



## Unfavorable Statement

### HB529/SB244 - Code Revision – Health – Maryland Medical Assistance Program

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#### We Oppose Taxpayer Funded Abortion by Pharmacists

On behalf of the Board of Directors of Maryland Right to Life and our 200,000 followers across the state, we respectfully oppose HB529/SB244. This bill would revise the General Health Article to allow pharmacists to be reimbursed through the Maryland Medical Assistance Program, for providing lethal abortion drugs to women *and others* without a doctor's examination or any other patient safeguards.

Public policy has failed to keep pace with the abortion industry's rapid deployment of chemical abortion drugs, resulting in harm to women. Pharmacists already are distributing dangerous abortion drugs with a prescription, but the abortion industry and their legislative advocates, intend for them to be certified prescribers of abortion drugs. (See current bill SB506 *Health Occupations-Pharmacists-Minor Conditions and HIV Prevention Treatment*.)

The state of Maryland has a duty to ensure that abortion is safe and must intervene on behalf of women and girls by adopting a protocol and standard of medical care for the use of chemical abortion drugs that must include an obstetrical examination by a licensed physician.

**Maryland Abortion Care Access Act-** In 2022, the Maryland General Assembly repealed this final safeguard for women by enacting the Abortion Care Access Act, making it legal for non-physicians **(including any certified pharmacist)** to provide abortions and forcing taxpayers to pay to train abortion providers. The Act established the Abortion Clinical Care Training Program in the Maryland Department of Health (the Department), renamed as the Abortion and Reproductive Clinical Health Program, and established the Abortion Care Clinical Training Program Fund. In 2025, the State gave at least \$10.6 million in grants to abortion training providers.

#### **Abortion Drugs Are Not "Safe"**

Chemical abortion drugs are harmful to women's health, almost always result in the death of a fetal human being, and are often misused due to the reckless deregulation of these drugs by the Food and Drug Administration and State of Maryland. The incidence of abortion coercion and forced ingestion of abortion drugs against a woman's consent are increasing nationwide as men can now easily order and be prescribed these lethal drugs without sufficient oversight. This bill would put Maryland women at greater risk of harm.

The profit-minded abortion industry claims that chemical abortion is safe and easy. The truth is that chemical abortions are **4 (four) times more dangerous than surgical abortions**, presenting a high risk of hemorrhaging, infection, and even death. While the abortion industry falsely reports complications for only .5% of women, new reports prove that at least 11% of women experience serious complications from abortion pills. **The true risk is 22 times higher than reported.** This is willful

medical negligence by the abortion industry and abortion drug manufacturers that would not be tolerated by the State in any other area of “healthcare” practice. This false reporting is meant to keep women in the dark about the true risks of abortion drugs, denying women their right to give informed consent.

Reducing the credentials of those who may perform or provide abortions, including reimbursing pharmacists who distribute abortion drugs, is increasing the number of preborn children being killed, subjecting more women to injury and death, and straining emergency room providers who must provide emergency interventions for botched abortions as abortion drug providers who routinely deny their customers care for abortion complications. With the indiscriminate distribution of chemical abortion pills, the demand on Emergency Room personnel to deal with botched abortion complications has increased 500%, exacerbating existing medical scarcity and undermining the conscience rights of medical providers. Maryland already has the longest emergency room wait times in the nation.

### **Bill Language We Oppose**

15–308. (A) THE MARYLAND CHILDREN’S HEALTH PROGRAM SHALL PROVIDE COVERAGE FOR SERVICES RENDERED TO AN ENROLLEE BY A LICENSED PHARMACIST ACTING WITHIN THE PHARMACIST’S LAWFUL SCOPE OF PRACTICE TO THE SAME EXTENT AS SERVICES RENDERED BY ANY OTHER LICENSED HEALTH CARE PROVIDER. (B) REIMBURSEMENT FOR SERVICES PROVIDED UNDER SUBSECTION (A) OF THIS SECTION MAY NOT BE CONDITIONED ON WHETHER THE LICENSED PHARMACIST IS: (1) EMPLOYED BY A PHYSICIAN, PHARMACY, OR FACILITY; OR 25 (2) ACTING UNDER A PHYSICIAN’S ORDERS.

### **Adopt Reasonable Health and Safety Standards**

Chemical abortions now account for as many as 75% of all abortions. The growing reliance on chemical abortion 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 therapy. Strong informed consent requirements manifest both a trust in women and a justified concern for their welfare.

Previously, the FDA required that abortion drugs be distributed only under the supervision of a qualified healthcare provider because of the drug’s potential for serious complications. A physician’s examination was deemed necessary to assess the duration of pregnancy, diagnose ectopic pregnancies, and provide any surgical intervention for failed chemical abortions.

While we oppose all 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, and any generic forms of these drugs, to be under the supervision of a licensed physician because of the drugs’ potential for serious complications including, but not limited to, uterine hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death.

