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**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>; *Forced Abortion in America*, 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

HB 1186.pdf

Uploaded by: CHERYL EBAUGH

Position: FAV

Please pass HB 1186 to protect women and girls from the illegal action of causing ingestion of an abortion-inducing drug!

Thank you,

Cheryl Ebaugh

2025 HB1186 Support Women's Freedom from Coercion

Uploaded by: Deborah Brocato

Position: FAV

Favorable Statement HB1186

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

Deborah Brocato, Retired Register Nurse

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.**

HB1186 Causing Ingestion of Abortion-Inducing Drug.

Uploaded by: kim chambers

Position: FAV

Written Testimony of Kim Chambers
Submitted to the House Judiciary Committee
On HB1186
Criminal Law – Causing Ingestion of an Abortion-Inducing Drug – Prohibition
(Women’s Freedom From Coercion Act)

Members of the House Judiciary Committee,

Thank you for giving me the opportunity to submit my written testimony to this committee to be in favor of HB1186, Criminal Law – Causing Ingestion of an Abortion-Inducing Drug – Prohibition, (Women’s Freedom From Coercion Act).

This bill will prohibit women from taking an abortion inducing drug which will cause death to her unborn child, from a person that knowingly and willfully knows that death from that unborn child will occur. That said person should not be allowed to give these drugs to a woman who they believe are pregnant through coercion, fraud, without consent, or by force or threat of force.

The Bible states, “Thou shalt not kill,” in Exodus 20:13; Deuteronomy 5:17; Matthew 5:21; Mark 10:19; Romans 13:9 and James 2:11

Our own state laws agree with the above, is illegal and is subject to punishment.

The Maryland General Assembly defines murder as...under “§2–201.

(a) A murder is in the first degree if it is:

(1) a deliberate, premeditated, and willful killing;

(2) committed by lying in wait;

(3) committed by poison;

b) (1) A person who commits a murder in the first degree is guilty of a felony and on conviction shall be sentenced to:

(i) imprisonment for life without the possibility of parole; or

(ii) imprisonment for life.

(2) Unless a sentence of imprisonment for life without the possibility of parole is imposed in compliance with § 2–203 of this subtitle and § 2–304 of this title, the sentence shall be imprisonment for life.

(c) A person who solicits another or conspires with another to commit murder in the first degree is guilty of murder in the first degree if the death of another occurs as a result of the solicitation or conspiracy.

<https://mgaleg.maryland.gov/mgaweb/Laws/StatuteText?article=gcr§ion=2-201>

For the above aforementioned reasons, I ask that you vote in favor of HB1186.

Thank you for your time and consideration,

Kim Chambers

FAVORABLE.HB1186.SB933.LauraBogley.MDRTL.pdf

Uploaded by: Laura Bogley

Position: FAV



**Support Statement
HB1186/SB933**

Laura Bogley, JD, Executive Director, Maryland Right to Life

On behalf of the Board of Directors of Maryland Right to Life, I strongly support HB1186/SB933 and urge your favorable report. This bill is a necessary and compassionate response to the needs of vulnerable pregnant women who are most at risk for domestic violence and homicide. The State has a duty to protect women from coerced abortion, which is a form of Intimate Partner Violence (IPV).

Public policy has failed to keep pace with the abortion industry's rapid deployment of chemical abortion drugs. The recent deregulation of chemical abortion drugs has created a new crime of opportunity that the State must address with specific and appropriate criminal penalties. This bill will ensure that the proper deterrents are in place to achieve the best possible outcome for women's physical and emotional well-being.

MARYLAND DECLARATION OF RIGHTS – RIGHT TO REPRODUCTIVE FREEDOM

The Maryland General Assembly has a duty to protect an individual's new State Constitutional right to reproductive freedom. As the language of the legislative history on the Reproductive Freedom amendment reflects, the right to reproductive freedom includes the fundamental right to continue one's own pregnancy.

In the November 2024 General Election, Maryland voters ratified the Maryland Reproductive Freedom Amendment. Then in January 2025, Governor Wes Moore officially announced that the Maryland Declaration of Rights had been amended to incorporate the following language:

“That every person, as a central component of an individual’s right 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.”

Under the Maryland Constitution, a woman who miscarries due to coerced ingestion of abortion-inducing drugs should have a legal claim for discrimination in violation of her Constitutional right. Furthermore, the Maryland General Assembly is now restricted from denying or abridging the right to continue one's pregnancy. The State could thereby be found in violation of the State Constitution through the Assembly's inaction on the issue of coerced abortion.

