UNFAVORABLE

HB905/SB720 - Hospitals – Clinical Staffing Committees and Plans – Establishment (Safe Staffing Act of 2025)

Laura Bogley, JD
Executive Director
Maryland Right to Life, Inc.

On behalf of our Board of Directors and many chapters across the state, we oppose **House Bill 905 /Senate Bill 720 the so-called Safe Staffing Act** and urge your unfavorable report.

This bill is an attack on the Constitution and free exercise of religion. This bill could compel private and faith-based hospitals to retain and compensate abortionists and an unlicensed abortion workforce, in violation of their First Amendment rights of conscience and religious liberty, as well as in violation of Title VII of the Civil Rights Act of 1964 and the Religious Freedom Restoration Act.

This bill fails to provide a conscience clause to exempt faith-based hospitals and medical providers from compensating abortion workers or committing abortions, against their deeply held religious beliefs – and in fact, specifically targets private and faith-based hospitals for liability under this bill. As a result, many healthcare providers will be forced to leave the state, exacerbating the problem of medical scarcity in Maryland.

Induced abortion is not health care and is never medically necessary. Faith-based hospitals already regularly comply with the federal Emergency Medical Treatment and Labor Act (EMTALA), and provide emergency medical intervention for pregnant women whose physical lives are at risk – including for ectopic pregnancy and miscarriage. But this bill could be exploited to require faith-based hospitals to keep abortionists on staff for the purpose of committing elective abortions. Hospital administrations are in the best position to make decisions about staffing and required medical expertise and must be free to do so without political interference from the State.

CONSCIENCE RIGHTS MUST NOT BE INFRINGED

The freedom to practice one's religion is one of our most cherished rights. According to a January 2025 Marist poll, 62% of people, including 51% of democrats, responded that medical providers should not be legally required to perform induced abortions against their conscience.

Maryland's existing statutory conscience rights for medical providers are insufficient. While state law prevents employers from discriminating against their employee's rights and compelling them to provide abortions, the law does not protect medical providers who refuse to commit abortions due to their deeply held religious beliefs from civil liability. The State does provide blanket immunity for any provider who commits abortions.

Federal law recognizes this and protects medical personnel from being compelled to do something against their religious convictions. Without comprehensive protection, healthcare rights of conscience may be violated in various ways, such as harassment, demotion, salary reduction, transfer, termination, loss of staffing privileges, denial of aid or benefits, and refusal to license or refusal to certify.

The State also would be in violation of federal **Title VII of the Civil Rights Act of 1964**, which states that an employer must not discriminate against an employee based on the employee's religious beliefs. Employees cannot be subjected to harassment because of their religious beliefs or practices. Title VII requires employers to grant reasonable requests for religious accommodations unless doing so would result in undue hardship to the employer.

But by enacting this bill, the Maryland General Assembly would infringe upon the Constitutional right to the free exercise of religion guaranteed to all citizens under the **First Amendment** and force physicians to violate their Hippocratic Oath in which they swore first to do no harm to their patients. As a result, many healthcare providers will be forced to leave the state, exacerbating the problem of medical scarcity in Maryland.

Current state laws do not provide adequate protections for healthcare providers. While statute protects the right of a provider to refuse to participate in abortion practices on the basis of religious beliefs, the law does not shield the provider from civil suit. Further non-religiously affiliated pro-life professionals, institutions, and payers may have moral (though not religious) objections to participating in, facilitating, and funding life-ending drugs and devices, but are left unprotected. Given this lack of conscience protections, pro-life healthcare providers, institutions, and taxpayers still face coercive efforts by the state government and private institutions to perform induced abortions.

Protecting the freedom of conscience is common sense. Conscience-respecting legislation does not ban any procedure or prescription and does not mandate any particular belief or morality. Protecting conscience helps ensure that healthcare providers enter and remain in their professions, helping to meet the rising demand for quality health care in Maryland.

EMERGENCY MEDICAL TREATMENT AND LABOR ACT

In *Dobbs v. Jackson Women's Health Organization* (2022), the United States Supreme Court overruled *Roe v. Wade* (1973) and held that a right to abortion is not found in the Constitution of the United States. The Court also held that states have an interest in preserving the integrity of the medical profession, which includes protecting the freedom of conscience of healthcare providers.

