



HB1112 - Public Health – Maternal and Child Mortality – Review and Perinatal Hospice Services
Presented to the Hon. Shane Pendergrass and Members of the Health & Government Operations Committee
March 19, 2021 1:30 p.m.

POSITION: OPPOSE

NARAL Pro-Choice Maryland urges the Senate Finance Committee to issue **an unfavorable report on SB0891 – HB1112 - Public Health – Maternal and Child Mortality – Review and Perinatal Hospice Services** sponsored by Delegate William Wivell.

Our organization is an advocate for reproductive health, rights, and justice. As part of our efforts to protect reproductive freedom for all Marylanders, we work to ensure every individual has the right to decide if, when, and how to form their families, and to parent in good health, in safety, and with dignity. We honor pregnancy in all its complexity, advocate for those who wish to bear healthy children, and fight against reproductive coercion. We respect the expertise of healthcare and social work professionals in providing comprehensive perinatal and postpartum care, as well as counseling which includes palliative hospice services for fatal fetal anomalies. We understand the need for maintaining patient-provider trust in regard to reproductive and pediatric care, including the involvement of patients in care-continuation and decision-making.

Fatal fetal abnormalities can occur at any point during the pregnancy, most often resulting in genetic malformations such as trisomy 13, a condition resulting in severe physical and cognitive anomalies that usually results in infant death during the first week postpartum, and anencephaly, in which a child is born without all or some parts of their brain.¹ These anomalies are almost always discovered during pregnancy; as a result, providers begin discussing options with patients when the diagnosis is made, putting together a team of social workers, pediatricians, OBGYNs, and palliative care specialists to provide care based on the decisions of pregnant patients and their families.

This bill is requiring the state to dictate the type of resources being offered by physicians in their treatment of patients. By requiring that information be given to a patient facing a fatal fetal diagnosis listing perinatal hospice programs that may have not vetted by the physicians themselves puts patients at risk for further confusion and can break an already delicate patient-provider trust network. Physicians give medical advice based on the needs and wishes of their patients, and providing pregnant individuals who do not wish to consider certain pediatric palliative care with these materials could cause further psychological distress and trauma. This bill also fails to consider the already established and vetted hospice programs that exist in

¹ Heuser CC, Eller AG, Byrne JL Survey of physicians' approach to severe fetal anomalies *Journal of Medical Ethics* 2012; 38:391-395.

hospitals in which the physicians and their teams already work. There are over 212 pediatric palliative care programs nationwide, with over 50% of all programs located in a hospital or fetal diagnostic center.² Having palliative care support systems available from the moment of diagnosis is essential for ensuring the best outcome for the pregnant person while still respecting their pregnancy wishes. The legislation also fails to recognize that compassionate palliative pregnancy-related healthcare has many options, including abortion care. A patient need not be blindsided by entering into a program that does not offer all options, and being denied abortion care if she should later choose to take that course.

Finally, this bill uses problematic language in how it identifies a fetus. The language refers to all fetuses as “unborn child”, assuming that all pregnant individuals have the same viewpoint about their pregnancy. When identifying and providing support for pregnancies resulting in fatal fetal abnormalities, it is essential to identify and use the patient’s preferred terminology (such as baby, pregnancy, or fetus) and to continue using the correct identifiers so as to not cause further distress or discomfort to patients. The goals and objectives of the patient must align with the palliative care team, and as a result, continuous communication about terminology and intended pregnancy outcome is essential. We also suspect that the authors of this bill seek to pass legislation toward the goal of establishing a fetus as having personhood, which puts all pregnant people in harm’s way of losing their bodily autonomy and the right to determine the outcome of a pregnancy.

We fear that requiring healthcare providers to provide options on pediatric palliative care programs without being properly vetted by the providers themselves may lead to patients feeling coerced into options against their better judgement. The state does not have the right to dictate communications between medical professionals and patients, and should not be mandated to place information about perinatal hospice programs on the state health department website as if it is the only recommended option when faced with such a diagnosis.

For these reasons, NARAL Pro-Choice Maryland **urges an unfavorable committee report on HB1112**. Thank you for your time and consideration.

² Marc-Aurele, K., Hull, A., Jones, M., Pretorius, D. A fetal diagnostic center’s referral rate for perinatal palliative care. *Annals of Palliative Medicine*. 2017;7(2). <https://apm.amegroups.com/article/view/14687>.