

SB0169 Hospitals - Emergency Pregnancy-Related Med

Uploaded by: Cecilia Plante

Position: FAV



TESTIMONY FOR SB0169 – Hospitals – Emergency Pregnancy-Related Medical Conditions – Procedures – FAVORABLE

Bill Sponsor: Senators Lam, Beidle, Feldman, Guzzone, and Love

Committee: Senate Finance

Organization Submitting: Maryland Legislative Coalition

Person Submitting: Jessica Gorski, Executive Committee

Position: FAVORABLE

Chair, Vice Chair, and Members of the Committee,

My name is Jessica Gorski, and I am submitting this testimony in strong support of SB0169 on behalf of the Maryland Legislative Coalition. We are a statewide coalition of grassroots organizations representing more than 30,000 Marylanders across every legislative district. Our work is rooted in the belief that government should protect people’s lives, health, and dignity—especially in moments of crisis.

SB0169 does exactly that.

This bill ensures that when a patient presents at a hospital with an emergency pregnancy-related medical condition, they receive **timely, medically appropriate care—without delay, denial, or confusion**. It requires proper screening, prohibits inappropriate refusals of stabilizing treatment, and makes clear that pregnancy termination must be available when it is medically necessary to protect a patient’s health or life. It also establishes clear, safe standards for patient transfers so no one is put at further risk.

These protections are not theoretical. They are urgently needed.

Maryland’s own data shows that:

- More than **80% of pregnancy-related deaths in Maryland are preventable**.
- Our maternal mortality rate **rose by 36% between 2018 and 2021**.
- **Black women are nearly four times more likely to die** from pregnancy-related causes than white women.

- Severe complications like hemorrhage, sepsis, and hypertensive emergencies are increasing—conditions that demand immediate emergency care.
- Delays in emergency obstetric treatment have been identified as a major contributor to poor outcomes, especially in rural and underserved communities.

In an emergency, **hesitation costs lives**. SB0169 removes uncertainty for hospitals and clinicians, replacing it with clear, enforceable standards that prioritize patient safety and evidence-based medicine.

This bill aligns squarely with the mission of the Maryland Legislative Coalition. It strengthens healthcare access, advances public safety, addresses racial inequities, and affirms Maryland's commitment to compassionate, timely medical care for everyone.

No one experiencing a medical emergency should be forced to wait, suffer, or be turned away because of ambiguity or fear. SB0169 ensures that doesn't happen.

Thank you for your time and consideration. We respectfully urge a **FAVORABLE report on SB0169**.

SB0169_FAV_MedChi, MDACEP, MDACOG_Hospitals - Emer

Uploaded by: Danna Kauffman

Position: FAV



House Health Committee
February 3, 2026

Senate Bill 169 – *Hospitals – Emergency Pregnancy-Related Medical Conditions – Procedures*
POSITION: SUPPORT

On behalf of MedChi, The Maryland State Medical Society, the Maryland Chapter of the American College of Emergency Physicians, and the Maryland Section of The American College of Obstetricians and Gynecologists, we submit this letter of support for Senate Bill 169. This bill narrowly codifies the federal Emergency Medical Treatment and Labor Act (EMTALA) in State law as it relates to an “emergency pregnancy-related medical condition.” If a hospital determines that a patient has an emergency pregnancy-related medical condition, the hospital must (1) using the staff and facilities available to the hospital, provide further examination and the treatment required to “stabilize” the emergency pregnancy-related medical condition, including the termination of a pregnancy when medically necessary to stabilize the patient or (2) transfer the patient to another medical facility.

Maryland has led the way in securing reproductive rights. Senate Bill 169 is a next step in ensuring that Maryland not only protects the fundamental right to reproductive freedom but also guarantees access to care for all who need it by ensuring that the State will enforce EMTALA as it relates to pregnancy-related medical conditions. We urge a favorable vote.

For more information call:

Danna L. Kauffman
J. Steven Wise
Andrew G. Vetter
Christine K. Krone
410-244-7000

SB169 Favorable 2026.pdf

Uploaded by: Debi Jasen

Position: FAV

Finance Committee
Senate Bill 169
Favorable

Honorable Chair, Vice Chair, and Members of the Finance Committee;

Please give Senate Bill 169 a favorable report.

