



**Written Testimony of Catie Kelley, J.D.
Policy Counsel, Americans United for Life
In Support of House Bill No. 1186
Submitted to the House Judiciary Committee
March 6, 2025**

Dear Chair Clippinger, Vice-Chair Bartlett, and Members of the Committee:

My Name is Catie Kelley, 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,¹ tracks state bioethics legislation,² 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 House Bill No. 1186 (“H.B. 1186” or “bill”), which is based in part on an AUL model bill, the Coercive Abuse Against Mothers Prevention Act. H.B. 1186 prohibits coercive acts intended to force a woman into aborting her preborn child. Specifically, the bill protects women from being forced to ingest abortion-inducing drugs without their knowledge or consent.

I have thoroughly examined H.B. 1186 and I urge the Committee to support this bill because it (1) ensures that women in Maryland are protected against coerced

¹ *Pro-Life Model Legislation and Guides*, AMS. UNITED FOR LIFE, <https://aul.org/law-and-policy/> (last visited Mar. 5, 2025). 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/ (“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.”).

² *State Spotlight*, AMS. UNITED FOR LIFE, <https://aul.org/law-and-policy/state-spotlight/> (last visited Mar. 5, 2025).

ingestion of abortion-inducing drugs, including women who are victims of sex trafficking and domestic violence; (2) protects women from dangerous abortion-inducing drugs; and (3) passes strict scrutiny by furthering Maryland's compelling interests in informed consent and patient safety through the least restrictive means to the mother.

I. The Bill Ensures that the Women of Maryland are Protected Against Coerced Ingestion of Abortion-Inducing Drugs

H.B. 1186 establishes necessary protections for women and adolescent girls who are being coerced into an abortion. Specifically, the bill prohibits:

knowingly or willingly caus[ing] another to ingest an abortion-inducing drug:

- (1) when the person knows or believes that the other person is pregnant; and
- (2) (I) without consent;
(II) through fraud or coercion; or
(III) by force or threat of force.³

These provisions ensure women's decisions are volitional, which is a requirement of informed consent. And these safeguards are needed in Maryland because many women are coerced into having abortions. For example, individuals may coerce women into ingesting abortion-inducing drugs due to intimate partner violence ("IPV") or reproductive control from an intimate partner, family member, employer, or sex-trafficker.⁴ 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

³ See H.B. 1186, 2025 Leg., 447th Sess., § 3-216(B) (Md. 2025).

⁴ 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. 5, 2025) (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/; 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; 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-ForcedAbortioninAmerica>, THE ELLIOT INST., 3 (Oct. 2007), <http://www.theunchoice.com/pdf/FactSheets/ForcedAbortions.pdf>.

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.”⁵ 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.⁶ These women also reported having higher levels of mental health issues after having an abortion.⁷

Coerced ingestion of abortion-inducing drugs is unfortunately not an uncommon occurrence, as courts across the nation have found individuals guilty of trying to force their pregnant partners to have an abortion in this manner.⁸ One man pled guilty to secretly drugging his pregnant wife’s drinks with misoprostol in order to induce an abortion.⁹ The man’s wife claimed that this led to her daughter being born ten weeks premature, which resulted in the daughter being in the hospital for nine months and having to attend therapy for developmental delays.¹⁰

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.¹¹ There are “[h]igh rates of physical, sexual, and emotional IPV . . . among women seeking a[n] abortion.”¹² For example, the prevalence of IPV for women seeking an abortion is nearly *three times greater than a woman continuing a pregnancy*.¹³ IPV victims who do obtain abortions

⁵ 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 (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.’”).

⁶ David C. Readon & Tessa Longbons, *Effects of Pressure to Abort on Women’s Emotional Responses and Mental Health*, CUREUS (Jan. 31, 2023).

⁷ *Id.*

⁸ See, e.g., Chris Mueller, *Man Who Put Abortion-Inducing Drugs in Girlfriend’s Drink Gets 22 Years in Prison*, Post Crescent (Oct. 9, 2018), <https://www.postcrescent.com/story/news/2018/10/09/judge-imposes-22-year-sentence-case-involving-abortion-inducing-drug/1567018002/>; *Doctor Sentenced for Spiking Girlfriend’s Drink to Induce Abortion*, CBS News (May 21, 2018), <https://www.cbsnews.com/news/sikander-imran-doctor-sentenced-for-spiking-girlfriends-drink-to-induce-abortion/> (Doctor sentenced to three years in prison for spiking his girlfriend’s drink with abortion-inducing medication).

