



Opposition Statement SB218
Physicians and Allied Health Professions -
Reorganization and Revisions
Deborah Brocato, Legislative Consultant
Maryland Right to Life

We Strongly Oppose SB218

On behalf of our 200,000 followers across the state, we respectfully yet strongly object to **SB218**. First and foremost, abortion is explicitly included in this bill on Page 9, line 20 as an inclusion for “practice medicine.” Secondly, funding for abortion training is included in this bill on pages 14 and 15. With “ending of a human pregnancy” specifically named in this bill, the appropriations laid out from the fees collected by the Board of Physicians Fund. At least \$1,400,000 of those fees could be used cover the cost of abortion training. In addition, this bill threatens the health and safety of Maryland patients with the lowering of licensing standards and the expansion of scope of practice as seen on many pages of this bill. The language on page 6, lines 22-28 provides a shield from liability thus making it harder for patients and their families who have been injured or killed by bad medical practice to seek recompense.

Abortion is not healthcare. Pregnancy is not a disease. Maryland Right to Life will continue to object to state-sponsored abortion. The fact that 85% of OB/Gyn’s in a representative national survey do not perform abortions reveals that abortion is not an essential part of women’s healthcare. Abortion is the opposite of healthcare, especially for the black community where half of all pregnancies to black women in Baltimore City end by abortion.

Funding restrictions are constitutional. The Abortion Care Access Act already provided a non-lapsing \$3.5 million training fund. There is no reason to add to that funding. In *Harris v. McRae*, the Supreme Court affirmed that abortion is not a government funding entitlement. The Court held that government may distinguish between abortion and other procedures in funding decisions and that there is “no limitation on the authority of the State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds.” The 2023 Marist poll once again showed that 60% of Americans, both pro-life and pro-abortion, oppose tax-payer funded abortion.

Put patients before profits. On page 39, there is language that reduces the standards for license renewal. The bill allows “uncompensated voluntary medical services” to count for “up to 5 continuing education credits” without condition. The bill also states that, “The Board may not establish or enforce these requirements if they would so reduce the number of physicians in a community as to jeopardize the availability of adequate medical care in that community.” The abortion industry is asking the state to authorize them to put profits over patients.



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The medical scarcity in abortion practice is a matter of medical ethics not provider scarcity, as 9 out of 10 OB/Gyn's refuse to commit abortions because they recognize the scientific fact that a human fetus is a living human being. The abortion industry's solution is two-fold: (1) authorize lower-skilled workers and non-physicians to perform abortion, and (2) authorize abortionists to remotely prescribe abortion pills across state lines.

Safety standards will further deteriorate with a reduction in reporting requirements. Language on page 6, lines 18-28 removes certain reporting requirements. Maryland already does not require abortion reporting. Decreasing other reporting requirements further reduces the ability to monitor medical practice to protect patients and provides a shield for liability.

The women and girls of Maryland deserve better than lowered medical standards of care. Maryland Right to Life strongly urges an unfavorable report for SB218.