I have birthed two children and have had one (known) miscarriage. I worried about complications during my pregnancies, but I knew that my local hospitals would be willing to treat those complications if they arose. No one should have to consider that their local hospitals might refuse to save their health or life just because they're pregnant. Medical personnel are supposed to put their patients' lives first. If their consciences aren't up for that, they're in the wrong line of work. There is nothing pro-life about refusing to adequately treat someone in an emergency situation.

Please save lives by voting in favor of Senate Bill 169. Thank you.

Sincerely,
Debi Jasen
Pasadena, MD

SB169 Emergency Pregnancy re Med Conditions LOS Fi

Uploaded by: Irnise Williams

Position: FAV

CAROLYN A. QUATTROCKI
Chief Deputy Attorney General

LEONARD J. HOWIE III
Deputy Attorney General

CARRIE J. WILLIAMS
Deputy Attorney General

SHARON S. MERRIWEATHER
Deputy Attorney General

ZENITA WICKHAM HURLEY
Deputy Attorney General



STATE OF MARYLAND
OFFICE OF THE ATTORNEY GENERAL
CONSUMER PROTECTION DIVISION
HEALTH EDUCATION AND ADVOCACY UNIT

ANTHONY G. BROWN
Attorney General

WILLIAM D. GRUHN
Division Chief

PETER V. BERNIS
General Counsel

CHRISTIAN E. BARRERA
Chief of Staff

IRNISE WILLIAMS
Deputy Unit Director

January 30, 2026

To: The Honorable Pamela Beidle, Chair
Finance Committee

From: Irnise F. Williams, Deputy Director, Health Education and Advocacy Unit

Re: Senate Bill 0169 - Health Insurance - Hospitals - Emergency Pregnancy-Related
Medical Conditions - Procedures

The Office of the Attorney General's Health Education and Advocacy Unit (HEAU) supports SB169, which codifies into Maryland law key provisions of the federal Emergency Medical Treatment and Labor Act (EMTALA) as they relate to emergency pregnancy-related medical conditions. Recent litigation and policy shifts by the federal government have weakened clarity around EMTALA, especially for emergency care involving pregnancy and abortion.

This bill removes ambiguity and ensures that hospitals with emergency departments provide necessary care when a patient presents with an emergency pregnancy-related medical condition. Specifically, hospitals must screen for, treat, and stabilize emergency medical conditions, including through the provision of or referral for pregnancy termination services when needed.

This bill also prohibits hospitals from taking adverse actions against providers who (1) treat patients consistent with the medical standards of care, that in the provider's clinical judgment, were necessary to stabilize the patient, or (2) do not transfer an unstable patient. It also protects employees who report violations.

This legislation preserves access to lifesaving emergency care for pregnant patients, even if federal enforcement of EMTALA changes. By codifying these EMTALA provisions at the state level, legislators can ensure clear, enforceable medical screening, stabilization, and transfer protections, protect providers from conflicting directives, and uphold the equitable treatment of all emergency patients.

We urge a favorable report.

cc: Senator Brian J. Feldman
Senator Guy Guzzone
Senator Sara Love

SB 169 - Senate- FAV.pdf

Uploaded by: Jennifer Mercer

Position: FAV



BILL NUMBER: SB 169

TITLE: Hospitals - Emergency Medical Conditions - Procedures

COMMITTEE: Finance

HEARING DATE: February 3, 2026

POSITION: Favorable

Reproductive Justice Maryland Action supports Senate Bill 169 in keeping with our mission to champion reproductive justice as a fundamental human right for all Marylanders. We believe that everyone deserves the freedom to make informed decisions about their bodies, health, and futures, free from discrimination, coercion, and barriers. This includes the right to seek medical treatment in an emergency which threatens the life or health of a pregnant individual without regard for that individual's ability to pay.

