



LEGISLATIVE BRIEF

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Maryland’s New Amendment: A Threat to Parents, Physicians, Pharmacists, and the Preborn

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KEY TAKEAWAYS

Parental rights and child safety are threatened by the passage of the Amendment, as school and social welfare systems threaten to take away parents who refuse to affirm “gender identity.”

Current protections are insufficient and do not fully shield individuals from the growing pressure to comply with state-sponsored medical practices that conflict with their deeply held convictions.

Legislative action is needed to protect conscience rights of parents and healthcare professionals. Other states that have passed protections that can guide what Annapolis lawmakers consider.

This year’s election brought some positive developments for the family in national politics. In Maryland, however, the passage of the “[Question 1](#),” (1) ballot issue brought a tragic turn in Maryland law, adding language to the state constitution protecting “reproductive freedom,” including the right to “end one’s own pregnancy.” This language seeks to place the injustice of abortion at the heart of civil society and put the government on the side of those inflicting harm while its victims are totally ignored.

While the effort to incorporate abortion into Maryland’s Constitution is a travesty, however, Maryland’s pre-existing legal regime already allowed open-ended abortion. Therefore, while overturning or ruling against abortion is now exceedingly difficult, the danger to pre-born children is not immediately increased. However, Question 1’s advocates also intend to use it to promote the oxymoronically-named, gender-denying ideas of gender ideology.

Parents are particularly vulnerable. There are now dangerous [precedents](#) (2) of the state [interfering](#) (3) and even [taking](#) (4) children away from parents who object to their children being treated as lab rats of gender ideology. Some connected to the government and the [school system](#) (5) view parents as a threat and push children to “experiment” with their “gender identity” as a part of dividing them from their [parents](#). (6) Moving forward, this presents a real threat to parental rights and children’s safety. They are now far more exposed to the biology-blind transgender movement’s harmful medical abuses, such as puberty blockers, “sex reassignment” surgeries, and other, [similarly](#) (7) [harmful practices](#). (8)

Indeed, as public sentiment turns against these abuses - as displayed in the conservative victory in the national elections - there is likely to be a greater push to force their radical, ideology-driven policies anywhere possible, with Maryland law emphatically poised to make the state a standard-bearer of this agenda. Those promoting these procedures have too much at stake to turn back. Even if there were no other considerations, an [entire industry](#) (9) has been established exploiting the vulnerable – including lessons on changing the [tone of your voice to sound like the opposite sex](#). (10) [Thirty-four facilities in Maryland](#) presently use such “gender-affirming” parodies of “medical care.” (11)

We will likely see an increasing use of Maryland as a destination state for these malignant programs. In the same vein as the legally dubious “sanctuary city” movement and the grotesque “[abortion tourism](#)” destinations (12), we may see Maryland serving as a stronghold for the promoters and practitioners trying to profit by convincing emotionally immature and troubled children and teens to undergo harmful and life-altering surgeries with dangerous and permanent effects. Possibly encouraging them to [run away from home](#) to do so. (13)

They will also, almost certainly, push to have all this [funded by taxpayers](#) (14). The ensuing gravy train would practically guarantee a relentless propaganda and lobbying campaign in the state government and immense [pressure](#) (15) on schools to promote the false gospel of gender confusion to schoolchildren burdened with an educational experience that [already](#) (16) often deliberately [promotes](#) (17) confused and harmful ideas of personal worth and [identity](#). (18)

Threats Faced by Healthcare Professionals Who Refuse to Participate in Abortion and Gender-Transition Procedures

This particularly threatens healthcare professionals, including doctors, nurses, and pharmacists, who stand by their moral, religious, or ethical beliefs. While some protections exist, they are insufficient and do not fully shield individuals from the growing pressure to comply with state-sponsored medical practices that conflict with their deeply held convictions.

Healthcare professionals may face a range of professional, legal, and personal consequences if they refuse to participate in practices like abortion, gender-transition

surgeries, or prescribing treatments such as puberty blockers. The following sections outline the potential threats healthcare professionals could face in Maryland's new legal landscape.

Threats to DOCTORS

Loss of Medical Licenses or Certification: Doctors who refuse to perform abortions or assist in gender-affirming surgeries may face suspension, revocation, or non-renewal of their medical licenses. Medical boards could discipline or remove certification for physicians who fail to comply with state mandates, viewing conscientious objection as unprofessional or inadequate practice.

Loss of Hospital Privileges: Doctors who decline to participate in these practices may find themselves denied hospital privileges or referral rights, essentially preventing them from practicing medicine within certain institutions, severely limiting their ability to treat patients or even maintain a medical practice.

Increased Liability Risks: In an environment where refusal to participate in state-sanctioned procedures is frowned upon, physicians who object to performing certain procedures could face increased legal and insurance liability. Lawsuits may arise from patients or colleagues who allege discrimination or breach of professional duty.

Threats to NURSES

Loss of Employment: Nurses who refuse to assist in abortion procedures, gender-affirming surgeries, or the administration of puberty blockers could [lose their jobs](#). (19) Hospitals and clinics might terminate their employment for noncompliance with the standard of care or institutional policies, particularly in areas where abortion or gender-transition services are integral to the institution's medical offerings.