⁹ Jesus Jimenez, *Man Who Drugged Wife’s Drinks to Cause Abortion Gets 180 Days in Jail*, NY Times (Feb. 8, 2024), <https://www.nytimes.com/2024/02/08/us/texas-abortion-drug-sentence.html>.

¹⁰ *Id.*

¹¹ 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).

¹² *Id.*

¹³ COMM. ON HEALTH CARE FOR UNDERSERVED WOMEN, *Reproductive and Sexual Coercion*, Comm. Op. No. 554, at 2 (reaffirmed 2022) (internal citation omitted).

also have “significant association” with “psychosocial problems including depression, suicidal ideation, stress, and disturbing thoughts.”¹⁴

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].”¹⁵ 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.”¹⁶

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.”¹⁷ “The [sex-trafficking] survivors in this study [] reported that they often did not freely choose the abortions they had while being trafficked.”¹⁸ A majority of the 66 sex-trafficking victims “indicated that one or more of their abortions was at least partly forced upon them.”¹⁹

Notably, at least 25 states currently have some form of coercive abuse prevention law for women considering abortion: 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 H.B. 1186, Maryland will be joining numerous states that have recognized the need to implement safeguards to protect women and adolescent girls from being coerced by partners, family members, employers, or sex traffickers.

In sum, this bill would ensure that there is accountability for individuals who coerce women into ingesting abortion-inducing drugs. This bill responds to the rising need for legal protections for women and adolescent girls who are forced to ingest abortion-inducing drugs against their will, especially those who are victims of sex trafficking.

II. Abortion-Inducing Drugs Are Dangerous to Women’s Health and Safety

Women who have coerced abortions have not given their informed consent to the chemical abortion, and they may not understand the risks or seek treatment for

¹⁴ Hall, *supra* note 11.

¹⁵ Rowlands, *supra* note 4, at 62.

¹⁶ *Id.*

¹⁷ 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).

¹⁸ *Id.*

¹⁹ *Id.*

complications immediately. This is problematic because abortion-inducing drugs pose significant risks to women's health and safety.

As a result of the FDA's abortion-pill expansions since 2000, women are increasingly separated from their own doctors and critical medical informed consent, which would normally involve counseling about alternatives and a discussion of the risks, including the importance of accurate gestational dating, Rh negative identification and response, and confirmation of a non-ectopic pregnancy.²⁰ The inherent physical risks of mifepristone and misoprostol include incomplete abortion, septic infection, and hemorrhage (excessive bleeding).²¹ However, "[t]he side effects of cramping, vaginal bleeding, hemorrhage, nausea, weakness, fever/chills, vomiting, headache, diarrhea, and dizziness occur in almost all women."²²

The mother takes the first drug, mifepristone, which "is an antiprogesterone, which starves the pregnancy."²³ Twenty-four to forty-eight hours afterwards, the mother takes the second drug, misoprostol, which is a prostaglandin that "induces powerful uterine contractions, which cause the expulsion of the fetus and placenta."²⁴ If she does not expel the embryo or fetus, an abortionist may encourage her to take additional misoprostol pills, or the abortionist may perform a surgical abortion.²⁵ Many women who have taken the abortion pill report feeling deeply disturbed by seeing the remains of their aborted babies.²⁶ Abortion businesses advise women to flush these children down the toilet.

There is currently no accurate collection, analysis, and reporting of data in the U.S. about mifepristone's risks and complications for adolescents and women.²⁷ And although the FDA demanded post-marketing studies on the effect of mifepristone on women, manufacturers of Mifeprex never completed them.²⁸

²⁰ Br. of Amicus Curiae Americans United for Life in Support of Respondents at 3, *FDA v. Alliance for Hippocratic Medicine*, 144 S. Ct. 1540 (2024) (Nos. 23-235, 23-236), https://www.supremecourt.gov/DocketPDF/23/23-235/301848/20240229121051265_23-235%20Amicus%20Brief%20of%20Americans%20United%20for%20Life.pdf.