Reproductive control occurs over not only over whether to start a pregnancy, but also over whether to

terminate a pregnancy.¹ Reproductive control includes intimidation by partners, family members, and sex traffickers asserting control over a woman's reproductive decisions.² In the United States, African American and multiracial women, younger women, and minor victims of sex trafficking are more at risk for reproductive control.³

By enacting this bill into law, the Maryland General Assembly will be demonstrating good faith in implementing and adhering to the Constitutional right to Reproductive Freedom.

ABORTION COERCION IS A FORM OF DOMESTIC VIOLENCE

Throughout the world, pregnancy is a period of high risk for both battering and homicide. 73% or nearly 3 of 4 women said that they did not choose, but felt pressured into their abortions. Sound abortion regulatory policies serve women by promoting a high standard of medical care, protecting women's right to give informed consent to procedures and protecting women from abortion coercion at the hands of abusive partners and sex traffickers.

Under the Biden administration, the U.S. Food and Drug Administration (FDA) gutted safety protocols on lethal abortion drugs that had stood for more than 20 years. Pregnancy typically increases women's interactions with healthcare providers, presenting opportunities for screening or other approaches to help women experiencing or at risk of violence. But by allowing these drugs to be distributed through telemedicine without the benefit of a doctor's examination to confirm a woman is willingly using abortion drugs, the FDA is subjecting women and girls to an increased risk of abortion coercion and abuse. Potential for misuse and coercion is high when there is no way to verify who is consuming abortion drugs and whether they are doing so willingly.

Research confirms that during the time of pregnancy and shortly after giving birth, women are highly vulnerable to domestic violence. In fact, according to the Family Violence Prevention Fund, women are more likely to be victims of homicide at the hands of their partners during this time than to die of any other cause. Homicide is the leading cause of death among pregnant women in the United States, and **most of these homicides** are linked to domestic violence situations. Women in the US are more likely to be murdered during pregnancy or soon after childbirth than to die from the three leading obstetric causes of maternal death (high blood pressure disorders, hemorrhage, or sepsis). Recently there have been an **increasing number of situations** in which men have **killed** their pregnant **partners**; in many of these incidents, the perpetrator was quickly charged with two murders.

INFORMED CONSENT IS CRITICAL TO WOMEN'S HEALTH

When a person violates the reproductive freedom and bodily autonomy of a pregnant woman by forcing her to ingest abortion drugs, they are threatening the lives of both the woman and her preborn child. The increased access to abortion drugs underscores the need for a state protocol for the use of abortion drugs 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 elective 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 and misoprostol, the drugs 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.

The State bears responsibility for the deregulation and proliferation of abortion drugs and should take decisive action to protect women from the unintended consequences of recent legislative enactments. There are many potential negative consequences to these policies which ultimately demonstrate the state's disregard for the health of women.

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. The Assembly has enacted several laws to expand telabortion through remote distribution chains including pharmacies, schools health centers, prisons and even vending machines and expanded public funding for telabortion through Medicaid and Family Planning Program dollars.

Any lawmaker who desires to defend a woman's "right to choose" should demonstrate equal vigor in attempting to ensure that every woman considering an abortion has the opportunity to make a voluntary and informed decision free from abortion coercion and abuse.

For these reasons, we respectfully urge you to issue a favorable report on this bill.

Respectfully Submitted,

Laura Bogley, JD
Executive Director
Maryland Right to Life

1 BMJ SEXUAL & REPROD. HEALTH 61, 62 (2019).

2 Id. at 65.

3 Charvonne N. Holliday et al., Racial/Ethnic Differences in Women's Experiences of Reproductive Coercion, Intimate Partner Violence, and Unintended Pregnancy, 26 J. OF WOMEN'S HEALTH 828 (2017); Elizabeth Miller et al., Recent Reproductive Coercion and Unintended Pregnancy Among Female Family Planning Clients, 89 CONTRACEPTION 122 (2014); Rowlands, supra note 44, at 64.

See also <https://www.heritage.org/life/commentary/abortion-pills-coercion-and-abuse>.

Testimony SB0933_HB1186_MD_PPM.pdf

Uploaded by: Patrina Mosley

Position: FAV

Maryland General Assembly
Judiciary Committee
226 Lowe House Office Building
6 Bladen Street
Annapolis, MD 21401



March 06, 2025

Favorable Testimony for HB1186

By Patrina Mosley

Woman's Advocacy expert, Founder and Principal of PPM Consulting, LLC

I am here today to urge a favorable vote for the **Women's Freedom From Coercion Act**, HB 1186.

