

**Testimony in Support of House Bill 372**

Hospitals – Emergency Pregnancy-Related Medical Conditions – Procedures  
*Before the Health Committee: February 11, 2025*

The Public Health Law Clinic submits this testimony in support of House Bill 372, which aims to ensure access to prompt emergency abortion care for all people in Maryland. This bill requires hospitals with emergency departments to stabilize a patient who has an emergency pregnancy-related medical condition, including terminating the pregnancy when medically necessary, or to transfer the patient to another medical facility. If a hospital violates this section, it is subject to a civil penalty. The deregulatory agenda of the current federal administration has created significant uncertainty about the durability of federal public-health protections, including the Emergency Medical Treatment and Labor Act (EMTALA).<sup>1</sup> EMTALA is the federal law that requires hospitals to provide stabilizing treatment to patients in their emergency rooms.<sup>2</sup> EMTALA defines an “emergency medical condition” as a condition that is so severe that without immediate medical attention the health of the patient is in serious jeopardy. That can certainly be the case for a pregnant person; and in some cases, abortion care is required to treat the emergency. The lack of reliability on the federal level is a cause for concern on many fronts, most notably for pregnant people who require lifesaving abortion care. It is critical that Maryland adopt its own protections in such a period of uncertainty.

EMTALA protections include a myriad of medical procedures that may be required in a medical emergency. This includes protections for pregnant people who present at a hospital in a medical emergency for which abortion care is determined to be the appropriate medical treatment to prevent serious harm or death to the pregnant person.<sup>3</sup> Following the Supreme Court’s 2022 decision in *Dobbs v. Jackson Women’s Health Org.*,<sup>4</sup> the United States Department of Health and Human Services (HHS) issued guidance affirming that a physician must provide an abortion if they determine it is necessary stabilizing treatment.<sup>5</sup> However, in June of 2025, HHS removed that guidance.<sup>6</sup> This has caused reasonable concern that the current federal administration will

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<sup>1</sup> Laurie Sobel, *What Does the Trump Administration’s Dismissal of EMTALA Litigation Mean for Emergency Abortion Care?*, KFF (Mar. 24, 2025), <https://www.kff.org/quick-take/what-does-the-trump-administrations-dismissal-of-emtala-litigation-mean-for-emergency-abortion-care/> [<https://perma.cc/WY6Y-SGQX>]; 42 U.S.C. § 1395dd (1986).

<sup>2</sup> *Id.*

<sup>3</sup> JENNIFER A. STAMAN, CONG. RSCH. SERV., IF12355, OVERVIEW OF THE EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT (EMTALA) AND EMERGENCY ABORTION SERVICES 2 (2023).

<sup>4</sup> 597 U.S. 215 (2022).

<sup>5</sup> Staman, *supra* note 3.

<sup>6</sup> Katie Keith, *Trump Administration Revokes EMTALA Guidance, Will Review Medication Abortion Data*, HEALTH AFFAIRS (June 11, 2025), <https://www.healthaffairs.org/content/forefront/trump-administration-revokes-emtala-guidance-review-medication-abortion-data> [<https://perma.cc/VFT8-VQGY>].

adopt regulations or guidance under EMTALA that restrict or prohibit abortion care under EMTALA—or make it completely optional as a care choice.<sup>7</sup> It is possible that Congress amends EMTALA in that same way. Given the current administration’s interpretation and application of EMTALA, Maryland should pass this bill to ensure that for pregnant people, abortion care is available as an appropriate care plan for medical emergencies. Access to emergency abortion care both guarantees the protections offered by EMTALA in the state of Maryland and solidifies the state’s constitutional right to abortion care.

EMTALA currently requires that a physician provide the necessary care *or* transfer a patient.<sup>8</sup> In states that severely constrain abortion rights, the application of EMTALA to abortion care is controversial.<sup>9</sup> But Maryland has ensconced the right to abortion in the Maryland Constitution such that there is no debate that when medically necessary, EMTALA requires abortion care. All Maryland hospitals adhere to EMTALA’s requirements. Opponents argue that this bill would remove flexibility from Catholic hospitals to transfer a patient if the care does not align with their religious beliefs. However, this bill does not change the law on a provider’s right to refuse care because it simply codifies EMTALA’s requirements into Maryland state law. No Catholic hospitals would have to change their procedures under this bill.

### **Conclusion**

HB 372 by itself will not solve the access to care issues that pregnant people face in this country. However, in the face of such unprecedented times at the federal level, the General Assembly can proactively implement measures to safeguard healthcare access and general wellbeing for all Marylanders. For these reasons, we request a favorable report on House Bill 372.

*This testimony is submitted on behalf of the Public Health Law Clinic at the University of Maryland Carey School of Law and not by the School of Law, the University of Maryland, Baltimore, or the University of Maryland System.*

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<sup>7</sup> Press Release, National Women’s Law Center, Trump Administration Rescinds EMTALA Guidance and Send Clear Signal: Emergency Abortion Care Remains at Risk (June 3, 2025) [<https://perma.cc/K66R-5ZYB>].

<sup>8</sup> 42 U.S.C. § 1395dd (1986).

<sup>9</sup> Emily V. Court, *EMTALA in the Age of Rising Abortion Bans*, HEALTH L. POL’Y (Oct. 12, 2025), <https://www.healthlawpolicy.org/2025/10/12/emtala-in-the-age-of-rising-abortion-bans/> [<https://perma.cc/7QF7-88LK>].