It is likely the abuser will use the drugs without concern for the gestational age of the pregnancy or any other possible coexisting condition of the woman, such as ectopic pregnancy, high blood pressure, bleeding disorders, etc., that would increase the risks up to and including death.

Because the pills resemble Tylenol, the abuser could also trick the pregnant woman into taking them for pain or headache and give them to her over several doses.

Without knowing she has ingested abortion-inducing drugs, the woman will think she is having a natural miscarriage. Going to an emergency room, this means she will not be able to give complete information about her condition.

SB933 could help to deter this abuse and provide a path to justice for the victims of this coercion.

I urge you to protect a woman's freedom to continue her pregnancy and protect her from abuse. **I strongly recommend a favorable report for HB1186.**