In 2013, Remee in Florida was six weeks pregnant when she trusted her boyfriend who said he was giving her "medicine".¹

In 2017, Brooke from Arlington, VA was seventeen weeks pregnant when she realized her boyfriend had drugged her tea.²

In 2019, Jane Doe from California was held at gunpoint by her boyfriend and told to take pills that resulted in her pregnancy loss.³

In 2023, Catherine from Texas was seven weeks pregnant when she became violently ill after drinking a prepared beverage from her husband.⁴

This is just a brief snapshot of the violence against women that happens all the time because someone else wants control over their bodies by any means necessary.⁵ As a woman's advocate in the spaces of human rights and anti-exploitation for over a decade and

a volunteer in my community for survivors of abuse and unplanned pregnancies, I can tell you for a fact that pregnancy increases a woman's risk for violence or worse.

Homicide is a leading cause of death during pregnancy in the United States and intimate partner violence (IPV) often includes reproductive coercion.⁶

In 2020, the risk of homicide was 35% higher for pregnant or postpartum women, compared to women of reproductive age who were not pregnant or postpartum. Compare this to previous years at just 16%. The homicide rates were highest among adolescents and Black women.⁷

At the same time these risks have increased, unfettered access to online abortion-inducing drugs has increased, with one survey finding at least 72 websites selling chemical substances to terminate pregnancies.⁸ A New York Times investigative piece showed just how easy it was for HIM to purchase these drugs.⁹

Times are changing and with “[t]his new accessibility, [it] can and has empowered abusers to have complete control over a [woman’s] pregnancy decision.”¹⁰

This also includes women who are being trafficked; Victims whose bodily autonomy has already been taken away, are re-traumatized. A survey of trafficking survivors found that just amongst 66 trafficked women there were 114 terminated pregnancies.¹¹ Many survivors have given testimony of their reproductive coercion and how they knew they had no choice in the matter. It still haunts them to this day.

When abusers knowingly and willingly poison pregnant women with the intent to take away their choice, this is violence against women and it must be stopped. In none of the cases I read to you, were the abusers held responsible for the violence they committed on the woman alone.

In Maryland, you have a chance to start that.

In 2025, it's time to protect women in the most relevant ways possible, which includes passing the **Women’s Freedom From Coercion Act**.

Thank you.

¹ Mungin, Lateef. (2013). *Man pleads guilty to tricking pregnant girlfriend into taking abortion pill*. CNN. <https://www.cnn.com/2013/09/10/justice/girlfriend-abortion-case/index.html>

² Osborne, Mark. (2018). *Former doctor who slipped abortion drug into girlfriend’s tea sentenced to 3 years in prison*. ABC News. <https://abcnews.go.com/US/doctor-slipped-abortion-drug-girlfriends-tea-sentenced-years/story?id=55280357>

³ Kotowski, Jason. (2019). *‘Take these pills or I’m going to kill you,’ man told 12 weeks pregnant ex in forcing miscarriage: reports*. KGET.com. <https://www.kget.com/news/crime-watch/take-these-pills-or-im-going-to-kill-you-man-told-12-weeks-pregnant-ex-in-forcing-miscarriage-reports/>

⁴ Pelisek, Christine. (2024). *How a Pregnant Texas Woman Caught Her Husband Drugging Her Drinks Trying to Induce an Abortion*. People Magazine. <https://people.com/texas-woman-caught-husband-drugging-drinks-try-induce-abortion-8606001> ⁵ Brown, Christa. (2024). *The startling reality of forced abortion*. Pregnancy Help News. <https://pregnancyhelpnews.com/the-startling-reality-of-forced-abortion/>; Israel, Melanie. (2023). *Abortion Pills, Coercion, and Abuse*. The Heritage Foundation. <https://www.heritage.org/life/commentary/abortion-pills-coercion-and-abuse>

⁶ Lawn, R. B., & Koenen, K. C. (2022). *Homicide is a leading cause of death for pregnant women in US*. BMJ (Clinical research ed.), 379, o2499. <https://doi.org/10.1136/bmj.o2499>

⁷ Wallace, ME. (2020). Trends in pregnancy-associated homicide, United States. Am J Public Health DOI: 10.2105/AJPH.2022.306937. <https://www.nichd.nih.gov/newsroom/news/091622-pregnancy-associated-homicide>

⁸ *Fact Sheet: Online Sales of Mifeprex and Misoprostol for Self-Abortion*. (2018). Charlotte Lozier Institute. <https://lozierinstitute.org/wp-content/uploads/2018/04/Online-Sales-of-Mifeprex-and-Misoprostol-for-Self-Abortion-Fact-Sheet.pdf>

⁹ Manjoo, Farhad. (2019). *Abortion Pills Should Be Everywhere*. New York Times. <https://www.nytimes.com/2019/08/03/opinion/abortion-pill.html>

¹⁰ Christa Brown BSN, RN. Pregnancy Help News.

