SB 0447 - FIN - MDH - LOS.docx.pdf
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Position: FAV

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

February 11, 2025

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

RE: Senate Bill 447 – Hospitals - Emergency Medical Conditions - Procedures – Letter of Support

Dear Chair Beidle and Committee members:

The Maryland Department of Health (the Department) respectfully submits this letter of support for Senate Bill (SB) 447 – Hospitals - Emergency Medical Conditions - Procedures. SB 447 requires a hospital to conduct screening on an individual presenting at an emergency department of the hospital to determine whether the individual has an emergency medical condition, establishes requirements and prohibitions related to the treatment and transfer of an individual who has an emergency medical condition, and prohibits a hospital from taking adverse action against a provider for not transferring a patient who is not stabilized.

This bill mirrors the federal Emergency Medical Treatment and Labor Act (EMTALA), which requires hospitals with emergency departments to provide a medical screening examination to any individual who comes to the emergency department and requests such an examination, and prohibits hospitals with emergency departments from refusing to examine or treat individuals with an emergency medical condition[1]. EMTALA applies to hospitals that participate in Medicare, whereas this bill would apply to all hospitals in Maryland, regardless of Medicare participation. The Department supports mandating hospitals to screen for, treat, and stabilize emergency medical conditions, including through the provision of or referral for pregnancy termination services when needed. SB 447 would codify important standards of emergency care in Maryland, which will save lives, even if there are changes at the federal level to EMTALA.

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,

[1]https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcomplianc/downloads/emtala.pdf

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

SB0477 Testimonial.pdf
Uploaded by: Rachel Santos
Position: FAV

Rachel Santos
Regarding SB 0477
February 5, 2025

My name is Rachel Santos, and I am a concerned Maryland resident, Obstetric Nurse, and pregnant person. I am testifying in order to voice my vehement support for ensuring access to prompt emergency abortion care for all people in Maryland. Regardless of action taken on the federal level, it is critical to ensure access to emergency medical care in Maryland. Legislation such as SB 0477 promotes the ability of healthcare providers to provide evidence-based care.

Through my work in the inpatient setting, I see firsthand the importance of access to this care. Working on a labor & delivery unit in East Baltimore, I've had the opportunity to care for very sick patients needing prompt care. As both a nurse and pregnant person, I am proud and relieved to be in a state in which I can help provide this necessary care, and also receive it if necessary. Legislation such as the Maryland Constitutional Amendment-Right to Reproductive Freedom is not just a clear representation of Marylander's support for this access to care, but a critical part of healthcare providers' ability to provide necessary care without retribution.

I feel compelled to testify on behalf of all of my patients, and on behalf of anybody who could find themselves needing this life-saving care. I will never forget the day I cared for a patient who happened to be in another state on a business trip when her water broke. The patient was well into her second trimester, but several weeks before the gestational age of fetal viability. She quickly became very ill and went to an emergency room where she was denied necessary abortion care because her fetus still had a heartbeat. By the time she left the emergency room in a southern state, caught a red-eye flight back to Maryland and arrived at the hospital where I work, she had developed life threatening sepsis.

Fortunately, we were able to promptly provide necessary life-saving care. Following her procedure, the patient and her husband tearfully detailed their harrowing account of attempting to seek this necessary care in another state, being forced to make the decision to *leave a hospital* to try to *save her life* and uterus, and enduring their long flight home to Maryland while vigilantly watching the flight map in case they needed an emergency landing should her condition quickly worsen. Absolutely nobody should have to be in that position, ever. I will never forget their heartbreak, disgust and rage. This vignette is but one of countless stories that those of us working on obstetric services could share, further illustrating the crucial need for emergency abortion care.

By supporting SB0477, you are protecting not just anonymous Marylanders, but also those you love who could find themselves needing this care. Can you imagine the patient I described being your daughter, sister, aunt, friend, neighbor or spouse being denied life-saving care? Nobody is immune to emergencies, and nobody should be allowed to die due to the lack of enforcement of necessary, evidence-based medical

care. Healthcare providers want to be able to provide the best possible care for their patients, and by supporting this legislation you are supporting the health and future of medicine in Maryland.

Thank you Chairwoman Beidle, Vice Chairman Hayes, other Council members, and Senator Lam for your efforts to protect access to emergency abortion care in Maryland. I hope this testimony further supports your valuable work to ensure access to necessary medical care in Maryland.