²¹ *Id.* at 8-13; see also *MIFEPREX® (mifepristone) FDA Label* (Mar. 2023), https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/020687Orig1s026lbl.pdf.

²² RSCH. COMM., AM. ASS'N OF PRO-LIFE OBSTETRICIANS & GYNECOLOGISTS, *Medication Abortion*, Prac. Guideline No. 8, at 3 (2020).

²³ Clarke D. Forsythe & Donna Harrison, *State Regulation of Chemical Abortion After Dobbs*, 16 LIBERTY U. L. REV. 377, 377 (2022).

²⁴ *Id.* at 390.

²⁵ *How does the abortion pill work?*, PLANNED PARENTHOOD, <https://www.plannedparenthood.org/learn/abortion/the-abortion-pill/how-does-the-abortion-pill-work> (last visited Mar. 5, 2025).

²⁶ See *I Saw My Baby*, LIVE ACTION, <https://www.liveaction.org/wp-content/uploads/2023/06/LA23ISMB-WhitePaper.pdf> (last visited Mar. 5, 2025); Carole Kitchener, *The Fear and Uncertainty of a Post-Roe Medication Abortion*, WASH. POST (Apr. 11, 2024), <https://www.washingtonpost.com/politics/interactive/2024/abortion-pill-experience-stories/>.

²⁷ See Br. of Amicus Curiae Americans United for Life, *supra* note 20, at 4.

²⁸ See *id.* at 24.

The widely publicized death of Amber Thurman in Georgia illustrates the danger of chemical abortion.²⁹ Nine weeks pregnant with twins, Thurman traveled to North Carolina to obtain a surgical abortion because Georgia law would have protected her children from abortion.³⁰ She was given abortion pills instead and returned to Georgia. Days later, she began vomiting blood and passed out. She was taken to the hospital, where doctors diagnosed her with sepsis.³¹

Thurman died on the operating table later that night. Although media outlets attempted to portray Thurman's death as the result of Georgia's pro-life law, the evidence shows that Thurman died from complications from the abortion pill and inadequate follow-up care.³² Sepsis is a known risk of mifepristone—one that prescribers are supposed to warn patients about. And it's not the only risk: severe side effects of abortion pills include hemorrhaging, surgical intervention, and death.³³

Scientific evidence indicates that “[m]edication abortions were 5.96 times as likely to result in a complication as first-trimester aspiration abortions.”³⁴ Mifeprex's 2023 label states that one in every twenty-five women who take abortion drugs end up in the emergency room.³⁵ Abortion-pill related emergency room visits could be in the tens of thousands annually.³⁶ In addition, Mifeprex's medication guide acknowledges that up

²⁹ See Nicholas Tomaino, *The Truth About Amber Thurman's Death*, WALL ST. J. (Oct. 6, 2024), <https://www.wsj.com/opinion/the-truth-about-amber-thurmans-death-abortion-procedure-state-laws-healthcare-f302e4f9?st=3gabhbv78ed248z>.

³⁰ See *FACT CHECK: Did Georgia's Pro-Life Law Kill a Young Woman?*, LIVE ACTION (Sep. 17, 2024), <https://www.liveaction.org/news/fact-check-did-georgias-law-kill-mom/>.

³¹ See *id.*

³² See *id.*

³³ Mifepristone comes with a “black box” warning that “[s]erious and sometimes fatal infections occur very rarely...following MIFEPREX use.” See FDA, 2023, *Abortion Pill Black Box Warning*, https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/020687Orig1s025Lbl.pdf. It notes that “patients with serious bacterial infections and sepsis can present without fever, bacteremia or significant findings on pelvic examination. A high index of suspicion is needed to rule out serious infection and sepsis.” *Id.* It further notes that “prolonged heavy bleeding may be a sign of incomplete abortion or other complications and prompt medical or surgical intervention may be needed.” *Id.*; See also Charlotte Lozier Inst., *Chemical Abortion: FDA Ignores ‘Inconvenient’ Science and Data Confirming Public Health Threat* (Dec. 16, 2021), <https://lozierinstitute.org/chemical-abortion-fda-ignores-inconvenient-science-and-data-confirming-public-health-threat/>.