¹¹ Lederer, Laura J., Christopher A. Wetzel (2014). *Victims Health Survey – Health Consequences of Sex Trafficking*. <https://www.globalcenturion.org/wp-content/uploads/2014/08/The-Health-Consequences-of-Sex-Trafficking.pdf>

Yes on HB1186.pdf

Uploaded by: Rebekah Esko

Position: FAV

Yes on HB1186

Honorable Chair and Members of the House Judiciary Committee,

No one on either side of the aisle or either side of the abortion issue supports poisoning a pregnant woman with abortion pills by force, coercion or deception. Such an action is offensive to both pro-choice and pro-life Marylanders. A case last year in Texas highlights the horror of this action. To protect the lives, health, and safety of women and children please give HB1186 a favorable report.

Thank you,
Rebekah Esko
Ellicott City

Texas Attorney Poisoned Pregnant Wife

<https://www.nbcnews.com/news/us-news/texas-attorney-poisoned-pregnant-wife-abortion-medication-sentenced-18-rcna138065>

Support HB 1186:SB 933.pdf

Uploaded by: Suzie Scott

Position: FAV



Moms for Liberty Maryland Legislative Committee urges a favorable report for HB 1186 (cross filed with SB 0933): *Criminal Law - Causing Ingestion of an Abortion-Inducing Drug - Prohibition (Women's Freedom from Coercion Act.)*

Given Maryland's codification of Reproductive Freedom for all Marylanders into the State Constitution, which guarantees the right to reproductive freedom without age restrictions, HB 1186 raises important considerations regarding children's rights and parental rights.

House Bill 1186 will help protect parental rights by addressing and preventing coercion in reproductive decisions involving minors. While the bill itself does not directly mandate parental involvement or consent in a minor's reproductive health choices, it serves as a safeguard to ensure that parents' rights to protect their children from manipulation or coercion are respected.

We support HB 1186 as it will help protect parental rights and individual autonomy by:

1. Preventing Coercion and Abuse: HB 1186 criminalizes coercion, fraud, or force used to induce an individual to take an abortion-inducing drug. This means that if a minor is pressured or manipulated into seeking an abortion or taking an abortion pill against their will, parents can rely on this law to protect their children from such exploitation. It helps ensure that parents have legal recourse if they believe their child is being coerced into a decision they are not ready for, or if a third party is influencing their

child's reproductive choices in harmful ways. By preventing coercion, the bill effectively supports parental rights to protect their children from outside pressures, ensuring that decisions are made voluntarily and autonomously—free from manipulation.

2. Affirming Parents as Protectors of Their Children: While the Reproductive Freedom for All Marylanders constitutional amendment gives minors the right to make their own reproductive healthcare decisions, HB 1186 recognizes that parents are the primary protectors of their children's welfare. If a parent believes their child is being manipulated or forced into an abortion decision, they can point to this bill's penalties as a means of legal recourse to stop coercion. In this way, it reaffirms the idea that parents have a role in safeguarding their children's well-being, even in sensitive areas like reproductive health.

3. Strengthening Parental Control Over Unwanted Influence: In cases where minors may not have the full emotional maturity or understanding to make decisions about abortion, HB 1186 ensures that parents can take legal action against any outside party that tries to exert undue influence on their child. It essentially gives parents the legal tools to monitor and intervene in situations where their child might be at risk of making a decision under duress. This gives parents an additional layer of protection to prevent their minor child from facing abortion-inducing decisions under force or fraud.

4. Complementing Parental Guidance: While the bill does not require parental consent or notification for abortion services, it acts as a complementary safeguard for parents. It doesn't restrict a minor's right to access reproductive health care but ensures that the minor's right to make a free, informed decision is protected. Parents can rest assured knowing that if their child is in a situation of undue pressure, they can seek legal protections to stop the coercive influence. This supports a parent's responsibility to guide their child in making health decisions in a manner that is free from external manipulation, especially in cases where the child may be vulnerable.