Sincerely,

Rachel Santos

2025 ACNM SB 447 Senate Side.pdf
Uploaded by: Robyn Elliott
Position: FAV

AFFILIATE OF
AMERICAN COLLEGE of NURSE-MIDWIVES
With women, for a lifetime®

Committee: **Senate Finance Committee**

Bill: **Senate Bill 447 – Hospitals Emergency Medical Conditions - Procedures**

Hearing Date: **February 11, 2025**

Position: **Support**

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) strongly supports *Senate Bill 447 – Hospitals – Emergency Medical Conditions – Procedures*. The legislation codifies the federal Emergency Medical Treatment and Active Labor Act (EMTALA) into Maryland law.

EMTALA has been a critical tool in ensuring access to abortion and other lifesaving pregnancy care in hospitals across the country. When it is not enforced, we have seen a devastating impact on the lives of people who are supposed to be protected under the laws. For example, there have been deaths in Georgia and Texas from delays in providing abortion care in emergencies after those states implemented abortion bans.

In Maryland, we rely on enforcement of the federal EMTALA law to protect the health and safety of Marylanders. However, it is unclear how federal agencies will interpret and enforce EMTALA. We cannot afford this risk; and we believe it is imperative that Maryland adopt its own EMTALA standards.

We ask for a favorable report on this legislation. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

2025 WLC SB 447 Senate Side.pdf
Uploaded by: Robyn Elliott
Position: FAV

Women's Law Center of Maryland
JUSTICE FAIRNESS EQUALITY
102 West Pennsylvania Avenue, Suite 100 Towson, MD 21204
phone 410-321-8761 fax 410-321-0462 www.wlcmd.org

Committee: **Senate Finance Committee**

Bill: **Senate Bill 447 – Hospitals Emergency Medical Conditions - Procedures**

Hearing Date: **February 11, 2025**

Position: **Support**

The Women's Law Center of Maryland strongly supports *Senate Bill 447 – Hospitals – Emergency Medical Conditions – Procedures*. The legislation codifies the federal Emergency Medical Treatment and Active Labor Act (EMTALA) into Maryland law.

The fate of federal enforcement of EMTALA is unclear. If federal agencies change their interpretation or enforcement of EMTALA, it would have devastating consequences of women's health across the country. Most states, including Maryland, do not have EMTALA provision codified in state law. We need the legal safety net provided by SB 447 given the current national landscape.

We ask for a favorable report on SB 447. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

The Women's Law Center of Maryland is a private, non-profit, legal services organization that serves as a leading voice for justice and fairness for women. It advocates for the rights of women through legal assistance to individuals and strategic initiatives to achieve systemic change, working to ensure physical safety, economic security, and bodily autonomy for women in Maryland.

SB447 EMTALA Hopkins Opp.pdf
Uploaded by: Annie Coble
Position: UNF

JOHNS HOPKINS
UNIVERSITY & MEDICINE

TO: The Honorable Pamela Beidle, Chair
Senate Finance Committee

SB447
Unfavorable

FROM: Annie Coble
Assistant Director, Maryland Government Affairs

DATE: February 11, 2025

RE: SB447 HOSPITALS – EMERGENCY MEDICAL CONDITIONS - PROCEDURES

Johns Hopkins opposes **SB447 Hospitals – Emergency Medical Conditions – Procedures.** As written, the bill codifies Emergency Medical Treatment and Labor Act (EMTALA) in Maryland statute and adds additional State penalties. We understand and support the goal of the legislation is to create additional protection for patients, but are concerned with the execution.

EMTALA is a federal law that protects patients by requiring hospitals to provide emergency care to anyone in need. EMTALA was enacted in 1986 and has been updated throughout the years based on precedents and best practices. Duplicating the provisions in State law could easily lead to confusion and discrepancies regarding implementation. For example, there are discrepancies between this law and EMTALA regarding hospitals accepting transfers, and allowable procedures to register a patient.

As written, there are different thresholds for penalties between the current EMTALA federal law and the proposed law but no clarity regarding if a hospital, and/or its providers, could be penalized by both.

Finally, and more importantly, duplicating EMTALA would not create any more protections for patients. Hospitals are dedicated, and required, to provide emergency care to best serve our patients. Johns Hopkins Medicine handles more than 337,100 emergency visits each year. This law would not change if, how or when we deliver necessary care to our patients.

Johns Hopkins respectfully requests an **unfavorable** committee report on SB447, as it is duplicative and unnecessary but does not help patients.

2025 SB447 Opp Emergency Medical Conditions.pdf
Uploaded by: Deborah Brocato
Position: UNF

Opposition Statement SB447
Hospitals – Emergency Medical Conditions - Procedures
Deborah Brocato, Legislative Consultant
Maryland Right to Life

We Oppose SB447
On behalf of our Board of Directors and members across the state, we strongly object to the appropriation and use of any public funds for the purposes of abortion violence. Maryland Right to Life opposes any laws that would force hospitals to provide abortion and abortion services; therefore, Maryland Right to life requests an unfavorable report on SB447.