Since 1986, the federal Emergency Medical Treatment and Active Labor Act (EMTALA) has mandated that hospitals which receive federal funding and have emergency departments must provide "stabilizing treatment" within their capacity to all patients who present at the emergency department experiencing a medical emergency, including active labor, without regard to that patient's ability to pay.¹ The hospital may transfer these patients only in several narrowly defined circumstances.² Hospitals or physicians who violate EMTALA can face civil monetary penalties, loss of federal funds, and litigation from affected patients.³

Senate Bill 169 arrives at a critical moment. Since EMTALA is a federal statute, it is subject to modification or abrogation by Congress, enforcement by the President and executive agencies, and interpretation by federal courts. When this bill was before the Committee last year, we predicted that EMTALA enforcement as applied to pregnant patients would be greatly reduced. Unfortunately, that prediction has proven accurate. On June 3, 2025, the Department of Health and Human Services rescinded previous agency guidance regarding EMTALA as applied to pregnant patients.⁴

¹ 42 U.S.C. § 1395dd.

² *Ibid.* at (c).

³ *Ibid.* at (d).

⁴ "CMS Statement on Emergency Medical Treatment and Labor Act (EMTALA) | CMS." *Cms.gov*, 3 June 2025, www.cms.gov/newsroom/press-releases/cms-statement-emergency-medical-treatment-and-labor-act-emtala.

In fact, attacks on EMTALA as applied to pregnant patients have been underway since *Dobbs v. Jackson*.⁵ States hostile to reproductive rights have argued that because “stabilizing treatment” within the meaning of EMTALA could require the termination of a pregnancy to prevent negative health outcomes short of the patient’s death, EMTALA conflicts with state laws that prohibit termination of pregnancy unless necessary to save the life of the patient. The real-world impact of these laws has been that pregnant women in states with these laws have been told by emergency department staff that they must allow their condition to deteriorate until it becomes life-threatening.⁶

Under the Biden Administration, the Department of Justice defended EMTALA from a challenge of this nature by Idaho.⁷ However, now that the Department of Justice is under the Trump Administration, it has withdrawn its defense of the law. More concerning still is the Supreme Court’s indication that it is willing to take up this issue again.⁸ In fact, in 2024 the Supreme Court issued a decision allowing a Texas challenge to enforcement of EMTALA on these grounds to stand, which remains the status quo in those states subject to the jurisdiction of the United States Court of Appeals for the Fifth Circuit.⁹ To be clear, this is the very same Supreme Court that issued the decision in *Dobbs*. We cannot rely on it to safeguard the rights of indigent Maryland patients who experience a medical emergency while pregnant.

Senate Bill 169 will allow Maryland to step up where the federal government has abdicated its responsibility. It will function as a Maryland analogue of EMTALA’s status quo with respect to pregnancy, ensuring that no pregnant Marylander is denied stabilizing treatment due to inability to pay, no matter what treatment may be needed to stabilize the patient.

In the face of the federal government’s hostility, we must defend the right of the most vulnerable Marylanders to seek emergency care when pregnant. Reproductive Justice Maryland Action is proud to support Senate Bill 169 and urges a favorable report.

⁵ 597 U.S. 215 (2022).

⁶ Seitz, Amanda. “Emergency Rooms Refused to Treat Pregnant Women, Leaving One to Miscarry in a Lobby Restroom.” *AP News*, 19 Apr. 2024, apnews.com/article/pregnancy-emergency-care-abortion-supreme-court-roe-9ce6c87c8fc653c840654de1ae5f7a1c.

⁷ *Moyle v. United States*, 603 U.S. 324 (2024).

⁸ *Id.*

⁹ *Texas v. Becerra*, No. 23-10246, slip op. (5th Cir. Jan 2, 2024) and *Texas v. Becerra*, No. 23-1076 cert. denied (U.S. October 7, 2024). The Fifth Circuit serves Texas, Louisiana, and Mississippi.

SB0169 February 3, 2026.pdf

Uploaded by: Ken Phelps Jr

Position: FAV



TESTIMONY IN SUPPORT OF SB0169

**Hospitals - Emergency Pregnancy-Related Medical Conditions -
Procedure**

FAVORABLE

TO: Chair Senator Pamela Beidle, Vice Chair Senator Antonio Hayes and all members of the Senate Finance Committee.

FROM: Lynn R. Mortoro, member of the Maryland Episcopal Public Policy Network. (MEPPN)

DATE: February 3, 2026

Dear Chair Biedle, Vice Chair Hayes and members of the Senate Finance Committee.