³⁴ Upadhyay, et al., *Incidence of Emergency Department Visits and Complications After Abortion*, 125 *Obstet. Gynecol.* 175, 181 (Jan. 2015), https://www.ansirh.org/sites/default/files/publications/files/upadhyay-jan15-incidence_of_emergency_department_visits.pdf.

³⁵ See Mifeprex Label, *supra* note 28.

³⁶ See Carole Novielli, *Emergency Room Visits from Abortion Pill Estimated in the Tens of Thousands*, LIVE ACTION NEWS (Mar. 8, 2024), <https://www.liveaction.org/news/emergency-room-visits-abortion-pill-tens-thousands/>.

to 7% of women who have taken the drug will require surgery afterward “to stop bleeding” or to complete the abortion.³⁷ That is one in every fourteen women.

Dispensing abortion pills without an in-person doctor’s visit—such as through the mail or via telehealth—heightens the risk of abortion coercion. It enables abusers and predators to more easily acquire abortion pills, which they can then pressure mothers to consume or even surreptitiously administer to unsuspecting women.³⁸ But neither the CDC or the Guttmacher Institute record or report coerced abortions, and coerced chemical abortions are not reported or recorded in the FDA’s publication of Adverse Event Reports.³⁹

Abortion-inducing drugs are dangerous to women’s health and safety. Being forced or coerced into ingesting abortion-inducing drugs is even more dangerous. H.B. 1186 will help protect unsuspecting pregnant women from the well-documented risks associated with abortion-inducing drugs that threaten women’s health and lives.

III. H.B. 1186 Passes Strict Scrutiny Under Maryland’s Constitutional Right to Abortion By Protecting Women’s Informed Consent.

Maryland’s Constitution permits the State to regulate abortion if the law passes strict scrutiny. H.B. 1186 furthers the State’s compelling interests in supporting women’s informed consent and health and safety, and it does so by the least restrictive means.

A. Maryland’s Constitutional Right to Abortion Recognizes the State May Regulate Abortion if the Law Passes Strict Scrutiny.

Just last year, Maryland voters amended the state constitution to create a right to abortion. The amendment provides:

That every person, as a central component of an individual’s rights to liberty and equality, has the fundamental right to reproductive freedom, including but not limited to the ability to make and effectuate decisions to prevent, continue, or end one’s own pregnancy. The State may not, directly or indirectly, deny, burden, or abridge the right unless justified by a compelling State interest achieved by the least restrictive means.⁴⁰

³⁷ *Medication Guide Mifeprex (Mifepristone) tablets, 200mg*, DANCO LAB’Y (Jan. 2023), https://www.earlyoptionpill.com/wp-content/uploads/2023/03/DANCO_MedGuide_ENG_Web.pdf.

³⁸ Cassy Fiano-Chesser, *Mail-Order Abortion Pill Profiteers Want You to Believe Abortion Coercion is A Myth*, LIVE ACTION NEWS (Mar. 23, 2024), <https://www.liveaction.org/news/mail-order-abortion-profiteers-coercion-myth/>.

³⁹ Br. of Amicus Curiae Americans United for Life, *supra* note 20, at 30.

⁴⁰ MD. CONST., DECL. OF RTS. art. 48.

Accordingly, the Maryland Constitution now protects a right “to make and effectuate decisions to . . . end one’s own pregnancy.”

Although the Maryland Constitution confers a right to abortion, this right is not absolute. The Maryland Constitution permits laws regulating abortion if those laws, first, are “justified by a compelling State interest,” and, second, further a compelling State interest that is “achieved by the least restrictive means.” This is commonly known as the “strict scrutiny” test.

The state constitutional right to abortion likely does not apply to this bill because the right recognizes a woman’s “ability to make and effectuate decisions to . . . end one’s own pregnancy.” Here, H.B. 1186 prevents *other* individuals from making a woman’s pregnancy decision through coercion. In this regard, H.B. 1186 is consistent with the state constitutional right to abortion.