**By reimbursing pharmacists to distribute abortion drugs without oversight by a physician, the State will be putting women’s lives at risk.** For example, underestimation of gestational age may result in higher likelihood of failed abortion. Undetected ectopic pregnancies may rupture leading to life-

threatening hemorrhages. Rh negative women may not receive preventative treatment resulting in the body's rejection of future pregnancies. Men can order and pick up abortion drugs from a pharmacist and administer them to women without their consent. Catastrophic complications can occur through telabortion, and emergency care may not be readily available in remote or underserved areas. With the remote distribution of chemical abortion drugs, the demand on Emergency Room personnel to deal with abortion complications has increased 500%, increasing medical scarcity and threatening the conscience rights of medical providers.

### **Abuse of Abortion Drugs**

The state also is neglecting the fact that as much as 65% of abortions are not by choice, but by coercion. Because of the deregulation of abortion drugs, we are seeing many examples across the nation of individuals being prosecuted for coercing women into ingesting abortion drugs without their knowledge or consent, most often resulting in miscarriage. Potential for misuse and coercion is high when there is no way to verify who is consuming the medication and whether they are doing so willingly. Sex traffickers, incestuous abusers and coercive partners all take advantage of easily available chemical abortion drugs. (See Article:

<https://www.independent.co.uk/news/world/americas/massachusetts-abortion-pill-boyfriend-charged-robert-kawada-b2553243.html> )

### **The Public Opposes Funding for Abortions**

A [2026 Marist poll](#) showed that 54% of Americans, both “pro-life” and “pro-choice” oppose the use of tax dollars to pay for a woman’s abortion. Maryland taxpayers believe that the state only uses public funds for abortions that are deemed “medically necessary” in order to save the life or health of the mother. Taxpayers do not support the use of public funds for elective abortions, which make up the vast majority of abortions committed in Maryland.

Without amendment, this bill could allow additional public funds to be used as corporate welfare for the abortion industry and abortion drug manufacturers, further subsidizing these for-profit businesses and their non-profit partners. This is in direct conflict with the will of 88% of people who prefer funding for programs that protect the lives of both mothers and children.

### **Subsidizing Corporate Abortion**

Abortion is big business in Maryland. Maryland taxpayers subsidize the abortion industry in Maryland through direct Maryland Medicaid reimbursements to abortion providers, through various state grants and contracts, and through pass-through funding in various state programs. Health insurance carriers are required to provide reproductive health coverage to participate with the Maryland Health Choice program. Public departments and programs subsidizing abortion and abortion providers include the Maryland State Department of Education, Maryland Department of Health, Abortion Care and Reproductive Clinical Health Program, Maryland Family Planning Program, Maternal and Child Health Bureau, the Children’s Cabinet, Maryland Council on School Based Health Centers, Maryland Assembly for the Advancement of School Based Health, Community Health Resource Commission, Maryland Children’s Health Program (MCHP) and Maryland Stem Cell Research Fund.

**Public Funding through Maryland Medicaid** - The *Maryland Medical Assistance Program* and the *Maryland Children's Health Program* (MCHP) are the two primary programs used for publicly funded reimbursements to abortion providers in Maryland.

According to the Maryland Department of Legislative Services in their *Analysis of the FY2025 Maryland Executive Budget*, Maryland taxpayers, through the Maryland Medical Assistance Program, are being forced to pay for *elective* abortions. In 2023, taxpayers spent at least \$7.9 million for 12,727 abortions, with **less than 11 of those abortions due to rape, incest or to save the life of the mother.**

Medical Assistance Expenditures on Abortion Language attached to the Medicaid budget since 1979 authorized the use of State funds to pay for abortions under specific circumstances. Specifically, a physician or surgeon was required to certify that, based on his or her professional opinion, the procedure is medically necessary. Similar language was attached to the appropriation for **MCHP** since its advent in fiscal 1999. However, this language was repealed in 2022.

### **Funding restrictions are constitutional**

The Supreme Court of the United States, in *Dobbs v. Jackson Women's Health* (2022), overturned *Roe v. Wade* (1973) and held that there is no right to abortion found in the Constitution of the United States. As early as 1980 the Supreme Court affirmed in *Harris v. McRae*, that *Roe* had created a limitation on government, not a government funding entitlement. The Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that "*no other procedure involves the purposeful termination of a potential life*", and held that there is "*no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds.*"

**The Maryland General Assembly must put patient safety before abortion politics and profits. For these reasons, we respectfully urge you to issue an unfavorable report on this bill in order to protect women's health against substandard medical care, dangerous abortion drugs and abortion coercion through forced ingestion.**

**We appeal to you to prioritize the state's interest in human life, healthy pregnancy outcomes and to restore to all people, born and preborn, our natural and Constitutional rights to life, liberty, freedom of speech and religion.**