I am a member of the Episcopal Church which has long supported care for women and also a retired registered nurse, mother and grandmother.

Since 1967, The Episcopal Church has maintained its “unequivocal opposition to any legislation on the part of the national or state governments which would abridge or deny the right of individuals to reach informed decisions [about the termination of pregnancy] and to act upon them.”

This statement applies to all women at any point in their pregnancy, If there is an emergency, this bill is vital to ensure that a woman is not sent out of any hospital under any circumstances until she is stable. She must receive care, including termination of the pregnancy. There should be no questions about this.

The Diocese of Maryland requests a Favorable report

SB 169 - FIN - MDH - LOS.docx.pdf

Uploaded by: Meghan Lynch

Position: FAV



Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

February 3, 2026

The Honorable Pamela Beidle
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: Senate Bill 169 – Hospitals - Emergency Pregnancy-Related Medical Conditions - Procedures – Letter of Support

Dear Chair Beidle and Committee members:

The Maryland Department of Health (the Department) respectfully submits this letter of support for Senate Bill (SB) 169 – Hospitals - Emergency Medical Conditions - Procedures. SB 169 requires a hospital to conduct a medical screening on an individual presenting at an emergency department of the hospital to determine whether the individual has an emergency medical condition; establishes requirements and prohibitions related to the treatment and transfer of an individual who has an emergency medical condition; and prohibits a hospital from taking adverse action against a provider for not transferring a patient who is not stabilized.

This bill mirrors the federal Emergency Medical Treatment and Labor Act (EMTALA), which requires hospitals with emergency departments to provide a medical screening examination to any individual who comes to the emergency department and requests such an examination, and prohibits hospitals with emergency departments from refusing to examine or treat individuals with an emergency medical condition.¹ EMTALA applies to hospitals that participate in Medicare, whereas this bill would apply to all hospitals in Maryland, regardless of Medicare participation. Critically, this bill codifies that emergency care includes life-saving abortion services in cases where a patient's health or life is at risk. The Department supports mandating hospitals to screen for, treat, and stabilize emergency medical conditions, including necessary pregnancy termination services.

On June 3, 2025, the Trump administration rescinded 2022 guidance issued by the Centers for Medicare and Medicaid Services (CMS) concerning hospitals' obligations under EMTALA for

¹ Centers for Medicare & Medicaid Services. Certification and compliance for the Emergency Medical Treatment and Labor Act (EMTALA). U.S. Department of Health & Human Services.
<https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcompliance/downloads/emtala.pdf>

patients who are pregnant or experiencing pregnancy loss.² This withdrawal creates a critical enforcement gap regarding EMTALA compliance, raising concerns that the federal government will no longer hold hospitals accountable for providing emergency abortion care. SB 169 would codify and make consistent important standards of emergency care in Maryland even as federal enforcement of EMTALA may fluctuate.

Maryland has already seen one high-profile case of a woman being denied emergency abortion care in 2024.³ SB 169 removes any ambiguity, ensuring that medical necessity dictates the care Marylanders receive during pregnancy-related emergencies.

If you would like to discuss this further, please do not hesitate to contact Meghan Lynch, Director of Governmental Affairs at meghan.lynch@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Meena Seshamani', with a stylized flourish at the end.

Meena Seshamani, M.D., Ph.D.
Secretary

² Alder, S. (2025, June 9). CMS rescinds July 2022 guidance on EMTALA and emergency abortions. The HIPAA Journal. <https://www.hipaajournal.com/cms-rescinds-july-2022-guidance-emptala-emergency-abortions>

³<https://www.usatoday.com/story/news/nation/2024/02/17/catholic-hospitals-leave-patients-at-the-mercy-of-religious-directives/72634772007/>

SB 169_Horizon Foundation_FAV.pdf

Uploaded by: Nikki Highsmith Vernick

Position: FAV



February 3, 2026

COMMITTEE: Senate Finance Committee

BILL: SB 169 – Hospitals – Emergency Pregnancy-Related Medical Conditions – Procedures

POSITION: Support

The Horizon Foundation is the largest independent health philanthropy in Maryland. We are committed to a Howard County free from systemic inequities, where all people can live abundant and healthy lives. The Foundation is pleased to **support SB 169 – Hospitals – Emergency Pregnancy-Related Medical Conditions – Procedures**. This bill would require hospitals to examine and treat patients who present to emergency departments with an emergency pregnancy-related medical condition, and to allow for the termination of a pregnancy if it is medically necessary to stabilize the patient.