However, even if H.B. 1186 requires review under the state constitutional right to abortion, the bill passes strict scrutiny by empowering women with authentic choice and protecting patient safety.

B. Ensuring Informed Consent and Protecting Patient Health and Safety Are Compelling State Interests.

H.B. 1186 furthers compelling State interests: ensuring the informed consent as well as the health and safety of women considering abortion. First, informed consent is a foundational principle of modern medicine.⁴¹ It is not unique to abortion. Rather, healthcare providers must have a patient’s informed consent before they perform *any* medical intervention.

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.”⁴² It “involves discussion of the benefits and risks of available treatment options in the context of a patient’s values and priorities.”⁴³ Informed consent “requires that the patient has the ability to understand and reason through this information and is free to ask questions and to make an intentional and voluntary choice, which may include refusal of care or treatment.”⁴⁴ A woman cannot agree to medical treatment unless she is “competent, adequately

⁴¹ Christine S. Cocanour, *Informed Consent—It’s More Than a Signature on a Piece of Paper*, 214 AM. J. SURGERY 993, 993 (2017).

⁴² *Id.*

⁴³ COMM. ON ETHICS, AM. COLL. OF OBSTETRICIANS & GYNECOLOGISTS, *Informed Consent and Shared Decision Making in Obstetrics and Gynecology*, Comm. Op. No. 819, at 1 (2021).

⁴⁴ *Id.* at 2.

informed and not coerced” in giving informed consent.⁴⁵ “Some informed consent challenges are universal to medicine, whereas other challenges arise more commonly in the practice of obstetrics and gynecology than in other specialty areas.”⁴⁶ Here, coercion prevents women from volitional decisions, which, in turn, negates informed consent.

Second, Maryland has a compelling interest in protecting patient safety. “The protection of public health falls within the traditional scope of a State’s police powers”⁴⁷ Likewise, “there is no right to practice medicine which is not subordinate to the police power of the States.”⁴⁸ As such, the U.S. Supreme Court has recognized that “States have a compelling interest in the practice of professions within their boundaries, and . . . as part of their power to protect the public health, safety, and other valid interests they have broad power to establish standards for licensing practitioners and regulating the practice of professions.”⁴⁹ Here, H.B. 1186 supports women’s health and safety by ensuring she volitionally undergoes the risks of a chemical abortion, and is free to immediately seek help for complications. Thus, Maryland has compelling interests in safeguarding informed consent and patient safety.

C. H.B. 1186 Furthers Informed Consent and Patient Safety Through the Least Restrictive Means

The bill promotes the State’s compelling interests in protecting informed consent and patient safety through the least restrictive means. H.B. 1186 focuses on the bad actor, criminally prohibiting him from “knowingly and willfully caus[ing] another to ingest an abortion-inducing drug” in certain circumstances.⁵⁰ In fact, the bill places no restrictions on the mother, nor on her right to abortion. Accordingly, H.B. 1186 promotes informed consent and patient safety through the least restrictive means to the mother.

⁴⁵ Cocanour, *supra* note 41, at 993.

⁴⁶ COMM. ON ETHICS, *supra* note 6, at 1.

⁴⁷ *Sorrell v. IMS Health Inc.*, 546 U.S. 552, 596 (2011) (citing *Hillsborough Cnty. v. Automated Med. Laboratories, Inc.*, 471 U.S. 707, 719 (1985)).

⁴⁸ *Nat’l Inst. of Fam. & Life Advocs. v. Becerra*, 138 S. Ct. 2361, 2382 (2018) (citing *Lambert v. Yellowley*, 272 U.S. 581, 596 (1926)).

⁴⁹ *Fla. Bar v. Went For It, Inc.*, 515 U.S. 618, 625 (citing *Goldfarb v. Va. State Bar*, 421 U.S. 773, 792 (1975)) (alteration in original).

⁵⁰ H.B. 1186, § 3-216(B).

IV. Conclusion

For these reasons, I strongly encourage the members of this Committee to support H.B. 1186 and continue to uphold Maryland's duty to protect the health and safety of pregnant women.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read 'C. Kelley', with a large, sweeping flourish at the bottom.

Catie Kelley, J.D.
Policy Counsel
AMERICANS UNITED FOR LIFE