



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

March 13, 2024

The Honorable Pamela Beidle
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: Senate Bill 862 - Public Health - Pregnancy - Coercion (Protecting Pregnant Women Against Coercive Abuse and Human Trafficking) – Letter of Opposition

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of opposition for Senate Bill (SB) 862 - Public Health - Pregnancy - Coercion (Protecting Pregnant Women Against Coercive Abuse and Human Trafficking). SB 862 prohibits certain actions related to sex trafficking with the intent of coercing a pregnant woman to have an abortion and requires a waiting period if there is suspicion of coercion to have an abortion. Additionally, the bill considers pregnant minors emancipated for eligibility for public assistance under certain conditions. Lastly, SB 862 requires facilities that perform abortions to display certain signage.

This bill is a targeted regulation of abortion providers (TRAP). TRAP laws single out abortion providers and impose requirements that are different and often more burdensome than those imposed on other medical practices.¹ For example, this bill requires an “alternative exit from the facility” to pregnant patients, which imposes a vague and difficult physical infrastructure requirement that all abortion facilities would need to meet. It also requires abortion facilities to post signs containing certain information related to sex trafficking in rooms of the facility as a “condition of licensure.” The American College of Gynecology and Obstetrics (ACOG) does not support legislation that “unduly regulates or criminalizes abortion care providers.”²

Every state, including Maryland, requires that a patient provide informed consent before undergoing any medical treatment, including abortion.³ Informed consent must include voluntary participation in the decision. Despite this existing requirement, the bill imposes specific counseling requirements on abortion providing facilities only, including asking a pregnant woman if she is being forced to have an abortion or is being sex trafficked. Domestic abuse is a widespread social problem, but evidence shows that coercion to get an abortion is extremely uncommon.⁴ A systematic review of reproductive coercion studies shows that men pressure their pregnant partners not to get an abortion at twice the rate of those who pressure

¹ Targeted Regulation of Abortion Providers (TRAP). Center for Reproductive Rights. Aug 2015.

<https://reproductiverights.org/targeted-regulation-of-abortion-providers-trap/>

² Abortion Access. The American College of Obstetricians and Gynecologists.

<https://www.acog.org/advocacy/policy-priorities/abortion-access>

³ Counseling and Waiting Periods for Abortion. Guttmacher Institute. Aug 2023.

<https://www.guttmacher.org/state-policy/explore/counseling-and-waiting-periods-abortion>

⁴ Grace KT, Anderson JC. Reproductive Coercion: A Systematic Review. *Trauma Violence Abuse*. 2018;19(4):371-390. doi:10.1177/1524838016663935

partners to get an abortion.⁴ Additionally, pregnant women who experience violence and abuse from their partner listed abuse as their reason to seek the abortion in order to end the relationship or discontinue a connection to an abusive partner.⁴ Anti-coercion policies that single out abortion providers are not evidence-based and detract from the larger issue of domestic and sexual violence. This bill creates burdensome regulations for abortion providers with no evidence to suggest they would result in an increase in patient safety.

SB 862 mandates submission of a report to a “local law enforcement agency” within 48 hours of suspecting or discovering coercion and requires the report to contain the name and address of the pregnant woman. This raises significant concerns for a patient’s right to privacy, as their personal identifying information and request for abortion care would be shared without their consent to law enforcement. At a time when pregnancy outcomes and abortion are increasingly criminalized around the country, including in states that abortion seekers may be traveling to Maryland from, this requirement is a threat to patient safety.⁵

SB 862 includes a mandatory 24-hour waiting period to receive an abortion if a pregnant woman is “known, alleged, or suspected to be a victim” of coercion or sex trafficking. It does not specify who could come forward with a suspicion that could then result in this mandatory waiting period. ACOG does not support mandatory waiting periods and considers them to be an additional and unnecessary barrier to accessing evidence-based care.² In addition, mandatory waiting periods can increase the cost of abortion and create significant logistical challenges to accessing care, especially for those seeking an abortion who need to travel far from home.⁶ This disproportionately impacts people with fewer resources, many of whom are lower-income, young, and from racial and ethnic minorities.⁵

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,



Laura Herrera Scott, M.D., M.P.H.
Secretary

⁵ Human Rights Crisis: Abortion in the United States After Dobbs. Human Rights Watch. April 2023. https://www.hrw.org/news/2023/04/18/human-rights-crisis-abortion-united-states-after-dobbs#_Toc132207237

⁶ Recommendations and best practice statements across the continuum of abortion care. World Health Organization, Sexual and Reproductive Health Research. <https://srhr.org/abortioncare/chapter-3/pre-abortion-3-3/law-policy-recommendation-6-mandatory-waiting-periods-3-3-1/>