



Opposition Statement SB447

Hospitals – Emergency Medical Conditions - Procedures
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Maryland Right to Life

We Oppose SB447

On behalf of our Board of Directors and members across the state, we strongly object to the appropriation and use of any public funds for the purposes of abortion violence. Maryland Right to Life opposes any laws that would force hospitals to provide abortion and abortion services; therefore, Maryland Right to Life requests an unfavorable report on SB447.

There have been efforts by the General Assembly to force Hospital emergency rooms to perform abortions and staff the emergency departments with personnel for that purpose. Maryland Right to Life objects to any bill that provides funding for staffing the abortion workforce. Abortion is not an emergency treatment. Last session, SB1175 Maryland Lifesaving Treatment Access and Abortion Protection Act was introduced. Thankfully, SB1175 did not pass. This session, SB447 seeks to treat pregnancy as an emergency condition for which, in Maryland, abortion would be seen as a “stabilizing” treatment.

Abortion up to birth is legal in Maryland. If a pregnant woman in labor enters an emergency room demanding an abortion. Because birth is imminent, her condition, according to this bill, would be classified as an “emergency medical condition”, and the Emergency Room would be required to provide the abortion. That would mean a hospital would be required to have on staff “qualified providers” that can perform these late-term abortions. If the hospital does not provide the abortion treatment, this bill requires the hospital and/or the hospital employee be penalized for the violation.

Pregnancy, on its own, is NOT an emergency condition. Active labor is a normal stage of pregnancy. Babies have been delivered at home and in cars and various other places when necessary. Labor can certainly become an emergency situation if the baby and/or the mother are in distress. Hospital personnel would act to save the lives of both the mother and the baby. **Wanting an abortion is not an emergency situation. No hospital should be forced to provide abortions.**

MDH is Failing Pregnant Women: The Maryland Department of Health has consistently failed to meet the needs of pregnant women and families in Maryland and appropriations should be withheld until the Department provides the annual report to the Centers for Disease Control to measure the number of abortions committed each year in Maryland, abortion reasons, funding sources and related health complications or injuries.

- The Department has routinely failed to enforce existing state health and safety regulations of abortion clinics, even after two women were near fatally injured in botched abortions.



- The Department has routinely failed to provide women with information and access to abortion alternatives, including the Maryland Safe Haven Program (see Department of Human Services), affordable adoption programs or referral to quality prenatal care and family planning services that do not promote abortion.
- The Department has demonstrated systemic bias in favor of abortion providers, engaging in active partnerships with Planned Parenthood and other abortion organizations to develop and implement public programs, curriculum and training. In doing so the department is failing to provide medically accurate information on pregnancy and abortion.
- The Department systemically discriminates against any reproductive health and education providers who are unwilling to promote abortion and in doing so, suppresses pro-life speech and action in community-based programs and public education.
- The Department fails to collect, aggregate and report data about abortion and the correlation between abortion and maternal mortality, maternal injury, subsequent preterm birth, miscarriage and infertility.
- The Department is failing to protect the Constitutionally-guaranteed rights of freedom of conscience and religion for health care workers, contributing to the scarcity of medical professions and personnel in Maryland.
- The Department is failing to protect women and girls from sexual abuse and sex trafficking by waiving reporting requirements for abortions, waiving mandatory reporter requirements for abortionists, and failing to regulate abortion practices.

Caring for pregnant women and girls costs money. Maryland is failing pregnant women and girls by favoring the funding of the abortion industry over access to abortion alternatives, including the Maryland Safe Haven Program (see Department of Human Services), affordable adoption programs or referral to quality prenatal care and family planning services that do not promote abortion. The Assembly promotes legislation that funds the killing of unborn children instead of legislation that respects and protects life. According to the Guttmacher Institute, a pro-abortion research organization, a baby is killed by abortion every 97 seconds, about 2,700 babies killed by abortion every day.

Abortion is not healthcare and is never medically necessary – and therefore, does not deserve public funding. A miscarriage is the ending of a pregnancy *after* the baby has died; an ectopic pregnancy is not a viable pregnancy and the baby cannot continue to develop. Abortion is the intentional killing of a developing human being and often causes physical and psychological injury to the mother. Sometimes, it is necessary for a woman to have a dilatation and curettage (D&C) to complete the miscarriage so she does not develop infection, sepsis or possibly die. This is NOT the same as using D&C for abortion. Nonviable pregnancies, such as ectopic and molar pregnancies, are just as stated - nonviable – the baby has not survived or will not survive. It is necessary to remove such pregnancies for the health of the mother. Again, these are not the same as abortion because the pregnancy is not healthy and developing – the baby has died or is dying. There are no laws to prevent physicians from treating these cases.



Abortion always kills a human child and often causes physical and psychological injury to women and girls. Abortion enables the exploitation of women and girls by sexual abusers and sex traffickers to continue in the course of their crimes and victimization.

Pregnancy is not a disease and abortion cures no illness or disease and therefore is not healthcare. 85% of obstetricians and gynecologists refuse to commit abortions as their medical oath requires them to first do no harm to their patients – either mother or baby. In the rare cases when continuation of pregnancy threatens the physical life of the mother, medical providers may induce birth, but have a duty to treat both the mother and the baby. There is no law in any state that prohibits medical intervention to save the physical life of the mother in the case of medical emergency, such as ectopic pregnancy or abortion. **These medical interventions do not constitute intentional abortion and are performed in hospitals when a woman or girl is admitted and evaluated. Emergency departments should not be forced to become abortion clinics.**

Recent radical enactments of the Maryland General Assembly have completely removed abortion from the spectrum of “healthcare”. Because of the Abortion Care Access Act of 2022, the state is denying poor women access to care by licensed physicians making abortion unsafe in Maryland. With the unregulated proliferation of chemical “Do-It-Yourself” abortion pills, women are self-administering back-alley style abortions, where they suffer and bleed alone, without examination or care by a doctor. When women experience complications from abortion, they are typically refused care by the abortionist and referred to hospital emergency rooms where medical providers are often coerced into completing abortions against their rights of conscience. Amber Thurman of Georgia died from sepsis caused by the incomplete abortion initiated by the deadly abortion pills. Abortion pills are promoted as safe and easy. This young girl had no idea how serious her condition was until it was too late.

Abortion is about revenue. The state of Maryland forces taxpayers to subsidize the abortion industry 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.

Maryland Right to Life strongly urges that you give SB447 an unfavorable report.