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THE MARYLAND HOUSE OF DELEGATES
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Testimony in SUPPORT of HB 372: Hospitals - Emergency Pregnancy-Related Medical Conditions - Procedures

Summary: HB 372 ensures that Maryland law clearly protects access to emergency medical care for patients experiencing pregnancy-related medical emergencies, including when an abortion is necessary to save a patient's life or prevent serious and permanent harm. In light of growing federal uncertainty surrounding the Emergency Medical Treatment and Labor Act (EMTALA), and its application following *Dobbs v. Jackson Women's Health Organization* (2022), this bill codifies critical protections at the state level so that Maryland patients can continue to rely on timely, lifesaving care in emergency rooms across the state, regardless of where they seek treatment.

Overview: EMTALA, enacted in 1986, requires hospital emergency departments to screen and stabilize any patient presenting with an emergency medical condition, regardless of insurance status or ability to pay (42 U.S.C. § 1395dd). For decades, this law has served as a foundational safeguard for emergency care nationwide.

Following the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization*, (2022), EMTALA has taken on increased importance for pregnant patients. In July 2022, the U.S. Department of Health and Human Services issued guidance clarifying that EMTALA requires hospitals to provide abortion care when necessary to stabilize a patient or prevent serious harm, even in states that restrict abortion (HHS EMTALA Guidance, July 11, 2022). The Trump Administration withdrew this guidance, raising serious doubts that the federal government will enforce EMTALA in cases where emergency abortion care has been delayed or denied. Since Maryland does not have EMTALA law on the books, House Bill 372 is needed so that the Maryland Department of Health and the Office of the Attorney General can bring an enforcement action if needed.

Across the country, we have seen the real-world impact of the lack of federal EMTALA enforcement related to abortion care. In states with abortion bans, providers have documented cases in which patients were denied emergency abortion care and forced to travel while critically ill. While we hope that Marylanders will not experience these same problems, we need to have a

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State law that provides for enforcement authority in case someone does get turned away for emergency abortion care.

Pregnancy-related emergencies that may require abortion care are not rare. Approximately 2 percent of pregnancies are ectopic (ACOG Practice Bulletin No. 193), and an estimated 3 percent involve preterm premature rupture of membranes (PPROM) (ACOG Practice Bulletin No. 217). Other emergencies include placental abruption, severe preeclampsia, chorioamnionitis, and certain cancers requiring immediate treatment. In these situations, delays in care can result in sepsis, hemorrhage, loss of future fertility, or death (ACOG, Committee Opinions on Obstetric Emergencies).

HB 372 responds to this risk by codifying EMTALA's core protections for emergency abortion care into Maryland law.

The bill preserves existing EMTALA principles. It does not require hospitals to provide non-emergency abortion care. It does not change Maryland's "conscience clause" which allows individual healthcare practitioners choose to not participate in abortion care. What it does prohibit, consistent with federal EMTALA, is refusing to treat an emergency patient or preventing an emergency room physician from providing stabilizing care.

Following Senate amendments from last year that are incorporated into the bill as introduced, hospital systems have indicated a neutral position on the bill.

Conclusion: HB 372 is a narrowly crafted, medically necessary safeguard to ensure that Maryland patients experiencing pregnancy-related emergencies receive timely, lifesaving care. In an emergency, patients cannot choose which hospital an ambulance takes them to, and they should not have to worry about whether their survival depends on geography or institutional policy. Regardless of differing views on abortion, this bill is about preserving life, preventing permanent injury, and ensuring that doctors can practice medicine in accordance with their professional judgment during emergencies. I respectfully urge the committee to issue a favorable report on HB 372.