

Testimony of Patrina Mosely, Project 21
HB 937 Hearing – February 28, 2022
State Capitol – Annapolis, Maryland

Maryland's [HB 937](#), titled the "Abortion Care Access Act," is like any other abortion bill in that it consistently seeks to lower the standards *of care* for women.

This bill wants to use 3.5 million of taxpayer dollars to enshrine abortion within the Maryland Department of Health, and at the same time lower the health standard of who can perform abortions from a licensed physician down to a "qualifying provider" – meaning anybody in the room.

The truth is real physicians do not want to perform elective abortions, and thus you have a [significant shortage](#) of those willing to break their Hippocratic Oath to do no harm.

Over [40 percent](#) of abortions are done through the violent mode of chemical pills, which carries [four times](#) the risk of complications compared to surgical (with the two most prevalent adverse effects being hemorrhage and incomplete abortion), which has been [shown](#) to occur up to 10 percent of the time.

Emergency room visits following the ingestion of the abortion-inducing drugs mifepristone and misoprostol have [skyrocketed](#) over 500 percent between 2002 and 2015.

These abortions, labeled as "[self-managed](#)," are even riskier now that the [FDA](#) has removed the requirement of being physically present and examined by a licensed physician to receive these pills.

If a woman is "self-managing" her own abortion, why does the state need 3.5 million of taxpayer dollars to "partner" with organizations that will administer the funds to train abortionists and a host of other things? Really we know this just means filling the coffers of Planned Parenthood, which present in this hearing today.

Pro-abortionists will say they support women, and will move heaven and earth to get a woman to do the most unnatural thing she could do – even use taxpayer dollars, which the [majority](#) of Americans do not support. And write a state constitutional amendment rather than providing resources to make her circumstances better.

It has been [well researched](#) that an overwhelming majority of women feel the pressure to choose abortion to make others happy.

Women don't want abortion, they just want their circumstances to change and often choose it for the convenience of partners, coaches and corporate interests.

Abortion only makes things easier for everyone else *around* her.

And yet this bill is called the "Abortion Care Access Act." Instead of the "You Can Do It Act" that is rife with resources and affirmed rights of non-discrimination, like Texas's [Alternatives to Abortion program](#) which provides women with access to counseling, material assistance, care coordination and housing.

All of these resources improve a women's well-being and outcomes for success while abortion has been [proven to](#) increase her risk of suicide, drug and alcohol abuse, severe anxiety, depression, post-traumatic stress symptoms and risky behaviors.

Abortion is believed to be a quick fix for the state and [white supremacists](#) to deal with minorities, the disabled and the poor by [dog-whistling](#) that any type of pro-life protections would tremendously hurt "people of color and low-income." But the evidence shows that if you want to put less pressure on your social services, stop abortions.

Abortion bills are always labeled "care," but always find a way to lower care. First, it's "legalize now to stop back-alley abortions!" to [anybody in the room](#) can give her an abortion, to "You know what? You don't even have to come in, we'll just send you chemicals in the mail to digest. Good luck on your 'back-alley' – I mean 'self-managed' abortion."

I am here today to say that women deserve better.

To this Assembly, I say: Instead of trying to get ahead of a life-affirming decision in *Dobbs*, and enshrining a way to litigate any pro-life protections, how about you begin making plans to greater support motherhood and family building. This is women truly having it all.