5. Encouraging Informed Decision-Making: HB 1186 protects both the minor's autonomy and the parent's role as a protector, ensuring that reproductive decisions are made freely and are informed. If a minor is being forced into a decision, this law gives parents an additional avenue to

ensure that their children are not making life-altering decisions under pressure—which can sometimes happen in families where there is no communication or where parents may not be fully aware of the external influences affecting their child. This law aligns with the concept of parents playing an active role in their child's health and well-being, ensuring that reproductive decisions are not only legally autonomous but also made in a safe, supportive environment.

In conclusion, HB 1186 protects parental rights by ensuring that parents can safeguard their children from coercion in reproductive decisions. While the law does not change the fact that minors have the constitutional right to make decisions about their reproductive health, it empowers parents to protect their children from manipulation or external pressures. It serves as an important tool for parents who want to be involved in making sure their child's reproductive health choices are made freely and without undue influence, providing a safeguard that parents can rely on in case of coercion or force.

For all these reasons, Moms for Liberty Maryland Legislative Committee urges a favorable report for HB 1186.

Written Testimony for SB 933_HB 1186_ Criminal La

Uploaded by: Trudy Tibbals

Position: FAV

Written Testimony for **SB 933/HB 1186**: Criminal Law - Causing Ingestion of an Abortion-Inducing Drug - Prohibition (Women's Freedom From Coercion Act) - Please **VOTE YES** on this bill.

Dear Judicial Proceedings and Judiciary Committees :

The purpose of this bill is "...Prohibiting a person from knowingly and willfully causing another to ingest an abortion-inducing drug when the person knows or believes that the other person is pregnant and without consent, through fraud or coercion, or by force or threat of force..."

This is a very important bill. This will protect our women from being forced or coerced into swallowing a Plan B pill to end a pregnancy AGAINST the women's will. This will keep our women safe from violence and from possible side effects from "...an abortion-inducing drug...", like severe bleeding that may cause a woman to have to seek emergency care.

Please **VOTE YES** on this bill to show all women that you care about their well-being, both physical and mental.

Thank you.

Respectfully,

Trudy Tibbals

A Very Concerned Mother of 3 and Maryland Resident

Unfavorable Written Testimony on House Bill 1186.p

Uploaded by: Brenda Myers

Position: UNF

Unfavorable Written Testimony on House Bill 1186

To: The Maryland House of Delegates

From: Brenda Myers

Date: March, 4, 2025

Re: Opposition to House Bill 1186

Honorable Members of the House Judiciary Committee,

I write today to express my strong opposition to House Bill 1186, which seeks to criminalize the administration of abortion-inducing drugs under circumstances involving fraud, coercion, force, or threat of force. While the bill claims to protect individuals from reproductive harm, its broad language and punitive measures create serious constitutional concerns and violate fundamental legal principles under Maryland's Constitution and the U.S. Constitution.

1. HB 1186 is Overbroad and Vague, Inviting Constitutional Challenges

The bill's language is overly broad, failing to provide a clear standard for what constitutes "knowingly and willfully causing another to ingest an abortion-inducing drug." The inclusion of subjective elements such as "knows or believes that the other person is pregnant" invites arbitrary enforcement and raises significant **due process concerns under the Fourteenth Amendment**. Criminal statutes must be clear and precise; otherwise, they risk violating the constitutional requirement that laws provide adequate notice of prohibited conduct.

2. HB 1186 May Violate Equal Protection Guarantees

Maryland's Constitution guarantees **equal protection under the law**, yet HB 1186 applies extreme sentencing provisions (up to 25 years of imprisonment) in a manner that disproportionately impacts marginalized groups. Given the well-documented racial and socioeconomic disparities in the criminal justice system, this bill could exacerbate unjust incarceration rates while failing to effectively address the very issue it claims to remedy.

3. HB 1186's Punitive Approach Contradicts Maryland's Public Health and Reproductive Rights Protections

Maryland has long been a leader in **protecting reproductive rights and bodily autonomy**. HB 1186 creates an unnecessary and dangerous precedent by **expanding criminal liability** in a way that could chill legitimate reproductive healthcare access. This law risks **discouraging medical providers from offering care** out of fear that they could be subject to extreme penalties under ambiguous circumstances.

