



**Mission:** *To improve public health in Maryland through education and advocacy*

**Vision:** *Healthy Marylanders living in Healthy Communities*

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## **TESTIMONY AGAINST HOUSE BILL 108**

### **Public Health – Abortion (Heartbeat Bill)**

**By: Maryland Public Health Association (MdPHA)**

**January 30, 2025**

Chair Pena-Melnyk, Vice-Chair Cullison, and Members of the Health and Government Operations Committee, thank you for the opportunity to testify against HB 0108 which would require abortions to be performed only by physicians and require physicians to conduct a sonogram. Patients would be required to hear an explanation of the sonogram and be subject to a 24-hour waiting period following the sonogram unless they live 100 miles or more away.

Requiring a physician to perform abortions rather than qualified health providers would add burden to those physicians as well as limit abortion access. A study conducted in 2013 found that there was no clinical difference in abortion complications between physicians and other qualified health professionals, specifically nurse practitioners, certified nurse midwives, and physician assistant<sup>1</sup>. Requiring physicians to perform ultrasounds for individuals who are seeking an abortion is a waste of medical resources and can add to the cost of an abortion. Evidence shows that requiring ultrasounds do not significantly change patients' minds<sup>2</sup> and that the vast majority of individuals who seek an abortion not only do not regret their decision but remained certain of their decision five years later<sup>3</sup>.

In addition to the above concerns, the bill adds language that is inaccurate. The first is referring to fetal heartbeat, however, researchers have said that referring to a heartbeat is medically inaccurate because the embryo does not have a developed heart by six weeks

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<sup>1</sup> Weitz, T. A., Taylor, D., Desai, S., Upadhyay, U. D., Waldman, J., Battistelli, M. F., & Drey, E. A. (2013) Safety of Aspiration Abortion Performed by Nurse Practitioners, Certified Nurse Midwives, and Physician Assistants Under a California Legal Waiver. *American Journal of Public Health*, 103 (3): 454-461. <https://doi.org/10.2105/AJPH.2012.301159>

<sup>2</sup> Jovel, I., Cartwright, A. F., Ralph, L., & Upadhyay, D. (2021). Abortion Waiting Periods and Decision Certainty Among People Searching Online for Abortion Care. *Obstetrics & Gynecology*, 137 (4): 597-605. DOI: 10.1097/AOG.0000000000004313

<sup>3</sup> Rocca, C. H., Samari, G., Foster, D. G., Gould, H., & Kimport, K. (2020). Emotions and decision rightness over five years following an abortion: An examination of decision difficulty and abortion stigma. *Soc Sci Med.*, 248:112704. doi: 10.1016/j.socscimed.2019.112704.

gestation and is instead electrical activity<sup>4</sup>. The second is language requiring physicians to discuss potential dangers abortions may pose to subsequent pregnancy, infertility, and risk of breast cancer. Research has demonstrated that having an induced abortion does not increase the risk of secondary infertility or breast cancer<sup>5</sup> and is significantly safer than childbirth with the risk of death associated with childbirth being 14 times higher than with an induced abortion<sup>6</sup>.

Finally, voters passed Maryland Question 1 (SB798/HB705) in the November 2024 election which amends the constitution to establish the right to reproductive freedom and the right to make decisions to prevent, continue, or end one's own pregnancy<sup>7</sup>. This bill does not appear to align with the amendment.

We strongly urge you to give an unfavorable report for HB 0108 and protect access to abortion services for all Marylanders.

*The Maryland Public Health Association (MdPHA) is a nonprofit, statewide organization of public health professionals dedicated to improving the lives of all Marylanders through education, advocacy, and collaboration. We support public policies consistent with our vision of healthy Marylanders living in healthy, equitable, communities. MdPHA is the state affiliate of the American Public Health Association, a nearly 145-year-old professional organization dedicated to improving population health and reducing the health disparities that plague our state and our nation.*

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<sup>4</sup> Haining, C. M., Keogh, L. A., & Savulescu, J. (2022). The Unethical Texas Heartbeat Law. *Prenat. Diagn.*, 42 (5): 535-541.  
doi: [10.1002/pd.6136](https://doi.org/10.1002/pd.6136)

<sup>5</sup> National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Care Services; Board on Population Health and Public Health Practice; Committee on Reproductive Health Services: Assessing the Safety and Quality of Abortion Care in the U.S.. *The Safety and Quality of Abortion Care in the United States*. Washington (DC): National Academies Press (US); 2018 Mar 16. 4, Long-Term Health Effects. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK507237/>

<sup>6</sup> Raymond, E. G., & Grimes, D. A. (2012). The Comparative Safety of Legal Induced Abortion and Childbirth in the United States. *Obstetrics & Gynecology*, 119 (2): 215-219. DOI: 10.1097/AOG.0b013e31823fe923

<sup>7</sup> S.B. 798/CH244, 2023 General Assembly of Maryland, 2023 Reg. Sess. (Maryland, 2023).  
<https://mgaleg.maryland.gov/2023RS/bills/sb/sb0798T.pdf>