



## FAVORABLE

### **HB885/SB302-Criminal Law - Causing Ingestion of an Abortion-Inducing Drug - Prohibition (Women's Freedom From Coercion Act)**

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

On behalf of the Board of Directors of Maryland Right to Life and our many chapters across the state, I strongly support HB885/SB302 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. **Increasing incidents of Forced Ingestion are occurring across the nation, most of which result in the unwanted death of the baby and traumatization of the mother (see attachment).** 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 not only over whether to start a pregnancy, but also over whether to terminate a pregnancy.<sup>1</sup> Reproductive control includes intimidation by partners, family members, and sex traffickers asserting control over a woman's reproductive decisions.<sup>2</sup> In the United States, African American and multiracial women, younger women, and minor victims of sex trafficking are more at risk for reproductive control.<sup>3</sup>

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.

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.

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.

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

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

Respectfully Submitted,

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Executive Director  
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<sup>1</sup> BMJ SEXUAL & REPROD. HEALTH 61, 62 (2019).

<sup>2</sup> Id. at 65.

<sup>3</sup> 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>.