But in defiance of the Court and the *Dobbs* decision, the Biden Administration weaponized the Department of Justice and the Department of Health and Human Services to once again impose abortion mandates on the states. The Biden administration exploited EMTALA in an attempt to force physicians to perform induced abortions in violation of their oath and religious freedoms.

The EMTALA statute was enacted by Congress in 1986, "to ensure public access to emergency services regardless of ability to pay." EMTALA requires hospitals that receive Medicare funding to medically screen, stabilize, and appropriately transfer an individual with an "emergency medical condition."

EMTALA specifically directs care, where applicable, for **both the pregnant woman and her unborn baby**, and never mentions abortion. The sole purpose of induced abortion is to end the life of the unborn baby, an act of violence that is never medically necessary.

STATE CULPABILITY IN ENGINEERED EMERGENCIES

This bill enables the abortion industry and abortion drug manufacturers to be grossly negligent and endanger the health and lives of their female patients with no consequences. By enacting this bill, the Assembly will be passing the burden of care to hospitals to complete induced abortions or provide emergency interventions for women injured as a result of substandard care at the hands of abortionists.

Maryland is state-sponsor of the abortion industry. Through radical acts of this legislature, the State has endorsed induced abortion practices as healthcare and SAFE. But in a huge contradiction, democrats now demand that taxpayers cover the costs of **medical emergencies caused at the hands of abortionists.**

This legislature has forced taxpayers to fund aggressive campaigns to impose abortion on women and girls in and trafficked into Maryland. The legislature has consistently rejected measures to provide women a right to informed consent or equal access to lifesaving alternatives to abortion. The State has put abortion politics before patients and shielded abortionists from liability for the injury, death, sexual abuse or trafficking of their patients.

The Maryland General Assembly has fully deregulated induced abortion practices, removing induced abortion from the spectrum of healthcare in all ways accept funding. Through the *Abortion Care Access Act* of 2022, the state removed the final safeguard in law for women that permitted only licensed physicians to perform or provide abortions and instead authorized any certified individual to commit abortions. State taxpayers are now forced to fund the training of this substandard abortion workforce.

In 2022, the Biden administration and democrat attorneys general from across the nation, including Maryland Attorney General Brian Frosh, pressured the Food and Drug Administration to remove critical safeguards for women's health when using chemical abortion-inducing drugs. The Biden FDA removed remediation standards which it had put in place to reverse damage or remove risk caused by abortion drugs, including severe hemorrhaging, infection, misdiagnoses and even death. As a result, chemical abortion is 4 times more dangerous than surgical abortion. To date, at least 36 women have been killed by abortionists providing abortion-inducing drugs.

Now democrat lawmakers introduce this bill that asks hospitals and medical providers to bear the burden of the substandard practices of the abortion industry. This bill asks hospitals and medical providers to bear the cost for completing abortions that result from medical negligence or misuse of abortion-inducing drugs. Most reprehensibly, the State is using medical emergencies engineered by its own

willful and wanton disregard for women's safety, to justify religious discrimination, harassment and infringement upon medical providers' Constitutional rights.

HOSPITAL LIABILITY

This bill creates a precarious legal dilemma for hospitals in Maryland. Under this bill, hospitals will face civil liability either for violation of state law, or for violation of their employees' Constitutional rights. This conflict clearly demonstrates why the bill itself is unconstitutional.

Any hospital that violates their employees' religious freedoms will be exposed to litigation, class action suits and accumulating financial liability. Hospitals are subject to the federal conscience laws that, in the words of the Supreme Court in ***FDA v. Alliance for Hippocratic Medicine*** **("*AHA*")**, "allow doctors and other healthcare personnel to 'refuse to perform or assist' an abortion without punishment or discrimination from their employers."

Further, the hospital cannot even force them to assist with abortions in emergency situations, as the Emergency Medical Treatment and Labor Act (EMTALA) does not override federal conscience laws. In *AHA*, the Supreme Court said that "EMTALA does not require doctors to perform abortions or provide abortion-related medical treatment over their conscience objections because EMTALA does not impose obligations on individual doctors." The Supreme Court also stated that hospitals "must accommodate doctors in emergency rooms no less than in other contexts" and "try to plan ahead for how to deal with a doctor's absence due to conscience objections."