There have been efforts by the General Assembly to force Hospital emergency rooms to perform abortions and staff the emergency departments with personnel for that purpose. Maryland Right to Life objects to any bill that provides funding for staffing the abortion workforce. Abortion is not an emergency treatment. Last session, SB1175 Maryland Lifesaving Treatment Access and Abortion Protection Act was introduced. Thankfully, SB1175 did not pass. This session, SB447 seeks to treat pregnancy as an emergency condition for which, in Maryland, abortion would be seen as a "stabilizing" treatment.

Abortion up to birth is legal in Maryland. If a pregnant woman in labor enters an emergency room demanding an abortion. Because birth is imminent, her condition, according to this bill, would be classified as an "emergency medical condition", and the Emergency Room would be required to provide the abortion. That would mean a hospital would be required to have on staff "qualified providers" that can perform these late-term abortions. If the hospital does not provide the abortion treatment, this bill requires the hospital and/or the hospital employee be penalized for the violation.

Pregnancy, on its own, is NOT an emergency condition. Active labor is a normal stage of pregnancy. Babies have been delivered at home and in cars and various other places when necessary. Labor can certainly become an emergency situation if the baby and/or the mother are in distress. Hospital personnel would act to save the lives of both the mother and the baby. **Wanting an abortion is not an emergency situation. No hospital should be forced to provide abortions.**

MDH is Failing Pregnant Women: The Maryland Department of Health has consistently failed to meet the needs of pregnant women and families in Maryland and appropriations should be withheld until the Department provides the annual report to the Centers for Disease Control to measure the number of abortions committed each year in Maryland, abortion reasons, funding sources and related health complications or injuries.

- The Department has routinely failed to enforce existing state health and safety regulations of abortion clinics, even after two women were near fatally injured in botched abortions.

- The Department has routinely failed to provide women with information and access to abortion alternatives, including the Maryland Safe Haven Program (see Department of Human Services), affordable adoption programs or referral to quality prenatal care and family planning services that do not promote abortion.
- The Department has demonstrated systemic bias in favor of abortion providers, engaging in active partnerships with Planned Parenthood and other abortion organizations to develop and implement public programs, curriculum and training. In doing so the department is failing to provide medically accurate information on pregnancy and abortion.
- The Department systemically discriminates against any reproductive health and education providers who are unwilling to promote abortion and in doing so, suppresses pro-live speech and action in community-based programs and public education.
- The Department fails to collect, aggregate and report data about abortion and the correlation between abortion and maternal mortality, maternal injury, subsequent preterm birth, miscarriage and infertility.
- The Department is failing to protect the Constitutionally-guaranteed rights of freedom of conscience and religion for health care workers, contributing to the scarcity of medical professions and personnel in Maryland.
- The Department is failing to protect women and girls from sexual abuse and sex trafficking by waiving reporting requirements for abortions, waiving mandatory reporter requirements for abortionists, and failing to regulate abortion practices.

Caring for pregnant women and girls costs money. Maryland is failing pregnant women and girls by favoring the funding of the abortion industry over access to abortion alternatives , including the Maryland Safe Haven Program (see Department of Human Services), affordable adoption programs or referral to quality prenatal care and family planning services that do not promote abortion. The Assembly promotes legislation that funds the killing of unborn children instead of legislation that respects and protects life. According to the Guttmacher Institute, a pro-abortion research organization, a baby is killed by abortion every 97 seconds, about 2,700 babies killed by abortion every day.

Abortion is not healthcare and is never medically necessary – and therefore, does not deserve public funding. A miscarriage is the ending of a pregnancy *after* the baby has died; an ectopic pregnancy is not a viable pregnancy and the baby cannot continue to develop. Abortion is the intentional killing of a developing human being and often causes physical and psychological injury to the mother. Sometimes, it is necessary for a woman to have a dilatation and curettage (D&C) to complete the miscarriage so she does not develop infection, sepsis or possibly die. This is NOT the same as using D&C for abortion. Nonviable pregnancies, such as ectopic and molar pregnancies, are just as stated - nonviable – the baby has not survived or will not survive. It is necessary to remove such pregnancies for the health of the mother. Again, these are not the same as abortion because the pregnancy is not healthy and developing – the baby has died or is dying. There are no laws to prevent physicians from treating these cases.

Abortion always kills a human child and often causes physical and psychological injury to women and girls. Abortion enables the exploitation of women and girls by sexual abusers and sex traffickers to continue in the course of their crimes and victimization.

