

Department of Legislative Services
Maryland General Assembly
2026 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 1131

(Delegate Lopez, *et al.*)

Judiciary and Health

Public Health - Pregnancy Loss - Prohibited Actions (Pregnancy Outcome
Protection Act)

This bill prohibits an individual who experienced “pregnancy loss” from being subject to investigation, civil liability, or criminal prosecution for the loss unless (1) there is independent evidence of criminal conduct unrelated to the pregnancy or pregnancy loss or (2) an “investigating entity” obtains consent of the individual that experienced the loss to investigate suspected criminal conduct of another person related to the pregnancy or pregnancy loss. Additionally, a “provider” acting within their scope of practice may not be subject to investigation, civil liability, or criminal penalty for supporting a patient experiencing a pregnancy loss or after a pregnancy loss. A provider may not report a pregnancy loss or disclose any portion of a medical record related to a pregnancy loss unless (1) there is clear evidence of external abuse or coercion related to the pregnancy loss; (2) there is independent evidence of criminal conduct unrelated to the pregnancy loss; or (3) the provider first obtains the consent of the individual that experienced the pregnancy loss. The bill also establishes penalties for a violation of the bill. **The bill takes effect July 1, 2026.**

Fiscal Summary

State Effect: The Judiciary can handle any increase in charges or civil actions filed using existing budgeted resources. Penalty provisions are not anticipated to materially impact State revenues.

Local Effect: None.

Small Business Effect: Minimal.

Analysis

Bill Summary:

Definitions

“Pregnancy loss” means the unintentional or intentional death of a fetus or embryo during pregnancy or labor. It includes a miscarriage, stillbirth, and self-managed abortion. It does not include a death that occurs after a live birth.

“Provider” means (1) a person who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care in the ordinary course of business or practice of a profession; (2) a facility where health care is provided to patients or recipients, including a hospital, outpatient clinic, medical laboratory, comprehensive crisis response center, crisis stabilization center, and crisis treatment center, among other facilities and related institutions; or (3) an individual who provides doula services.

“Investigating entity” includes a law enforcement agency, the Department of Juvenile Services, the Social Services Administration within the Department of Human Services (DHS) or a local department of social services, or child protective services within DHS or a local department of child protective services.

Rights of the Individual Who Experienced Pregnancy Loss

If an individual who experienced pregnancy loss is subject to an investigation in violation of the bill, the individual may bring civil action against the investigating entity.

An incidence of pregnancy loss does not constitute probable cause to issue a search warrant unless (1) there is independent evidence of criminal conduct unrelated to the pregnancy or pregnancy loss or (2) the person seeking the search warrant obtains consent of the individual that experienced the loss to investigate the suspected criminal conduct of another person related to the pregnancy or pregnancy loss.

Penalties

Generally, a provider, investigating entity, or any other person who knowingly and willfully violates the bill is guilty of a misdemeanor and on conviction is subject to a fine of up to \$1,000 for the first offense and up to \$5,000 for each subsequent offense.

A provider, investigating entity, or other person who knowingly, willfully, and under false pretenses or through deception violates the bill is guilty of a misdemeanor and on conviction is subject to (1) for first offense, a fine of up to \$50,000 and/or imprisonment

for up to one year and (2) for each subsequent offense, a fine of up to \$100,000 and/or imprisonment for up to five years.

Current Law: Under § 1-203 of the Criminal Procedure Article, a circuit or district court judge may issue a search warrant if there is probable cause to believe that (1) a misdemeanor or felony is being committed by a person or in a building, apartment, premises, place, or thing within the territorial jurisdiction of the judge or (2) property subject to seizure under the criminal laws of the State is on the person or in or on the building, apartment, premises, place, or thing. An application for a search warrant must be accompanied by an affidavit that (1) sets forth the basis for probable cause and (2) contains facts within the personal knowledge of the affiant that there is probable cause.

For a detailed discussion of both federal and State abortion laws, please see **Appendix – Legal Developments Regarding Abortion.**

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: None.

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

Fiscal Note History: First Reader - March 3, 2026
caw/jc

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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 or in cases of fetal defect, deformity, or abnormality. The Maryland Department of Health (MDH) 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.

Chapters 435 and 436 of 2025 established the Public Health Abortion Grant Program. The program was intended to transfer excess funds from carriers' segregated accounts, which are required under the federal Patient Protection and Affordable Care Act (ACA), to a separate fund under MDH to provide grants to improve access to abortion care clinical services for individuals without sufficient resources. Uncodified language in the Acts specified that the bills must terminate if the federal Centers for Medicare and Medicaid Services (CMS) advised that the bills violate the ACA. On December 9, 2025, CMS issued new guidance about the use of carriers' segregated funds. CMS subsequently notified the Maryland Insurance Administration that, in accordance with the guidance, the Acts exceed the permissible uses of the segregated funds under Section 1303 of the ACA. Therefore, the Acts must terminate.

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 December 2025, 41 states have some type of abortion ban or gestational limit in place with limited exceptions. Thirteen states (Alabama, Arkansas, Idaho, Indiana, Kentucky,

Louisiana, Mississippi, North Dakota, Oklahoma, South Dakota, Tennessee, Texas, and West Virginia) have implemented total abortion bans. Twenty-eight states have abortion restrictions based on gestational duration, including seven states that ban abortion at or before 18 weeks gestation and 21 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 (9 states), incest (8 states), or lethal fetal anomalies (13 states).