



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

March 15, 2024

The Honorable Joseline A. Peña-Melnyk
Chair, House Health and Government Operations Committee
Room 241, House Office Building
Annapolis, Maryland 21401

RE: House Bill 858 – Health - Abortion - Ultrasound and Waiting Period – Letter of Opposition

Dear Chair Peña-Melnyk and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of opposition for House Bill (HB) 858 – Health - Abortion - Ultrasound and Waiting Period. HB 858 prohibits qualified providers from performing or inducing an abortion on a pregnant woman within a certain period of time after the woman receives certain ultrasound imaging. Additionally, it establishes certain requirements regarding the performance of transabdominal ultrasounds and specifies that a woman is not required to accept anything offered during this imaging procedure.

This bill is a targeted regulation of abortion providers (TRAP). TRAP laws single out abortion providers and impose requirements that are different and often more burdensome than those imposed on other medical practices.¹ Ultrasounds are performed for many different medical reasons, including for pregnancies carried to term, and yet this bill only seeks to regulate ultrasounds performed for abortion care. The American College of Obstetricians and Gynecologists (ACOG) does not support legislation that “unduly regulates or criminalizes abortion care providers.”²

This bill includes a mandatory 24-hour waiting period to receive an abortion after receiving an ultrasound. ACOG does not support mandatory waiting periods and considers them to be an additional and unnecessary barrier to accessing evidence-based care.² Furthermore, mandatory waiting periods can increase the cost of abortion and create significant logistical challenges to accessing care, especially for abortion seekers who need to travel far from home.³ This

¹ Targeted Regulation of Abortion Providers (TRAP). Center for Reproductive Rights. Aug 2015.

<https://reproductiverights.org/targeted-regulation-of-abortion-providers-trap/>

² Abortion Access. The American College of Obstetricians and Gynecologists.

<https://www.acog.org/advocacy/policy-priorities/abortion-access>

³ Recommendations and best practice statements across the continuum of abortion care. World Health Organization, Sexual and Reproductive Health Research.

<https://srhr.org/abortioncare/chapter-3/pre-abortion-3-3/law-policy-recommendation-6-mandatory-waiting-periods-3-3-1/>

requirement disproportionately impacts people with fewer resources, many of whom are lower-income, young, and from racial and ethnic minorities.³

Routine ultrasound is not considered medically necessary for first-trimester abortion, but is performed as part of abortion care, especially in second and third trimester abortions.⁴ The decision to perform an ultrasound should be made by the health care provider in line with best medical practices or upon request by a patient. This bill requires conducting an ultrasound regardless of medical necessity, which can significantly add to the cost of the procedure, and requires offering imagery of the ultrasound to the patient, which is not medically necessary, and which ACOG deems an unnecessary restriction to abortion.²

The Department opposes HB 858 as access to safe abortions, particularly in underserved areas and communities, helps in reducing health inequities and providing essential reproductive health care services to those in need.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,



Laura Herrera Scott, M.D., M.P.H.
Secretary

⁴ Requirements for Ultrasound. Guttmacher Institute. Sept 2023.
<https://www.guttmacher.org/state-policy/explore/requirements-ultrasound>