



**Maryland Section**

Senate Finance Committee

March 26, 2026

House Bill 1143 – *Public Health - Office of the Chief Medical Examiner - Perinatal Autopsies (Lung Float Test Ban)*

**POSITION: LETTER OF CONCERN**

The American College of Obstetricians and Gynecologists, Maryland Section (MD ACOG), which represents the Maryland physicians who serve the obstetrical and gynecological needs of Maryland women and their families respectfully submits this letter of concern for House Bill 1143.

As amended, House Bill 1143 establishes a two-year moratorium on the use of the lung float (hydrostatic) test by the Chief Medical Examiner, a Deputy Chief Medical Examiner, an Assistant Medical Examiner, or an authorized pathologist during perinatal autopsies in Maryland. During this period, the Maryland Department of Health, in consultation with the Office of the Attorney General and the Office of the Chief Medical Examiner, is directed to research and submit a report to the Maryland General Assembly addressing:

1. The usefulness and efficacy of the lung float test in determining whether a death was the result of a stillbirth or occurred after a live birth; and
2. Recommendations regarding whether the test should continue to be used as an autopsy tool.

MD ACOG strongly opposes any use of the lung float test that is primarily intended to investigate or criminalize patients for pregnancy outcomes. If the test is used solely to support legal action rather than to inform clinical care, it should not be used.

While the two-year moratorium temporarily halts the use of the test, MD ACOG is concerned that legislating medical practice in this way sets a troubling precedent. Decisions about clinical tools and procedures should be guided by medical evidence and the needs of patient care, not by legislation, even when intended to prevent misuse.

Any study conducted under this provision should explicitly examine whether the test has legitimate medical uses beyond potential legal applications, including whether it could inform postpartum care. If there are no demonstrated clinical benefits outside of its potential use to criminalize pregnancy loss, the test should not be authorized.

Laws cannot fully account for the diversity of individual medical circumstances. Our primary responsibility is to protect and support individuals seeking reproductive and pregnancy-related healthcare, ensuring their safety, dignity, and access to care.

Finally, MD ACOG emphasizes that the criminalization of pregnant individuals for actions allegedly harming a fetus poses serious threats to both patient health and the healthcare system. The threat of legal punishment erodes trust in the medical system, making individuals less likely to seek needed care; undermines the confidential patient–practitioner relationship by creating uncertainty about potential law enforcement involvement; and, in extreme cases, results in patients being treated as suspects rather than individuals in need of care, subjecting them to interrogation and legal scrutiny. For reference, please see ACOG’s position statement on the criminalization of pregnant and postpartum individuals: [ACOG Policy Statement, 2020](#).

MD ACOG urges careful consideration of these concerns in evaluating House Bill 1143.