AMERICAN CENTER
for LAW & JUSTICE

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WRITTEN TESTIMONY OF BENJAMIN P. SISNEY[1]
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Re: In Support of Maryland S.B. 302: Criminal Law – Causing Ingestion of an Abortion-Inducing Drug – Prohibition (Women's Freedom From Coercion Act)

February 3, 2026

For the reasons set forth herein, the American Center for Law & Justice ("ACLJ"), on behalf of itself and over 641,000 of its supporters, including nearly 8,500 Maryland residents, respectfully urges this Committee to give Senate Bill ("SB") 302 a favorable report. SB 302 is a measured, commonsense legislative response to well-documented harms associated with chemical abortion drugs—harms that fall disproportionately on vulnerable women. The bill does not prohibit medical care. Rather, it reflects the State's legitimate interest in protecting women from physical danger, coercion, and abuse, particularly given the current climate where abortion pills are most often used outside of any medical supervision.

By way of introduction, the ACLJ is a national nonprofit organization dedicated to the defense of constitutional liberties secured by law, including the defense of the sanctity of human life. Counsel for the ACLJ have presented expert testimony before state (including Maryland) and federal legislative bodies, and have presented oral argument, represented parties, and submitted amicus briefs before the Supreme Court of the United States and numerous state and federal courts around the country in cases involving a variety of issues, including the right to life. *See, e.g.*, *Pleasant Grove City v. Summum*, 555 U.S. 460 (2009); *Whole Woman's Health v. Hellerstedt*, 136 S. Ct. 2292 (2016); *June Medical Servs. v. Russo*, 140 S. Ct. 2103 (2020); and *Dobbs v. Jackson Women's Health Org.*, 142 S. Ct. 2228 (June 24, 2022).

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SUMMARY AND BACKGROUND

There is a presumption that women want and need abortion and that ready access to abortion, including abortion drugs, is therefore a "pro-woman" position. Such a view completely disregards not just the adverse health effects of medication abortions, but also the reality that all too often abortion is a means of *exploiting* women – typically by men or others wielding power over those women.

Chemical abortion—typically involving mifepristone followed by misoprostol—is increasingly marketed as safe, routine, and empowering. But that narrative collapses under scrutiny. Indeed, chemical abortion is inherently harmful, frequently underreported in adverse outcomes, and uniquely susceptible to coercive and criminal misuse. Unlike surgical procedures performed in clinical settings, abortion pills can be obtained and administered in isolation—making them a tool not only for self-harm, but for exploitation by third parties.

SB 302 responds to these realities. It reflects Maryland's legitimate police-power interest in safeguarding women's health and safety, particularly where federal regulators have relaxed protections without adequate regard for real-world consequences.

CHEMICAL ABORTION IS NOT BENIGN MEDICAL CARE

Abortion pills are designed to induce pregnancy loss. As the FDA itself acknowledges, women who take these drugs experience cramping and bleeding "similar to that associated with a miscarriage." Pregnancy loss is not a neutral event; it is widely recognized in medical literature as an adverse outcome with physical and psychological consequences. As the ACLJ has documented in amicus briefs before the Supreme Court, abortion-related deaths are systematically underreported, often misclassified, and excluded from long-term mortality assessments. Meanwhile, pregnancy mortality statistics are inflated by counting abortion deaths as pregnancy-related deaths, rendering comparisons deeply misleading. In short, the assertion that chemical abortion is a risk-free or routine medical intervention is unsupported by serious analysis. SB 302 reflects the legislature's authority—and responsibility—to respond to this reality.

ABORTION PILLS ARE UNIQUELY SUSCEPTIBLE TO COERCION AND ABUSE

Perhaps most critically, chemical abortion is not merely a matter of individual choice. It is frequently imposed on women by others. Many women, if not an overwhelming majority of women, "choose" abortion because they are pressured – or coerced – by others. Often, that pressure to have an abortion comes from those who prioritize their own self-interest above the best interests and wishes of the pregnant woman: "once abortion becomes available, it becomes the most attractive option for everyone *around* the pregnant woman." Frederica Mathewes-Green, *When Abortion Suddenly Stopped Making Sense*, Nat'l Rev. (Jan. 22, 2016) (emphasis in original).

One study found that 64% of the American women surveyed reported feeling pressured by others to obtain an abortion. Vincent M. Rue, *et al*., *Induced Abortion and Traumatic Stress: a Preliminary Comparison of American and Russian Women*, 10 Med. Sci. Monitor 9 (2004).

Another study, published in the *Journal of American Physicians and Surgeons*, found that nearly 74% of the post-abortive women surveyed admitted "that their decision to abort was [not] entirely free from even subtle pressure from others to abort," over 58% "reported aborting to make others happy," and 28.4% of the women specifically chose abortion "out of fear of losing their partner if they did not abort." Priscilla K. Coleman, Ph.D., *Women Who Suffered Emotionally from Abortion: A Qualitative Synthesis of Their Experiences*, 22 J. Amer. Physicians & Surgeons 113, 115 (2017). Sixty-six percent of the women reported "know[ing] in their hearts that they were making a mistake when they underwent the abortion." *Id.* Even the abortion-sympathetic Guttmacher Institute reports that 12% of women seeking abortions gave as a "specified reason[]" for their abortion that a "[h]usband or partner wants me to have the abortion." Lawrence B. Finer, *et al*., *Reasons U.S. Women Have Abortions: Quantitative and Qualitative Perspectives*, 37 Persps. on Sexual & Reprod. Health 110, 113 (2005) (Table 2). These statistics reveal that a substantial number of women in America who supposedly "choose" abortion, rather than being empowered to make a "choice," are actually being pressured by others into abortions they may not want. As one former abortion supporter observed, "No one wants an abortion as she wants an ice cream cone or a Porsche. She wants an abortion as an animal, caught in a trap, wants to gnaw off its own leg." Mathewes-Green, *supra* (internal quotation marks omitted).

This becomes even clearer when examining specific types of coercion to abort:

- Human traffickers, who force abortions to maintain control over victims and conceal ongoing sexual exploitation;
- Sexual predators, who use abortion to erase evidence of abuse;
- Domestic abusers, who pressure or force women to terminate pregnancies under threat of violence;
- Irresponsible partners, who use abortion to avoid financial or parental responsibility; and
- Employers, who view pregnancy as an inconvenience to be eliminated rather than accommodated.

Because abortion pills can be administered covertly—slipped into food or drink, ordered online, or taken under duress—they facilitate abuse in ways that clinical procedures do not.

SB 302 directly addresses this problem by recognizing that access without safeguards is not empowerment, and that the State has a compelling interest in preventing coercion masquerading as choice.

SB 302 PROTECTS WOMEN

Importantly, SB 302 does not impose a moral judgment on women. It does not criminalize medical care. It does not prevent physicians from exercising clinical judgment in legitimate medical emergencies.

Instead, it restores guardrails—ensuring that abortion drugs are not treated as consumer products divorced from medical accountability, and that women are not left unprotected by regulatory abdication.

States have long exercised authority to regulate medical practices to protect patient safety. SB 302 falls squarely within that tradition.

CONCLUSION

The record is clear: chemical abortion drugs pose real risks to women, and their deregulation has enabled coercion, abuse, and harm—particularly to those already vulnerable.

Senate Bill 302 is a lawful, prudent response. It protects women. It respects medical reality. And it reinforces Maryland's commitment to safeguarding health and human dignity.

For these reasons, the ACLJ respectfully urges this Committee to give Senate Bill 302 a favorable report.

Thank you for the opportunity to submit this testimony.

/s/ Benjamin P. Sisney
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