In the few years since the U.S. Supreme Court repealed Roe vs. Wade, we have seen heartbreaking stories across the country of pregnant women being denied the care that they need due to their states' restrictions on abortion – at times with catastrophic consequences – and potential legal penalties for doctors who provide themⁱ. While those penalties do not exist in Maryland and voters approved a ballot measure in 2024 to enshrine the right to reproductive freedom into the state constitution, it is important to codify into law that hospitals must provide any medical care that is necessary to treat pregnant patients. With attacks on reproductive freedom continuing across the country, and with the ongoing national maternal health crisis, Maryland must remain a leader and ensure that all women and pregnant people can get the care they need.

For the last several years, the Horizon Foundation has advocated for policies and programs that would implement a full continuum of reproductive health services in our community and in our state. We have also been working with several nonprofit organizations, funders and clinical providers to examine solutions to improve maternal and child health. Much work remains to solve the maternal health crisis we are experiencing in the United States, particularly for mothers of color. Nationally, Black women are three times more likely to die from a pregnancy-related cause than White women.ⁱⁱ In addition, more than 80% of pregnancy-related deaths are preventable.ⁱⁱⁱ Here in Maryland, Black mothers are more likely than White mothers to have a preterm birth, and more than twice as likely to have their babies experience low birth weight or

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infant mortality.^{iv} Ensuring that all women and birthing people have adequate access to the health services they need before, during and after pregnancy is critical.

We strongly believe everyone should have access to high quality, respectful reproductive and pregnancy care. For this reason, the Foundation **SUPPORTS SB 169** and urges a **FAVORABLE** report. Thank you for your consideration.

ⁱ Kaiser Family Foundation: <https://www.kff.org/womens-health-policy/criminal-penalties-for-physicians-in-state-abortion-bans/>

ⁱⁱ The Network for Public Health Law, 2023.

ⁱⁱⁱ <https://www.cdc.gov/womens-health/features/maternal-mortality.html>

^{iv} Kaiser Family Foundation: <https://www.kff.org/interactive/womens-health-profiles/maryland/maternal-infant-health/>

SB0169-LWVMD-FAV-Emergency Pregnancy-Related Medic

Uploaded by: Nora Miller Smith

Position: FAV



TESTIMONY TO THE SENATE FINANCE COMMITTEE

SB0169: Hospitals- Emergency Pregnancy-Related Medical Conditions- Procedures

POSITION: Support

BY: Linda Kohn, President

DATE: February 3, 2026

The League of Women Voters of Maryland supports Senate Bill 169: Hospitals- Emergency Pregnancy-Related Medical Conditions- Procedures. The League believes in the constitutional right of privacy of the individual to make reproductive choices, and is committed to fight for reproductive rights and justice, including bodily autonomy, reproductive health, and access to contraception and abortion.

The 1986 federal Emergency Medical Treatment & Labor Act (EMTALA) mandates that medical stabilization and treatment be provided to any patient presenting to a hospital Emergency Department with an “emergency medical condition.” This type of emergency is defined as one for which “the lack of immediate medical attention could reasonably be expected to result in placing the health of the patient...in serious jeopardy, [with] significant impairment to bodily functions, or serious dysfunction of any bodily organ or part.”¹

In the 2024 Supreme Court case *U.S. v. Idaho*, that state’s law banning abortions unless necessary to save the life of the mother conflicted with EMTALA’s mandated treatment to prevent “placing the health of the patient in serious jeopardy.” The League of Women Voters filed an amicus brief in that case, arguing that the federal EMTALA Act superseded Idaho state law. The Supreme Court dismissed the case, thus leaving access to medically necessary emergency medical care, including abortion, uncertain for seriously ill pregnant patients.

