



THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

SB 907 – Public Health – Female Genital Mutilation

Chair Beidle, Vice Chair Hayes, Members of the Finance Committee:

Female Genital Mutilation or Cutting (FGM/C), is a violent and a disturbing violation of bodily autonomy and human rights. This inhumane procedure involves the partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons. According to the World Health Organization, FGM/C “violates a person's right to health, security and physical integrity [and] the right to be free from torture and cruel, inhuman or degrading treatment”.¹

Maryland was a leader when we banned FCM/C in 1998; however we now are far behind. SB 907 is necessary to close the loopholes that exist in the current law, strengthen protections for victims of FGM/C, and require education.

In Maryland, over 30,000 individuals are, or are at risk of becoming, victims of FGM/C², and women and girls from infancy to age fifteen are at the highest risk.³ The impacts are severe, lasting, and detrimental, leading to horrific physical and psychological health outcomes.

Physically, in the short term, victims face severe pain, excessive bleeding, shock, genital tissue swelling, infections, urinary problems, impaired wound healing, and even death. In the long term, the list only grows. Victims are at risk of pain from trapped and damaged nerve endings, chronic infections including genital, reproductive tract, and urinary tract infections, vaginal problems (discharge, itching, bacterial vaginosis and other infections), menstrual problems, excessive scar tissue (keloids), sexual health problems, childbirth complications, and perinatal risks.⁴

Beyond the physical repercussions, victims also face numerous mental health impacts. Victims of FGM/C are at risk of PTSD, anxiety, depression, somatization, sleep disorders, and persisting feelings of isolation, anger, loneliness, guilt, or shame. They are almost three times more likely to develop a depressive or an anxiety disorder than the average woman, and over four times more likely to experience PTSD. The impacts of FGM/C on an individual are severe, inescapable, and often irreparable.⁵

¹ <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>

² <https://equalitynow.org/what-we-do/womens-rights-around-the-world/womens-rights-in-north-america/us-laws-against-fgm-state-by-state/>

³ <https://www.who.int/news-room/fact-sheets/detail/female-genital-mutilation>

⁴ [https://www.who.int/teams/sexual-and-reproductive-health-and-research-\(srh\)/areas-of-work/female-genital-mutilation/health-risks-of-female-genital-mutilation](https://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/areas-of-work/female-genital-mutilation/health-risks-of-female-genital-mutilation)

⁵ <https://www.who.int/news/item/14-04-2025-new-study-highlights-multiple-long-term-health-complications-from-female-genital-mutilation>

Current legislation addressing FGM/C is outdated and the protections it provides are insufficient, causing easily exploitable legal loopholes. As the law stands, individuals can avoid all legal consequences of FGM/C by merely taking the victim out of state to perform the mutilation. They are able to do this and return to the state of Maryland with no repercussions and thus continue their abuse of girls and women. This loophole is called “vacation cutting,” and SB 907 would close it, banning the practice. Twenty-six other states including neighboring Virginia, Pennsylvania, and New York, plus the District of Columbia, have closed this ‘vacation’ loophole.⁶

SB 907 strengthens our law in several other ways. First, it allows for victims to pursue civil actions against their abusers. Victims need to be able to sue their abusers, in the event the criminal system does not provide the justice needed. Second, it increases the maximum penalties for FGM/C from 5 years imprisonment and a \$5,000 fine to 10 years imprisonment and a \$10,000 fine the penalties for FGM/C, thus properly reflecting the harm that it causes on victims. Third it would ensure that medical providers who are convicted of FGM/C lose their medical license.

Finally, research has shown that legislation alone is insufficient to change the social norms surrounding FGM/C: education about the practice is key in preventing it from happening in the first place, and effectively and quickly addressing it when it does happen. SB 907 works to fill the education gap surrounding FGM/C, and requires the Maryland Department of Health to produce, publish, and distribute educational materials regarding FGM/C to health care providers, law enforcement agencies, schools, the public, and any other professional or community-based organizations that may work or interact with individuals who are at risk of female genital mutilation. Fifteen other states as well as DC have passed laws mandating provisions for community education and outreach with great success.⁷

FGM/C is a human rights violation, and a violent abuse on girls and women. SB 907 will strengthen our law against FGM/C and protect girls and women.

For the foregoing reasons, I respectfully request a favorable report on SB 907.

⁶ https://equalitynow.org/what-we-do/womens-rights-around-the-world/womens-rights-in-north-america/us_laws_against_fgm_state_by_state/

⁷ https://equalitynow.org/what-we-do/womens-rights-around-the-world/womens-rights-in-north-america/us_laws_against_fgm_state_by_state/