In *FDA v. Alliance for Hippocratic Medicine*, the plaintiff-doctors expressed the fear that Emergency Medical Treatment and Labor Act (EMTALA) "*could be interpreted to override those federal conscience laws and to require individual emergency room doctors to participate in emergency abortions in some circumstances.* See 42 U. S. C. §1395dd."

However, as the Supreme Court noted:

> "*[T]he Government has disclaimed that reading of EMTALA. And we agree with the Government's view of EMTALA on that point. EMTALA does not require doctors to perform abortions or provide abortion-related medical treatment over their conscience objections because EMTALA does not impose obligations on individual doctors. As the Solicitor General succinctly and correctly stated, EMTALA does not "override an individual doctor's conscience objections." We agree with the Solicitor General's representation that federal conscience protections provide "broad coverage" and will "shield a doctor who doesn't want to provide care in violation of those protections."*

Finally, federal regulations require hospitals to turn away patients when they are not sufficiently staffed. Under **42 CFR 489.24(b)**, hospitals can and in fact have a duty to initiate drive-by status if they lack "qualified personnel or transportation" required for treatment. This regulation demonstrates that while hospitals have treatment duties, these are limited by capacity constraints. 42 CFR 489.24(b)(4) affirms

hospital authority to redirect incoming ambulances when reaching drive-by status due to capacity saturation or capability constraints. While access has public value, so does preserving institutional competence. Reasonable drive-by policies preserve a hospital's institutional competence and ensure patients are redirected for emergency care.

ABORTION IS NOT HEALTHCARE

Induced abortion is not healthcare. It is violence and brutality that ends the lives of unborn children through suction, dismemberment, chemical poisoning or starvation. The fact that 85% of OB/GYNs in a representative national survey refuse to commit induced abortions is glaring evidence that abortion is not an essential part of women's healthcare.

The sole purpose of induced abortion is to end the life of a preborn patient. Doctors regularly treat serious pregnancy complications without intentionally killing a preborn child. This includes being able to perform maternal-fetal separations when a woman's life is endangered by a pregnancy complication – something that is already allowed by EMTALA as well as by every state law in the country. **No law in any state prohibits medical intervention to treat miscarriage, ectopic pregnancy or to save the physical life of the mother.**

NO PUBLIC FUNDING FOR ABORTION VIOLENCE

Maryland is one of only 4 states that forces taxpayers to fund abortions. There is longstanding bi-partisan unity on prohibiting the use of taxpayer funding for abortion. 57% percent of those surveyed in a January 2025 Marist poll say they oppose taxpayer funding of abortion.

The Supreme Court of the United States, in *Dobbs v. Jackson Women's Health* (2022), overturned *Roe v. Wade* (1973) and held that there is no right to abortion found in the Constitution of the United States. The Supreme Court affirmed in *Harris v. McRae* (1980), that *Roe* had created a limitation on government, not a government funding entitlement. The Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that "*no other procedure involves the purposeful termination of a potential life*", and held that there is "*no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds*."

Furthermore, a state is under no constitutional duty to provide induced abortion services for those within its borders (*Youngberg v. Romeo*, 457 U.S. 307, 317 (1982)). There is no constitutional requirement for a state to fund non-therapeutic abortions (*Maher v. Roe*, 432 U.S. 464, 469 (1977)).

For these reasons we respectfully urge your unfavorable report on this bill. We appeal to you to prioritize the state's interest in human life and restore to all people, our natural and Constitutional rights to life, liberty, freedom of speech and religion.

SOURCES:

James Bopps, Attorney, National Right to Life Committee: https://www.supremecourt.gov/DocketPDF/23/23-726/301631/20240227172259691_NRLC%20Idaho%20Brief%20of%20Amicus%20Curiae.pdf .

Olivia Summers, Attorney, American Center for Law and Justice: https://aclj.org/pro-life/hospital-unlawfully-forcing-three-ultrasound-technicians-to-assist-in-abortions-in-violation-of-their-faith--the-aclj-is-fighting-back .

American Association of Pro-Life Obstetricians and Gynecologists: https://aaplog.org/aaplog-comment-on-fifth-circuit-ruling-on-state-of-texas-v-becerra/.