Revocation of Nursing Licenses: Similar to physicians, nurses who refuse to assist in abortion or gender-affirming procedures may face actions by state licensing boards.

Threats to PHARMACISTS

Refusal to Fill Prescriptions for Abortion Pills or Puberty Blockers: Pharmacists who refuse to dispense medications like the abortion pill (mifepristone) or puberty blockers could face termination from their place of employment or be denied employment at pharmacies that cater to these treatments. The promoters of abortion and gender ideology consider these drugs part of the standard practice in reproductive and gender-affirming healthcare and persecute pharmacists who object.

Loss of Pharmacy Licenses: State regulatory bodies may take disciplinary action against pharmacists who refuse to participate in the distribution of abortion medications or treatments related to gender transition. Pharmacists could [lose their](#)

[licenses](#) if state authorities determine that their refusal constitutes a violation of professional obligations or a failure to meet licensing requirements. (20)

What of Existing Protections?

The passage of Question 1 represents not only a philosophical shift in Maryland's legal framework but also a failure to heed warnings about the far-reaching consequences of enshrining "reproductive freedom" in the state constitution. Many advocates cautioned that such a constitutional amendment would smash the careful balance achieved by more practical and widely accepted statutory protections, such as [Maryland Health-General Code § 20-214](#).(21) It specifies that "A person may not be required to perform or participate in, or refer to any source for, any medical procedure that results in artificial insemination, sterilization, or termination of pregnancy." "Sterilization" is important because it covers most of what is involved in so-called "sexual reassignment" procedures. This statute provided essential safeguards for healthcare professionals. While not controversial, it ensured they could refuse participation in procedures like abortion and sterilization without fear of legal or professional repercussions.

By elevating the ideology of "reproductive freedom" to the constitutional level, the amendment has endangered these common-sense protections. The vague and expansive language of the new constitutional framework threatens judicial reinterpretation that could invalidate or override § 20-214 and similar statutes. Laws that once struck a reasonable compromise between the protection of individual conscience and the legislatures' views of access to healthcare are now jeopardized, with activists poised to challenge their validity under the guise of constitutional supremacy.

This is particularly disturbing since the language of these protections is too narrow. They do not clearly provide, for instance, for protection from being forced to perform so-called "gender-affirming" therapy unless it results in sterilization. This would likely include cosmetic mastectomies as well as psychological and neurochemical "treatment" to encourage children to behave like and think of themselves as a member of the opposite sex.

The court's surprising silence on these statutes, has contribute to the problem by leaving those most concerned - medical care workers – in the dark as to the scope of their protections.

Unlike the federal government and some states, Maryland lacks a general statutory protection for religious freedom like the Federal [Religious Freedom Restoration Act \(RFRA\)](#). (22) This leaves the people of Maryland vulnerable to the machinations of the powerful vested interests enforcing the ideas of gender ideology.

This was precisely the danger that [critics of the constitutional amendment warned of](#). (23) While statutes like § 20-214 were passed with bipartisan support and little controversy, the amendment's rigid ideological mandate undermines such nuanced legal protections. As a result, healthcare professionals who conscientiously object to

performing abortions or participating in gender-transition procedures may find themselves stripped of the legal safeguards they once relied on.

The legislature's failure to address these concerns before pursuing such a drastic change demonstrates a troubling disregard for the practical realities faced by Maryland's healthcare providers. Rather than strengthening protections for both patients and professionals, the amendment creates uncertainty, undermining the legal mechanisms that ensured fairness and balance in sensitive medical and ethical issues.

The irony is striking: statutory provisions like § 20-214 reflected Maryland's ability to craft practical, balanced laws that respected both access to care and individual conscience. Now, those same laws are under siege, their protections eroded by the blunt force of ideological extremism. Moving forward, the legislature must grapple with the consequences of its actions and consider whether it is prepared to see practical, reasonable laws swept away by its ill-conceived choices.

A possible legislative vehicle, the [Medical Ethics Defense Act](#), (24) provides a model for addressing these concerns. By offering statutory protections that shield medical practitioners from discrimination and retaliation, such laws can help preserve the moral integrity of the healthcare profession and ensure that individuals are not coerced into compromising their deeply held convictions. (25)

Conclusion: The Need for Legal Protections

The threats faced by healthcare professionals who refuse to participate in procedures like abortion or gender reassignment surgeries are not hypothetical. They are real and will only get worse as long as Maryland and other states continue to expand the scope of medical practices based on abortion and gender ideology. We need robust legal protections that ensure healthcare professionals can refuse to participate in procedures that violate their conscience without facing career-ending penalties, professional retaliation, or personal harm.

Without these protections, we risk creating an environment where healthcare professionals are forced to choose between their faith or ethical beliefs and their careers, potentially driving many out of the medical field entirely. Protecting the right of conscience for healthcare professionals is not just a matter of individual freedom; it is essential for maintaining the ethical foundations of the healthcare system itself.

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Endnotes

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