Pregnancy is not a disease and abortion cures no illness or disease and therefore is not healthcare. 85% of obstetricians and gynecologists refuse to commit abortions as their medical oath requires them to first do no harm to their patients – either mother or baby. In the rare cases when continuation of pregnancy threatens the physical life of the mother, medical providers may induce birth, but have a duty to treat both the mother and the baby. There is no law in any state that prohibits medical intervention to save the physical life of the mother in the case of medical emergency, such as ectopic pregnancy or abortion. **These medical interventions do not constitute intentional abortion and are performed in hospitals when a woman or girl is admitted an evaluated. Emergency departments should not be forced to become abortion clinics.**

Recent radical enactments of the Maryland General Assembly have completely removed abortion from the spectrum of "healthcare". Because of the Abortion Care Access Act of 2022, the state is denying poor women access to care by licensed physicians making abortion unsafe in Maryland. With the unregulated proliferation of chemical "Do-It-Yourself" abortion pills, women are self-administering back-alley style abortions, where they suffer and bleed alone, without examination or care by a doctor. When women experience complications from abortion, they are typically refused care by the abortionist and referred to hospital emergency rooms where medical providers are often coerced into completing abortions against heir rights of conscience. Amber Thurman of Georgia died from sepsis caused by the incomplete abortion initiated by the deadly abortion pills. Abortion pills are promoted as safe and easy. This young girl had no idea how serious her condition was until it was too late.

Abortion is about revenue. The state of Maryland forces taxpayers to subsidize the abortion industry through direct Maryland Medicaid reimbursements to abortion providers, through various state grants and contracts, and through pass-through funding in various state programs. Health insurance carriers are required to provide reproductive health coverage to participate with the Maryland Health Choice program.

Maryland Right to Life strongly urges that you give SB447 an unfavorable report.

UNFAVORABLE.SB447.LauraBogley.MDRTL.pdf
Uploaded by: Laura Bogley
Position: UNF

UNFAVORABLE

SB447 Hospitals- Emergency Medical Conditions-Procedures

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

On behalf of our Board of Directors and many chapters across the state, we strongly oppose **Senate Bill 447 Hospitals-Emergency Medical Conditions-Procedures** and urge your unfavorable report. This bill is an attack on the Constitution and free exercise of religion. This bill seeks to codify NOT the federal "Emergency Medical Treatment and Labor Act" known as EMTALA, but the U.S. Department of Health and Human Services' erroneous political interpretation of EMTALA, which infringes upon the First Amendment rights of healthcare providers.

By enacting this bill into law, the Maryland General Assembly would be exercising religious bias. This bill removes current statutory protections for medical providers and faith-based hospitals and requires hospitals to force emergency room physicians to commit induced abortions in violation of their rights of conscience and religious freedoms. The bill imposes severe civil penalties against hospitals and physicians who refuse to commit abortions, including fines of $50,000 per each violation of this bill and exclusion from participation in the Maryland Medical Assistance Program, which allows providers to seek Medicaid reimbursements for medical services rendered.

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.

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.

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.

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.

EMERGENCY MEDICAL TREATMENT AND LABOR ACT

This bill seeks to codify NOT the federal "Emergency Medical Treatment and Labor Act" known as **EMTALA**, but the U.S. Department of Health and Human Services' erroneous political interpretation of EMTALA.

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."

While this proposed bill includes induced abortion as a required treatment for medical emergencies, 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 emergency room physicians 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. This bill would require taxpayers to reimburse emergency providers who were forced to commit induced abortions. 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. Because the hospital receives federal funding, it is 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.

CONSCIENCE PROTECTIONS ARE COMMON SENSE

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.

ABORTION IS NOT HEALTHCARE

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/.

SB 447 Emergency Medical Conditions - Letter of Op

Uploaded by: Natasha Mehu

Position: UNF

Maryland
Hospital Association

Senate Bill 447 -
Hospitals - Emergency Medical Conditions - Procedures

Position: *Oppose*
February 11, 2025
Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in opposition of Senate Bill 447 as introduced.

SB 447 as introduced seeks to codify the Emergency Medical Treatment and Labor Act (EMTALA) into state law. This important federal law ensures that anyone who comes to a hospital in an emergency is provided with treatment. This includes the emergency abortion treatment this bill is intended to protect. Hospitals in Maryland are not opposed to EMTALA and fully support and abide by these long-standing federal requirements.

Hospitals are opposed to the duplicative nature of codifying federal law into state law and the confusion that will be caused by conflicting federal and state standards. The existing federal law and proposed state law do not align. There are differences in definitions, scope, and penalties that hospitals would have to navigate and adhere to.

