



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

February 28, 2025

The Honorable Joseline A. Peña-Melnyk  
Chair, House Health and Government Operations Committee  
Room 241, House Office Building  
Annapolis, Maryland 21401

**RE: House Bill 108 – Public Health - Abortion (Heartbeat Bill) – Letter of Opposition**

Dear Chair Peña-Melnyk and Committee Members:

The Maryland Department of Health (the Department) respectfully submits this letter of opposition for House Bill (HB) 108 – Public Health - Abortion (Heartbeat Bill). HB 108 establishes new requirements for performing or inducing an abortion on a pregnant woman, including a waiting period and requiring the woman to view a sonogram and listen to the cardiac activity of the fetus. This bill requires that an abortion be performed solely by a physician, rather than another qualified provider, and prohibits abortions once fetal cardiac activity is detected with an exception for medical emergencies. The bill authorizes any private citizen to bring certain civil actions related to the performance or inducement of abortions. HB 108 also requires the Department to print and distribute materials to physicians who perform abortions with alternatives to abortion or sonogram services.

HB 108 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.<sup>1</sup> The American College of Obstetricians and Gynecologists (ACOG) opposes legislation that “unduly regulates or criminalizes abortion care providers.”<sup>2</sup> The Department strongly opposes the bill and its provisions.

Ultrasounds are performed for many different medical reasons, including for pregnancies carried to term, and yet this bill only seeks to regulate abortion care. For example, this bill requires a mandatory ultrasound and a 24-hour waiting period between the ultrasound and receiving the abortion, or a 2-hour waiting period if a woman lives over 100 miles from an “abortion provider that is a facility that performs more than 50 abortions in any 12-month period.” ACOG does not support mandatory waiting periods and considers them to be an additional and unnecessary barrier to accessing evidence-based care.<sup>2</sup> In addition, mandatory waiting periods can increase the cost of abortion and create significant logistical challenges to accessing care, which

<sup>1</sup> Targeted Regulation of Abortion Providers (TRAP). Center for Reproductive Rights. Aug 2015.  
<https://reproductiverights.org/targeted-regulation-of-abortion-providers-trap/>

<sup>2</sup> Abortion Access. The American College of Obstetricians and Gynecologists.  
<https://www.acog.org/advocacy/policy-priorities/abortion-access>

disproportionately impacts people with fewer resources, many of whom are lower-income, young, and from racial and ethnic minority groups.<sup>3</sup>

HB 108 would reinstate a physician-only requirement for abortion provision that Maryland repealed in the 2023 legislative session. Physician-only requirements in abortion care are not evidence-based and are opposed by ACOG, which calls to permit advanced-practice clinicians (APCs) to be trained in and provide abortion care services.<sup>3</sup> Through the Abortion Care Access Act,<sup>4</sup> the Department administers and supports an annual \$3.5 million grant program for APCs to be trained in abortion care.

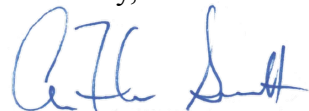
This bill permits civil actions against physicians who violate any of its provisions and against anyone who aids in an abortion, including those who helped pay for an abortion or cover an abortion with insurance. Maryland law currently requires private insurance to cover abortion services and Maryland Medicaid covers abortion as well. These individuals would be subject to potential statutory damages of at least \$10,000 per abortion. Furthermore, the bill does not allow costs or attorney's fees to be awarded to a defendant. This means even if a physician follows the law but a civil suit is brought against them, the physician would be responsible for the full financial burden of their defense. This provision restricts and punishes providers for providing legally protected abortion health care.

Every state, including Maryland, requires that a patient provide informed consent before undergoing any medical treatment, including abortion.<sup>5</sup> Informed consent must include voluntary participation in treatment decisions. Despite this, the bill imposes specific counseling requirements on abortion-providing facilities, including the use of medically inaccurate terminology.

For these reasons, the Department urges an unfavorable report on HB 108 as it imposes medically unnecessary and burdensome requirements on abortion providers, and restricts access to and stigmatizes abortions.

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](mailto:sarah.case-herron@maryland.gov).

Sincerely,



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

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<sup>3</sup> Increasing Access to Abortion. The American College of Obstetricians and Gynecologists. Feb 2025.

<https://www.acog.org/clinical/clinical-guidance/committee-statement/articles/2025/02/increasing-access-to-abortion>

<sup>4</sup> Chapter 56 of the Maryland Acts of 2022 (HB937/SB890).

[https://mgaleg.maryland.gov/2022RS/Chapters\\_noln/CH\\_56\\_hb0937t.pdf](https://mgaleg.maryland.gov/2022RS/Chapters_noln/CH_56_hb0937t.pdf)

<sup>5</sup> Counseling and Waiting Periods for Abortion. Guttmacher Institute. Aug 2023.

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