4. The Bill Conflicts with Constitutional Rights to Personal Autonomy

Under **Planned Parenthood v. Casey (1992)** and subsequent Supreme Court rulings, **personal autonomy in reproductive healthcare decisions** is constitutionally protected. While states can regulate medical procedures, laws like HB 1186 that **criminalize conduct with excessive penalties and vague definitions infringe upon fundamental rights**. Maryland courts have consistently recognized **privacy protections**, and this bill invites unnecessary litigation over its enforceability.

Conclusion: HB 1186 is Unconstitutional and Should Not Advance

Rather than imposing **draconian criminal penalties**, Maryland should continue its commitment to **evidence-based policies** that address reproductive health through public education, medical support, and survivor assistance programs. HB 1186, as drafted, raises **serious constitutional concerns**, risks **misapplication of justice**, and could **negatively impact reproductive healthcare** in Maryland. For these reasons, I urge the Committee to issue an **UNFAVORABLE REPORT** on HB 1186 and reject this deeply flawed proposal.

Respectfully Submitted,
Brenda Myers

Hampstead, Maryland

House Bill 1186 Unfavorable 2025.pdf

Uploaded by: Debi Jasen

Position: UNF

Judiciary Committee
House Bill 1186
UNFAVORABLE

Honorable Chair, Vice Chair, and Members of the Judiciary Committee;

Please give House Bill 1186 an Unfavorable report.

I'm sure there are already laws against forcing someone to ingest medications or other substances. This bill is absolutely unnecessary. If the sponsor and cosponsors actually wanted "women's freedom from coercion," they'd sponsor a bill condemning anti-abortion "crisis pregnancy centers," which are known for lying and coercion. Or they could even sponsor a bill to provide free reproductive healthcare, including abortion, for people who get pregnant through coercion, lying, or force. But we won't ever see that.

Please vote against this bill. Thank you.

Sincerely,
Debi Jasen
Pasadena, MD

HB1186_SB933_ Criminal Law - Causing Ingestion of

Uploaded by: Jeremy Browning

Position: UNF



**Maryland Commission
on LGBTQIA+ Affairs**

Bill Title: Criminal Law - Causing Ingestion of an Abortion-Inducing Drug - Prohibition (Women's Freedom From Coercion Act)

Bill Number(s): [HB1186/SB933](#)

Position: UNFAVORABLE

Date: February 24, 2025

Submitted by: Director Jeremy Browning on behalf of the Maryland Commission on LGBTQIA+ Affairs

To:

Senate Judicial Proceedings Committee

The Hon. William C. Smith, Chair
The Hon. J. Jeff Waldstreicher, Vice Chair

House Judiciary Committee

The Hon. Luke Clippinger, Chair
The Hon. J. Sandy Bartlett

Testimony on behalf of the Maryland Commission on LGBTQIA+ Affairs:

The Maryland Commission on LGBTQIA+ Affairs, created by the Maryland General Assembly, works to serve LGBTQIA+ Marylanders by galvanizing community voices, researching and addressing challenges, and advocating for policies that advance equity and inclusion. The Commission envisions a Maryland where all LGBTQIA+ people can live full and authentic lives. As a vital resource, the Commission collaborates with public officials, agencies, and community partners to ensure the rights and dignity of LGBTQIA+ Marylanders are protected and respected.

While the Commission strongly opposes reproductive coercion and supports legal protections for survivors of abuse, we urge an unfavorable report on HB1186/SB933 due to its potential unintended consequences. Maryland law already criminalizes drugging another person without their consent under existing statutes, including laws against assault, reckless endangerment, and fraudulent administration of drugs.

This bill, however, specifically isolates abortion-inducing medication, raising serious concerns that it could be misused to further restrict access to reproductive healthcare. Such measures disproportionately impact LGBTQIA+ individuals, particularly transgender men and nonbinary people who seek abortion care, and add to the growing landscape of laws aimed at policing reproductive autonomy.

Additionally, broad and vague criminal statutes have historically been used to disproportionately target marginalized communities, including LGBTQIA+ people and people of color. This bill could be exploited in domestic disputes, misapplied to criminalize healthcare providers, and further stigmatize reproductive healthcare. The Maryland Commission on LGBTQIA+ Affairs believes that efforts to prevent reproductive coercion should be pursued through existing legal frameworks and survivor-centered policies that do not contribute to the overcriminalization of communities already facing systemic barriers.

For these reasons, the Maryland Commission on LGBTQIA+ Affairs respectfully urges an unfavorable report on HB1186/SB933.

