WOMEN'S LIBERATION FRONT

HB 49

OPPOSE

OUR MISSION

To restore, protect, and advance the rights of women and girls through legal argument, policy advocacy, and public education

OUR VISION

Total liberation of women and girls from all forms of sex-based oppressions, including gender identity, male violence, commercial sexual exploitation, and reproductive coercion

Women's Liberation Front OPPOSES HB 49 which stipulates an abortion may not be induced or performed by anyone other than a physician, that an abortion cannot commence before measures of have been taken to detect a fetal heartbeat, and require physicians to inform the woman of several ideologically-driven, unscientific or evidence-based claims concerning risk of infertility, breast cancer, and attempt to deter the woman from having an abortion by referring her to pregnancy related services.

Women's Liberation Front is a national secular nonpartisan 501(c)(3) nonprofit that works to restore, defend and advance the rights of women and girls. Infringing upon the reproductive sovereignty of women and girls reduces the female sex to property of the state by governing and restricting women's reproductive capacity to serve the interests of others. To be recognized as independent and free human beings, no impediments to safe and legal contraception or abortion should be placed upon women and girls.

HB 49 sets several impediments to a woman's right to a safe and legal abortion by employing the tactics of anti-choice organizations that promote lies and misinformation dressed as "in the interest of informed consent" and "the well-being of the pregnant woman."

Concerning the limiting of whom may be qualified to perform an abortion, when over 63% of abortions are had by medication abortion at home[1] and may be prescribed by a telehealth virtual clinic[2] it is unnecessary for abortions to be limited by a physician or within a set distance from a hospital. The Food and Drug Administration has deemed any health care provider who is certified under the Mifepristone REMS Program and meets certain qualifications are qualified to dispense medication abortion, and they may not be limited to physicians and certified pharmacies.[3] When it comes to procedural abortion, the American College of Obstetricians & Gynecologists have recommended allowing advanced practice clinicians, nurse practitioners, certified nurse-midwives and physician assistants to perform aspirational abortions[4] based on studies that demonstrate that aspirational abortions performed by this expanded category are just as safe as when performed by physicians.[5] As quoted from the cited study:

WOLF
WOMEN'S LIBERATION FRONT

OUR MISSION

To restore, protect, and advance the rights of women and girls through legal argument, policy advocacy, and public education

OUR VISION

Total liberation of women and girls from all forms of sex-based oppressions, including gender identity, male violence, commercial sexual exploitation, and reproductive coercion

"Our results confirm existing evidence from smaller studies that the provision of abortion by [nurse practitioners], [certified nurse-midwives], and [physician assistances] is safe and from larger international and national reviews that have found these clinicians to be safe and qualified health care providers."

This is likely why Maryland passed HB 937 on July 1, 2022 which expanded who is qualified to perform abortions in the first place.[6]

The detection of a fetal heartbeat and insistence upon an ultrasound is often argued by anti-choice organizations to be in the interest of women to make an informed choice on having an abortion and to ensure the woman is actually pregnant. However, ultrasounds are medically unnecessary and adds to the cost of abortion,[7] which may be the actual intent of anti-choice organizations and idealogues insisting upon them. By women seeking abortions globally, ultrasounds are seen as unnecessary and an invasion of privacy.[8] Another common tactic by anti-choice organizations is to make wild and exaggerated claims to support their positions, such as stating 80% or greater percentages of women decide against having an abortion after being made to see an ultrasound of their fetus and therefore, ultrasounds are an integral part in deterring women from choosing to terminate her pregnancy. And yet, they do not present their studies to support their claims and cite their own opinions as sources.[9] To their credit, most anti-choice organizations are very transparent about their ideological and religious beliefs, though the lack of transparency with evidence to support their claims are highly suspect. By comparison, one study found that when women deciding on abortion view an ultrasound, 98.4% choose the terminate[10] and this study was made readily available to the general public through news outlets.[11,12] Attempts to manipulate women into keeping a pregnancy she doesn't want through ultrasounds and heartbeat detections is medically unnecessary emotional blackmail.

Finally, the provisions in HB 49 to inform a woman about several scientifically unfounded myths regarding abortion is highly unethical. For the benefit of the general assembly:

- The risk of hemorrhage after an abortion is rare, occurring in less than 1% of abortions, and inconsistent definitions of "hemorrhage" used across studies related to abortion have been unhelpful to address any issue related to morbidity and mortality.[13]

- Abortion causing infertility is a very common myth that is not based on either science or evidence.[14,15, 16, 17]

WOMEN'S LIBERATION FRONT

- Abortion does not cause breast cancer. Early studies suggesting any correlation between abortion and breast cancer were poorly designed while more meticulous and recent studies demonstrate no causal link between abortion and development of breast cancer.[18,19]

OUR MISSION

To restore, protect, and advance the rights of women and girls through legal argument, policy advocacy, and public education

It is also highly unethical to require a physician to be employed to serve a politically driven agenda especially when it comes to a woman's most intimate, personal, and life-changing decisions. Women's Liberation Front does not support *any* ideologically or politically driven medical policies that have no basis in science and are unsupported by evidence, especially when they ultimately serve to harm and dehumanize girls and women.

Women's Liberation Front urges Maryland's general assembly to decline passage of HB 49 to protect women and girls from impediments to their humanity and reproductive sovereignty.