While we understand the sponsor's well-intentioned concerns about potential federal and court action, EMTALA has a comprehensive regulatory structure and clear guidance for hospitals that have been understood and followed since 1986 when the law was passed. Additionally, Maryland already has strong protections over access to abortion services. As introduced, the bill would lead to confusion and uncertainty without adding to those existing strong protections. We wish to avoid any unnecessary, unintended consequences that could disrupt the delivery of care in Maryland.

MHA acknowledges and appreciates that the sponsor has expressed an intention to rewrite the bill to address some of the concerns raised above. We welcome the opportunity to be at the table for discussions with the sponsor and stakeholders about what a revised, more focused bill would look like. For these reasons, we request an unfavorable report on SB 447 as introduced.

For more information, please contact:
Natasha Mehu, Vice President, Government Affairs & Policy
Nmehu@mhaonline.org

SB447_SandraChristiansenMD_UNF
Uploaded by: Sandra Christiansen, MD, FACOG
Position: UNF

To: Senate Finance Committee

Re: SB 447

February 2025

Dear Chairman and Distinguished Members,

I ask you to oppose SB 447.

SB 447 is unnecessary to ensure access to abortion, but does endanger physicians' conscience rights. There is no law in Maryland that prevents care for women experiencing a miscarriage, ectopic pregnancy or any pregnancy emergency. Emergency room physicians can, and do, treat life-threatening conditions such as ectopic pregnancies.

Maryland law allows doctors to do whatever is necessary to preserve the life of a mother. But elective abortion is not life-saving care as it ends the life of the unborn child. The government has no authority to force doctors to perform these procedures. No physician has been prosecuted or disciplined for an abortion that fell within the scope of the "life-of-the-mother" exception.[1]

As an ethical Maryland physician who is called to save lives and heal the sick, abortion is not and never will be healthcare. During a woman's pregnancy we are caring for at least two patients and abortion seeks to end the life of one of them. This law will be used to pressure or even force physicians to participate in elective, non-emergent abortions. The majority of obstetricians do not perform elective abortions.[2],[3]

Please respect their no.

I urge you to vote "NO" on SB 447. Doctors will provide life-saving care and this bill is unnecessary. I encourage you instead to ensure that the conscience freedoms of Maryland healthcare professionals are protected.

Thank you for considering this testimony.

Sandra Christiansen, MD, FACOG

scmdforlife@gmail.com

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[1] "Medical emergency exceptions in state abortion statutes: The statistical record." *Issues in Law & Medicine* 31, no. 1 (2016): 29-47.

[2] Sheila Desai, Rachel Jones, and Kate Castle, "Estimating abortion provision and abortion referrals among United States obstetrician-gynecologists in private practice." *Contraception* 97, no. 4 (Apr 2018): 297-302, doi: **10.1016/j.contraception.2017.11.004**

[3] Debra Stulberg, Annie Dude, Irma Dahlquist, et al., "Abortion provision among practicing obstetrician-gynecologists." *Obstetrics and Gynecology* 118, no. 3 (Sep 2011): 609-614, doi: **10.1097/AOG.0b013e31822ad973**

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UNIVERSITY of MARYLAND MEDICAL SYSTEM

Senate Bill 447 – Hospitals – Emergency Medical Conditions – Procedures

Position: Oppose
February 11, 2025
Senate Finance Committee

The University of Maryland Medical System respectfully submits this letter of opposition to Senate Bill 447 – Hospitals – Emergency Medical Conditions – Procedures. As introduced, Senate Bill 447 ("SB 447") seeks to establish requirements in State law for the screening and care of patients in hospital emergency departments, regardless of insurance status or ability to pay.

The University of Maryland Medical System (UMMS) understands the intent of SB 447 is to expand patient protections by codifying the federal Emergency Medical Treatment and Labor Act (EMTALA) in the Maryland Code. However, as introduced, several provisions in SB 447 are inconsistent with EMTALA, thereby creating two different standards – one state, one federal – for emergency medical care. In addition, as introduced, the bill would potentially allow a hospital and its providers to be penalized under federal and State law, and subject to a private right of action in federal and State court, for a single violation.

Congress first enacted EMTALA in 1986, and the law has effectively guided hospital emergency care for the past four decades. There is considerable federal guidance and oversight on EMTALA, and the law and its requirements are well understood by emergency department personnel. By establishing a different standard under State law, SB 447 may create significant uncertainty surrounding emergency medical care in Maryland hospitals, without providing any additional protections for patients.

For these reasons, the University of Maryland Medical System respectfully requests an ***unfavorable*** report.

For more information, please contact:

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