HB 1186 - MNADV - UNF.pdf

Uploaded by: Laure Ruth

Position: UNF



BILL NO: House Bill 1186
TITLE: Criminal Law - Causing Ingestion of an Abortion-Inducing Drug - Prohibition (Women's Freedom From Coercion Act)
COMMITTEE: Judiciary
HEARING DATE: March 6, 2025
POSITION: **OPPOSE**

The Maryland Network Against Domestic Violence (MNADV) is the state domestic violence coalition that brings together victim service providers, allied professionals and concerned individuals for the common purpose of reducing intimate partner and family violence and its harmful effects on our citizens. **MNADV urges the COMMITTEE to report unfavorably on HB 1186.**

House Bill 1186 would criminalize the act of knowingly and willfully causing a pregnant individual to ingest an abortion-inducing drug without consent, through fraud or coercion, or by force or threat of force. Certainly, the Network does not support coercion or force of any kind. However, we fear HB 1186's potential negative implications or unintended consequences. And we question the approach of creating a separate crime in this instance for acts that are most certainly chargeable under existing crimes.

One major concern is that HB 1186 could inadvertently limit access to medical abortion services. The bill's broad language may create an environment where healthcare providers fear legal repercussions, leading to hesitancy in prescribing abortion-inducing medications even when it is medically appropriate, consensual and legal. This is what is happening in states with restrictive abortion laws. This would result in reduced availability of abortion services, disproportionately affecting women who rely on medication-induced abortions as a safe and accessible option.

Additionally, the bill's emphasis on criminalization may deter women from seeking medical assistance in cases of complications arising from self-managed abortions. Fear of legal consequences could discourage individuals from disclosing pertinent information to healthcare providers, potentially leading to inadequate medical care and increased health risks. This punitive approach will disproportionately impact marginalized women, including those with limited access to healthcare resources or those living in areas with restrictive abortion laws.

For further information contact Laure Ruth ■ Public Policy Director ■ 301-852-3930 ■ lruth@mnadv.org

1997 Annapolis Exchange Parkway, Suite 300 ■ Annapolis, MD 21401
Tel: 301-429-3601 ■ E-mail: info@mnadv.org ■ Website: www.mnadv.org



Furthermore, HB 1186's focus on criminal penalties, including imprisonment of up to 25 years, will not effectively address the root causes of coerced abortions. Resources would be better allocated toward comprehensive support services for pregnant individuals, such as counseling, financial assistance, and access to healthcare. By prioritizing criminalization over support, the bill fails to empower women to make autonomous decisions about their reproductive health.

For the above stated reasons, the **Maryland Network Against Domestic Violence** urges an **unfavorable report on HB 1186**.

For further information contact Laure Ruth ■ Public Policy Director ■ 301-852-3930 ■ lruth@mnadv.org

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Tel: 301-429-3601 ■ E-mail: info@mnadv.org ■ Website: www.mnadv.org

PPM--HB 1186--UNF.pdf

Uploaded by: Luke Allen

Position: UNF

Committee:	House Judiciary Committee
Bill:	House Bill 1186 – Criminal Law - Causing Ingestion of an Abortion-Inducing Drug - Prohibition (Women's Freedom From Coercion Act)
Hearing:	March 6, 2025
Position:	Oppose

Planned Parenthood of Maryland (PPM) opposes *House Bill 1186 - Criminal Law - Causing Ingestion of an Abortion-Inducing Drug - Prohibition (Women's Freedom From Coercion Act)*. The bill would make criminal the act of forcing someone to ingest an “abortion inducing drug” without consent or knowledge or through coercion, force, or threat of force.

There is nothing more important than an individual’s right to control their future through making decisions relating to their health with full consent and information. That is why, in PPM’s daily operational practice, providers are certain to inform patients about all of their options, and make sure that they visit us on their own, and only their own, accord and without coercion or force. Patient safety is our number one priority.

While we obviously support medical consent and an individual’s right to advocate for the care they need, we have concerns about the possible interpretation of this law, which is written in an ambiguous manner and could possibly lead to inconsistent and unjust interpretation. This could lead to providers facing criminal ramifications for simply providing consensual, informed care.

We suggest the inclusion of language that clarifies the intent of this bill is to prevent individuals from forcing abortions rather than an effort to create a legal scare tactic that aligns abortion with danger, which perpetuates an antiquated stigma about this type of health care. It is of equal importance to include language that protects health care providers, who already follow best practices to make sure that their patients are of sound mind to make decisions, are protected under any proposed law like this.

