



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

February 27, 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 (HB) 1271 – Health - Abortion - Ultrasound and Wait Time – 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) 1271 – Health - Abortion - Ultrasound and Wait Time. HB 1271 requires providers to perform ultrasound imaging on a pregnant woman and produce a printed copy of the image before performing or inducing an abortion; prohibits providers from performing or inducing an abortion within 24 hours after the woman receives the ultrasound imaging; and allows the pregnant woman to refuse the mandated printed copy of the ultrasound image.

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 Ultrasounds are performed for many different medical reasons, including for pregnancies carried to term, yet HB 1271 only seeks to regulate ultrasounds performed for abortion care. The American College of Obstetricians and Gynecologists (ACOG) does not support legislation that “unduly regulates or criminalizes abortion care providers.”²

This bill includes a mandatory 24-hour waiting period to receive an abortion after receiving an ultrasound. ACOG does not support mandatory waiting periods and describes them as additional and unnecessary barriers to accessing evidence-based care.² Furthermore, mandatory waiting periods can increase the cost of abortion and create significant logistical challenges to accessing care, especially for patients seeking abortion care who need to travel far from home.³ This

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

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

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

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

³ World Health Organization. Abortion Care Guideline: Recommendations and best practice statements across the continuum of abortion care. 2022.

requirement disproportionately impacts people with fewer resources, many of whom are lower-income, young, and from racial and ethnic minorities.³

Routine ultrasound is not considered medically necessary for first-trimester abortion but is performed as part of abortion care, especially in second and third-trimester abortions.⁴ The decision to perform an ultrasound should be made by the health care provider in alignment with best medical practices, or upon request by a patient. This bill requires conducting an ultrasound regardless of medical necessity, which can significantly add to the cost of the procedure, and requires offering imagery of the ultrasound to the patient, which is not medically necessary, and which ACOG deems an unnecessary restriction to abortion.²

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,

A handwritten signature in blue ink, appearing to read "LH Scott", is positioned above the typed name.

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

<https://srhr.org/abortioncare/chapter-3/pre-abortion-3-3/law-policy-recommendation-6-mandatory-waiting-periods-3-3-1/>

⁴ Guttmacher Institute. Requirements for Ultrasound. Sept 2023.

<https://www.guttmacher.org/state-policy/explore/requirements-ultrasound>