

March 24, 2026

Written Testimony on HB1143 (amended)

Public Health – Office of the Chief Medical Examiner – Perinatal Autopsies 2 (Lung Float Test Ban)

Finance Committee

Position: Favorable

Dear Members of the MD Senate Finance Committee:

My name is Julie A. Rosen, and I submit this written testimony as an individual resident of Montgomery County, Maryland (MD District 16), and a member of the National Council of Jewish Women, MD State Project Advocacy Committee. I strongly urge your support of **HB1143 (as amended)**, *Public Health – Office of the Chief Medical Examiner – Perinatal Autopsies 2 (Lung Float Test Ban)*.

I understand that HB1143 is intended to prohibit MD “medical examiners and pathologists authorized by the Chief Medical Examiner from using a hydrostatic lung test, also known as a lung float test, if performing a certain perinatal autopsy.” Specifically, I understand the proposed legislation applies to investigations when the “cause of death is established to a reasonable degree of medical certainty.”

Explicit sections of HB1143 reference perinatal autopsies and fire fighters and ‘sworn personnel of the State Fire Marshal’s Office. While I agree with the entirety of the proposed legislation, my testimony is submitted in specific support of the reference to perinatal autopsies authorized “to determine whether the death resulted in a still birth or occurred after a live birth.”

The ‘lung float’ test has been used as part of legal processes involving suspected infant or neonatal deaths. However, this test’s lack of clearly defined error rates has deemed the test wholly unreliable by the medical community of pathologists and forensic experts for decades. Furthermore, it is not accepted by the wider forensic pathology community as a credible or accurate test to distinguish between live versus stillbirth. Its continued use in Maryland would only benefit prosecution or public punishment for pregnancy outcomes. Therefore, there is no reason to mandate its performance. Furthermore, its use to confirm findings, while rejected if its result conflicts with findings, makes its use more dangerous and harmful to patients and their family during a challenging time of grief.

I understand that the original version of this proposed bill has been amended to include a 2 year moratorium on the use of the Lung Float Test while the Maryland Department of Health, in consultation with the Office of the Attorney General and the Office of the Chief Medical Examiner research and write a report on:

- (1) the usefulness and efficacy of the hydrostatic lung test, also known as a lung float test, in determining whether a death was the result of a stillbirth or occurred after a live birth; and
- (2) recommendations as to whether the test described in item (1) of this section continues to be needed as an autopsy tool.

It’s both the cultural values of my Jewish faith, and my long-held belief to focus on comfort, healing, and recognizing the pain of loss, not on assigning blame, that underlies my abhorrence of the notion that the ‘state’ has rights to interfere with the grieving patient, family, or community of supporters of the woman who is facing the sorrowful outcome. Therefore, I am strongly in favor of HB1143’s emphasis on the protection of the individual who experienced pregnancy loss, as well as providers who follow generally accepted medical standards from autopsy investigation using a medically discredited procedure.

I respectfully urge a favorable report on HB1143 as amended. Thank you.

Sincerely,

Julie A. Rosen, Ph.D.