We ask for an unfavorable report. Of course, Marylanders should be able to make medical decisions about abortion without fear and intimidation – but this law is too broad. If we can provide any additional information, please contact Erin Bradley at erin.bradley@ppm.care.

HB 1186 - MDH - JUD - LOO.docx (1).pdf

Uploaded by: Meghan Lynch

Position: UNF



Wes Moore, Governor · Aruna Miller, Lt. Governor · Ryan Moran, DrPH, MHSA, Acting Secretary

March 6, 2025

The Honorable Luke Clippinger
Chair, House Judiciary Committee
Room 101, House Office Building
Annapolis, MD 21401-1991

RE: House Bill 1186 – Criminal Law - Causing Ingestion of an Abortion-Inducing Drug - Prohibition – Letter of Opposition

Dear Chair Clippinger and Committee members:

The Maryland Department of Health (the Department) respectfully submits this letter of opposition to House Bill (HB) 1186 – Causing Ingestion of an Abortion-Inducing Drug - Prohibition. The bill would prohibit a person from knowingly and willfully causing another to ingest an abortion-inducing drug when the person knows or believes that the other person is pregnant and without consent, through fraud or coercion, or by force or threat of force. It proposes a felony conviction for anyone found guilty and imprisonment for up to 25 years.

The provisions of this bill would be duplicative of existing law, as current criminal statutes, such as those against assault, battery, or other forms of coercion, already apply to situations of one person forcing another to undergo a medical procedure. In addition, proving fraud, coercion, or threat of force could be difficult and may lead to inconsistent enforcement or even wrongful prosecutions, especially against abortion providers who may be charged under this law by disgruntled partners or guardians in the course of providing routine medical care.

Furthermore, by targeting medication abortion provisions under the legally vague definitions of fraud and coercion, the Department is concerned about a chilling effect. Fear of being wrongfully prosecuted under this law could lead to compromised care from providers, who may hesitate to provide necessary care for fear of inadvertently violating the law.

Finally, targeting a proven safe medical procedure like medication abortion under a criminal law is concerning. There is no evidence of widespread coercion among people who receive medication abortions.¹ In addition, medical procedures, including who can provide them and how they should be provided, are highly regulated. The Department questions the benefit of singling

¹Foster, Diana Greene, et al. "Attitudes and Decision Making among Women Seeking Abortions at One U.S. Clinic." Guttmacher Institute, Guttmacher Institute, 25 Aug. 2022, www.guttmacher.org/journals/psrh/2012/05/attitudes-and-decision-making-among-women-seeking-abortions-one-us-clinic.

out medication abortion for criminal law, as Maryland does not have criminal statutes targeting other medical procedures.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,

A handwritten signature in blue ink that reads "Ryan Z. Moran". The signature is written in a cursive style with a horizontal line underneath the name.

Ryan Moran, Dr. P.H., MHSA
Acting Secretary

TESTIMONY - HB1186.pdf

Uploaded by: Rachael Moore

Position: UNF

“Causing Ingestion of an Abortion-Inducing Drug - Prohibition (Women's Freedom From Coercion Act)”

To Sponsors [Miller](#), [Hornberger](#), [McComas](#), [Rose](#), [Tomlinson](#), [Valentine](#), [Wivell](#) and all who are Entertaining support of this ghastly excuse for “legislation”,

HOW. DARE. YOU.

Your insolence and impudence at attempting to CRIMINALIZE an individual's Federal and State-given right to ingest pregnancy-ending medications is disgusting and shameful.

This is a thinly veiled attempt to position this potential “legislation” in such a way that it would FRAME issuers of these medications (womens' health centers, physicians, pharmacies, etc) as Acting “...with coercion, using force or the threat of force.”

This is INSANE. NO ONE *forces* a pregnant person to take these medications. This presumption is COMPLETELY FALSE and MADE UP.

That you would submit LEGISLATION to a state legislature based on these blatant falsehoods is gross.

If you don't support the procedure, that's FINE. You are entitled to your belief system.

But you SHALL NOT RESTRICT physicians, medical professionals (which NONE of you are), people working in WOMENS' HEALTH CARE and the patients themselves from accessing desired medication by creating a fabrication of criminality on the part of the providers!

Need I remind you, that in response to **Question 1** on the 2024 ballot (“**Reproductive Freedom Constitutional Amendment**”) - - over 75% of Maryland voters said YES to enshrine the right to abortion in our state's consitution.

The citizens of Maryland WANT and DESERVE access to this female medication.

How DARE you throw up fabricated road blocks to criminalize the people involved in this medical procedure.

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