

Department of Legislative Services
Maryland General Assembly
2025 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 1271 (Delegate Ciliberti, *et al.*)
Health and Government Operations

Health - Abortion - Ultrasound and Wait Time

This bill generally prohibits a qualified provider from performing or inducing an abortion on a pregnant woman (1) within 24 hours after the woman receives specified transabdominal ultrasound imaging or (2) if the woman resides at least 100 miles from the facility, within two hours after the woman receives specified transabdominal ultrasound imaging. Violators are subject to a penalty of up to \$2,500.

Fiscal Summary

State Effect: The bill is not anticipated to materially affect State operations and finances, including for the District Court.

Local Effect: The bill is not anticipated to materially affect local government finances or operations.

Small Business Effect: Meaningful.

Analysis

Bill Summary: The medical professional performing the transabdominal ultrasound imaging must (1) be trained in sonography and working under the supervision of a qualified provider; (2) if possible, determine the gestational age of the fetus; (3) if gestational age cannot be determined, verbally offer to the woman other ultrasound imaging to determine the gestational age of the fetus; (4) if present and viewable, include in the ultrasound image the dimensions of the fetus and an accurate portrayal of the presence of external members and internal organs of the fetus; (5) make a print of the ultrasound image to document any measurements taken to determine the gestational age of the fetus; (6) verbally offer to the

woman during the transabdominal ultrasound imaging the option to view the ultrasound image, receive a printed copy of the ultrasound image, and hear the fetal heartbeat; and (7) obtain from the woman specified written certification.

A woman is not required to accept anything offered during the transabdominal ultrasound imaging performed.

The facility in which an abortion is performed must maintain a printed copy of the ultrasound image for the greater of seven years or an amount of time as required by federal or State law.

These requirements do not apply to a woman seeking an abortion if (1) the woman is the victim of an alleged rape or of incest and (2) the incident of rape or incest is reported to law enforcement.

Current Law: For information about the status of abortion access in Maryland and the United States, please see **Appendix – Legal Developments Regarding Abortion**.

Small Business Effect: Meaningful for qualified providers whose practices currently encompass performing abortions to comply with the bill.

Additional Information

Recent Prior Introductions: Similar legislation has been introduced within the last three years. See HB 858 of 2024 and HB 1161 of 2022.

Designated Cross File: None.

Information Source(s): Judiciary (Administrative Office of the Courts); Maryland Department of Health; Department of Legislative Services

Fiscal Note History: First Reader - February 25, 2025
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Appendix – Legal Developments Regarding Abortion

Status of Federal Abortion Law

In June 2022, the U.S. Supreme Court overturned precedent regarding abortion access in *Dobbs v. Jackson Women’s Health Organization*. Before this decision, abortions prior to viability were constitutionally protected based on *Roe v. Wade* and *Planned Parenthood of Southeastern Pennsylvania v. Casey*. The petitioners in *Dobbs* sought to overturn the invalidation of Mississippi’s Gestational Age Act, which prohibited abortions after 15 weeks gestation except for medical emergencies or severe fetal abnormalities. The U.S. Supreme Court upheld the Mississippi law by overturning *Roe* and *Casey*, holding that there is no constitutionally protected right to an abortion as it is not a right explicitly granted by the Constitution or a right “deeply rooted” in the country’s history and tradition. The *Dobbs* decision leaves states to decide how to regulate abortion access, resulting in a patchwork of state laws with varying degrees of access to abortion care.

Maryland Abortion Law

Roe and *Casey* were codified in Maryland law before the *Dobbs* decision, thereby limiting its impact in the State. Section 20-209 of the Health-General Article prohibits the State from interfering with an abortion conducted (1) before viability or (2) at any point, if the procedure is necessary to protect the health or life of the woman in cases of fetal defect, deformity, or abnormality. The Maryland Department of Health may also adopt regulations consistent with established clinical practice if they are necessary and the least intrusive method to protect the life and health of the woman.

Chapter 56 of 2022 expanded beyond physicians the types of health care providers who may provide abortions to include nurse practitioners, nurse-midwives, licensed certified midwives, physician assistants, and other qualified licensed health care providers. The Act also established the Abortion Care Clinical Training Program to (1) ensure there are enough health care professionals to provide abortion services in the State and (2) require health insurers and Maryland Medicaid to cover abortion services without a deductible, coinsurance, copayment, or other cost-sharing requirement. Chapters 248 and 249 of 2023 require certain health insurers that provide labor and delivery coverage to also cover abortion care services, with limited exceptions.

Chapters 244 and 245 of 2023 proposed a constitutional amendment to (1) establish an individual’s fundamental right to reproductive freedom, including but not limited to the ability to make and effectuate decisions to prevent, continue, or end one’s own pregnancy and (2) prohibit the State from directly or indirectly denying, burdening, or abridging the

right unless justified by a compelling State interest achieved by the least restrictive means. In November 2024, Maryland voters approved this constitutional amendment through a ballot referendum.

Maryland Shield Laws

Chapters 248 and 249 generally prohibit the disclosure of mifepristone data or the diagnosis, procedure, medication, or related codes for abortion care and other sensitive health services (including reproductive health services other than abortion care) by a health information exchange, electronic health network, or health care provider. The Acts also define “legally protected health care” to mean all reproductive health services, medications, and supplies related to the provision of abortion care and other sensitive health services as determined by the Secretary of Health based on the recommendation of the Protected Health Care Commission.

Chapters 246 and 247 of 2023 generally (1) establish additional protections for information related to “legally protected health care” when that information is sought by another state; (2) prohibit a health occupations board from taking specified disciplinary actions related to the provision of legally protected health care; (3) prohibit a medical professional liability insurer from taking “adverse actions” against a practitioner related to the practice of legally protected health care; and (4) prohibit specified State entities, agents, and employees from participating in any interstate investigation seeking to impose specified liabilities or sanctions against a person for activity related to legally protected health care (with limited exception). Data related to legally protected health care is also generally protected from other states.

State Actions Following the Dobbs Decision

As of January 2025, 41 states have some type of abortion ban in place with limited exceptions. Twelve states (Alabama, Arkansas, Idaho, Indiana, Kentucky, Louisiana, Mississippi, Oklahoma, South Dakota, Tennessee, Texas, and West Virginia) have implemented total abortion bans. Twenty-nine states have abortion restrictions based on gestational duration, including 7 states that ban abortion at or before 18 weeks gestation and 22 states that ban abortion at some point after 18 weeks. All 41 states have an exception for a threat to the mother’s life; 22 states have exceptions for a threat to the physical health of the mother; and 13 states have exceptions for a threat to the general health of the mother. Several states also have limited exceptions for rape (10 states), incest (9 states), or lethal fetal anomalies (12 states).