UNFAVORABLE

SB562/HB838

State Board of Pharmacy - Prescriber-Pharmacist Agreements

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

On behalf of our Board of Directors and chapters across the state, we object to SB562/HB838. This bill, proposed by activist legislators, puts abortion profits before patients. The bill lays the groundwork for the State of Maryland to resist federal law and regulations in order to shield pharmacists who act as deadly abortion drug pushers, in the event the federal government appropriately reclassifies these lethal abortion drugs as **Controlled Dangerous Substances (CDS).** It also would shield abortion prescribers who remotely prescribe these drugs out of state in violation of the Comstock Act other states' laws that define abortion drugs as CDS.

Public policy has failed to keep pace with the abortion industry's rapid deployment of chemical abortion drugs which now account for nearly ¾ of all abortions in the United States. 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.

While the abortion industry claims that chemical abortion is safe and easy, this method is **4 times more dangerous than surgical abortions.** To date 36 women have been killed through chemical abortion since its approval by the Food and Drug Administration (FDA). At least 11% of women obtaining chemical abortions experience serious complications including severe uterine hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death. These complications are dramatically under-reported as the FDA only requires abortion drug manufacturers to report deaths, not injuries. Hospital emergency room demand has increased by 500% since approval, exacerbating Maryland ER wait times, which already are the worst in the nation and contributing to the scarcity of medical professionals in our state.

The State's recklessly negligent telehealth policies have enabled "telabortion" - the mass distribution of chemical abortion drugs and "Do-It-Yourself" abortions - which increases the risk of injury and death for women and girls in Maryland. Telabortion deprives pregnant women access to comprehensive reproductive care that includes a physical examination by a licensed obstetrician to determine whether the woman is eligible for and consents to chemical abortion.

Pharmacists already are caught up in telabortion and the abortion drug distribution chain as distributors when a prescription is given by an abortion provider. Certain pharmacies, including CVS and Walgren's are certified by the FDA to directly prescribe abortion drugs.

"D-I-Y" Abortion Drugs Endanger Women and Children

The abortion industry's radical agenda to indiscriminately sell "D-I-Y" abortions is normalizing "back alley abortions" where women self administer and hemorrhage without medical supervision or assistance. The discreet deliverability of abortion drugs through telabortion puts women at risk of coerced abortion and allows sexual predators and pedophiles to hide their crimes and continue to harm their victims.

"Telabortion" is the remote prescription and administration of chemical abortion drugs Mifepristone and Misoprostol (and generic counterparts) to cause abortion, without any physical examination by a medical provider. There are many potential negative consequences to telabortion policies which ultimately demonstrate the state's disregard for the health of women and children. 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. Catastrophic complications can occur through telabortion, and emergency care may not be readily available in remote or underserved areas.

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)

State Telabortion Policies

The Maryland General Assembly has removed nearly all safeguards in law for women and girls seeking abortions. Through the *Abortion Care Access Act* of 2022, the Assembly authorized non-physicians (including certified pharmacists) to perform or provide abortions and appropriated millions annually in taxpayer funds to train and certify this substandard abortion workforce. Physicians now serve only a tangential role on paper, either as medical directors for clinics or as remote prescribers of abortion drugs. These non-physician abortion providers provide telabortion drugs and are eligible for Maryland Medicaid reimbursement as well as undisclosed gratuities from abortion drug manufacturers. However, under Maryland law both abortion drug manufacturers and distributors are shielded from liability.

In 2021 and 2022, the Maryland General Assembly enacted several telehealth bills into law as supposed Covid measures, all of which Maryland Right to Life opposed. These laws expanded telabortion through remote distribution chains of abortion drugs including **pharmacies**, schools health centers, prisons and

even vending machines and expanded public funding for telabortion through Medicaid and Family Planning Program dollars.

In 2024 the Assembly authorized school telehealth appointments for k-12 students, through which children can be prescribed and sent chemical abortion drugs without parental notification or consent. The abortion industry already is selling chemical abortion drugs to girls over the phone or computer, without parental consent and without examination by a healthcare provider, including through websites like *PlanCpills.org*.

The remote sale and distribution of abortion drugs through school telehealth poses a serious risk to the health and safety of school children and is an egregious violation of parent trust. Educators and school health providers are Mandatory Reporters of suspected sexual abuse. Instead of protecting children from sexual assault, Maryland schools are now part of the abortion drug distribution chain and shielding pedophiles, rapists and sex traffickers.

FDA Reviewing Misleading Abortion Drug Safety Data

Secretary Robert F. Kennedy, Jr. of the United States Department of Health and Human Services (HHS) and FDA Commissioner Dr. Marty Makary have launched an official review of the safety of abortion drugs. A formal letter dated September 2025 confirmed the review would specifically target the **Risk Evaluation and Mitigation Strategy (REMS)**. This includes revisiting the FDA's 2021/2023 decisions that removed the requirement for in-person doctor visits and allowed the drug to be sent by mail.

FDA restrictions on the sale of chemical abortion drugs are necessary regulations to protect the health and safety of women and girls from improper use and resulting injury. But under pressure from the Biden administration, and democrat attorneys general, including Brian Frosh, the FDA removed critical safeguards on the remote sale and distribution of chemical abortion drugs through telabortion.

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 including but not limited to, severe hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death. A physician's examination was deemed necessary to assess the duration of pregnancy, diagnose ectopic pregnancies, and provide any surgical intervention for f ailed chemical abortions.

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. Maryland already has been circumventing the FDA restrictions on the remote distribution of chemical abortion pills since 2016, by allowing Planned Parenthood to practice telabortion as part of a "research" pilot program directed by Gynuity/Carefem. While program participants are loosely tracked, Maryland generally fails to

protect women as one of three states that do not require abortion providers to report the number of abortions they commit, resulting in increased threat to maternal health, complications or deaths.

In December of 2021, the FDA announced that it would no longer require that the drugs be dispensed in person to the patient and would no longer limit distribution to prescribers and their offices. The FDA still requires that, in order to prescribe the drug, the prescriber certify their ability to assess the duration of the pregnancy and diagnose ectopic pregnancies. However no physical examinations are required in this new protocol putting women and girls at risk of misdiagnosis and improper use of the drugs. Lawsuit against Planned Parenthood: Abortion pill caused toilet delivery of 'fully formed' 30-week baby (liveaction.org)

Adopt Reasonable Health and Safety Standards

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.

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, 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.

The Maryland General Assembly must put patient safety before abortion politics and profits. We strongly urge your unfavorable report on this bill that would allow pharmacists to prescribe Controlled Dangerous Substances which may include chemical abortion drugs with reduced State oversight.