OUR VISION

Total liberation of women and girls from all forms of sex-based oppressions, including gender identity, male violence, commercial sexual exploitation, and reproductive coercion

Sincerely,

Women's Liberation Front

---

[1]Jones RK, Friedrich-Karnik A. Medication Abortion Accounted for 63% of All US Abortions in 2023—An Increase from 53% in 2020. Guttmacher Institute. March 19, 2024. https://www.guttmacher.org/2024/03/medication-abortion-accounted-63-all-us-abortions-2023-increase-53-2020

[2] Diep K, Sanchez BC, Ranji U, et al. Abortion Trends Before and After Dobbs. KFF. January 7, 2026. https://www.kff.org/womens-health-policy/abortion-trends-before-and-after-dobbs/

[3]The Food and Drug Administration. Information about Mifepristone for Medical Termination of Pregnancy Through Ten Weeks Gestation. January 17, 2025. https://www.fda.gov/drugs/postmarket-drug-safety-information-patients-and-providers/information-about-mifepristone-medical-termination-pregnancy-through-ten-weeks-gestation

[4]Public Leadership Institute. Qualified Providers of Abortion Act. Accessed March 16, 2026. https://publicleadershipinstitute.org/abortion-rights/qualified-providers-abortion-act/

[5] Weitz TA, Taylor D, Desai S, et al. Safety of Aspiration Abortion Performed by Nurse Practitioners, Certified Nurse Midwives, and Physician Assistants Under a California Legal Waiver. *American Journal of Public Health.* March 2013, Vol. 103 Iss. 3, pp. 454–461. http://doi.org/10.2105/AJPH.2012.301159

WOMEN'S LIBERATION FRONT

OUR MISSION

To restore, protect, and advance the rights of women and girls through legal argument, policy advocacy, and public education

OUR VISION

Total liberation of women and girls from all forms of sex-based oppressions, including gender identity, male violence, commercial sexual exploitation, and reproductive coercion

[6] *HB 937*. https://mgaleg.maryland.gov/2022RS/Chapters_noln/CH_56_hb0937t.pdf

[7]Russo J. Mandated Ultrasound Prior to Abortion. AMA Journal of Ethics. April 2014. https://journalofethics.ama-assn.org/article/mandated-ultrasound-prior-abortion/2014-04

[8]Podolskyi V, Gemzell-Danielsson K, Marions L, et al. Preabortion ultrasound - a patient perspective. *European Journal of Contraception & Reproductive Health Care.* October 2023, Vol. 28, Iss. 5, pp. 268-273. http://doi.org/10.1080/13625187.2023.2249158

[9]Caring Network. Why Over 80% of Abortion-Minded Women Choose Life After an Ultrasound. Accessed March 16, 2026. https://caringnetwork.com/why-over-80-of-abortion-minded-women-choose-life-after-an-ultrasound/

[10]Gatter M, Kimport K, Foster DG, et al. Relationship between ultrasound viewing and proceeding to abortion. *Obstetrics & Gynecology*. January 2014. Vol. 123, Iss. 1, pp. 81-87. http://doi.org/10.1097/AOG.0000000000000053

[11] News24. Viewing ultrasound doesn't change abortion plans. January 31, 2014. https://www.news24.com/Life/viewing-ultrasound-doesnt-change-abortion-plans-20140131

[12] Mohney G. Viewing Ultrasound Unlikely to Deter Women from Abortion, Study Finds. ABC News. January 31, 2014. https://abcnews.com/Health/viewing-ultrasound-deter-women-abortion-study-finds/story?id=22320188

[13] Jennifer L. Kerns JL, Brown K, Nippita S, et al. Society of Family Planning Clinical Recommendation: Management of hemorrhage at the time of abortion. *Contraception*. January 2024. Vol. 129. 110292. https://societyfp.org/wp-content/uploads/2023/11/SFP_Clinical-Recommendation_Management-of-hemorrhage-at-the-time-of-abortion_2023_Final.pdf

[14] Vayssièrea C, Gaudineauc A, Attali L, et al. Elective abortion: Clinical practice guidelines from the French College of Gynecologists and Obstetricians (CNGOF). *European Journal of Obstetricians & Gynecology and Reproductive Biology.* March 2018. Vol. 222, pp. 95-101. http://doi.org/10.1016/j.ejogrb.2018.01.017

[15] Wallach EE, Huggins GR, Cullins VE. Fertility after contraception or abortion. *Fertility and Sterility.* October 1990. Vol. 54, Iss. 4, pp. 559-573. https://doi.org/10.1016/S0015-0282(16)53808-4

[16] Theard G. Abortion Myths: Debunking Common Abortion Misconceptions. Metropolitan Family Planning Clinic. August 28, 2025. https://mfpiclinic.com/abortion-myths-debunking-common-abortion-misconceptions

[17] *American College of Obstetricians & Gynecologists.* Facts Are Important: Identifying and Combating Abortion Myths and Misinformation. Accessed March 16, 2026.

WOMEN'S LIBERATION FRONT

https://www.acog.org/advocacy/facts-are-important/identifying-combating-abortion-myths-misinformation

[18] "Induced Abortion and Breast Cancer Risk." Committee Opinion No. 434 (June 2009, reaffirmed 2021), *American College of Obstetricians and Gynecologists.* https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2009/06/induced-abortion-and-breast-cancer-risk

[19] Beral V, Bull D, Doll R, et al. Breast cancer and abortion: collaborative reanalysis of data from 53 epidemiological studies, including 83,000 women with breast cancer from 16 countries. *Lancet*. March 27, 2004. Vol. 363, Iss. 9414, pp. 1007-1016. http://doi.org/10.1016/S0140-6736(04)15835-2.

OUR MISSION

To restore, protect, and advance the rights of women and girls through legal argument, policy advocacy, and public education

OUR VISION

Total liberation of women and girls from all forms of sex-based oppressions, including gender identity, male violence, commercial sexual exploitation, and reproductive coercion