Passage of Senate Bill 169, “requiring the hospital to allow the termination of a pregnancy when the termination is medically necessary to stabilize the patient”² would provide an additional layer of legal protection to both patients and medical providers. It would be a strong step to ensure that reproductive health care, including abortion, will remain accessible and legally protected health care in Maryland, regardless of future possible federal actions and decisions.

The League and it’s 2,000 members urge the committee to give a favorable report to Senate Bill 169.

¹ <https://www.ncbi.nlm.nih.gov/books/NBK539798/>

² <https://mgaleg.maryland.gov/2026RS/bills/sb/sb0169f.pdf>

Testimony in support of SB0169 - Hospitals - Emerg

Uploaded by: Richard KAP Kaplowitz

Position: FAV

SB0169_RichardKaplowitz_FAV

02/03/2026

Richard Keith Kaplowitz

Frederick, MD 21703

TESTIMONY ON SB#/0169- POSITION: FAVORABLE

Hospitals - Emergency Pregnancy-Related Medical Conditions – Procedures

TO: Chair Beidle, Vice Chair Hayes, and members of the Finance Committee

FROM: Richard Keith Kaplowitz

My name is Richard Keith Kaplowitz. I am a resident of District 3, Frederick County. I am submitting this testimony in support of SB#/0169, **Hospitals - Emergency Pregnancy-Related Medical Conditions – Procedures**

As documented by the Society for Maternal-Fetal Medicine:

Signed into law in 1986, the Emergency Medical Treatment and Labor Act (EMTALA) require hospitals that receive Medicare funds to treat and stabilize anyone who presents with an emergency medical condition, regardless of their ability to pay and regardless of the type of care required. If the hospital is not equipped to provide treatment, it must arrange a transfer. Since the Dobbs decision, there has been litigation focused on whether EMTALA’s requirements to provide stabilizing care supersede state abortion bans. Most recently, the US Department of Justice dropped an ongoing lawsuit challenging Idaho’s near-total abortion ban. The suit, originally filed by the Biden administration, claimed that Idaho’s law violated EMTALA.¹

Maryland believes that women’s health should and must be protected in pregnancy-related medical emergencies and not blocked by onerous abortion laws. As documented in the State Court Report:

Doctors have delayed lifesaving care out of confusion over exceptions to strict abortion bans. State courts are being asked to clarify the laws.²

As of 2025, the Maryland Constitution explicitly protects an individual’s right to abortion, and state laws allow for abortions without gestational restrictions, especially if necessary to protect the life or health of the pregnant person.

This bill requires a hospital to conduct screening on a patient presenting at an emergency department of the hospital to determine whether the patient has an emergency pregnancy-related medical condition; establishing requirements and prohibitions related to the treatment and transfer of a patient who has an emergency pregnancy-related medical condition; requiring a hospital to allow the termination of a pregnancy in certain circumstances; etc.

I respectfully urge this committee to return a favorable report on SB#/0169.

¹ <https://www.sfm.org/emtala>

² <https://statecourtreport.org/our-work/analysis-opinion/states-abortion-bans-when-does-medical-emergency-trigger-exception>

2025 WLC SB 169 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV

Committee: Senate Finance Committee

Bill: Senate Bill 169 – Hospitals Emergency Medical Conditions - Procedures

Hearing Date: February 4, 2026

Position: Support

The Women's Law Center of Maryland strongly supports *Senate Bill 169 – Hospitals – Emergency Medical Conditions – Procedures*. The legislation codifies the federal Emergency Medical Treatment and Active Labor Act (EMTALA) into Maryland law.

The fate of federal enforcement of EMTALA is unclear. If federal agencies change their interpretation or enforcement of EMTALA, it would have devastating consequences of women's health across the country. Most states, including Maryland, do not have EMTALA provision codified in state law. We need the legal safety net provided by SB 447 given the current national landscape.

We ask for a favorable report on SB 169. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

The Women's Law Center of Maryland is a private, non-profit, legal services organization that serves as a leading voice for justice and fairness for women. It advocates for the rights of women through legal assistance to individuals and strategic initiatives to achieve systemic change, working to ensure physical safety, economic security, and bodily autonomy for women in Maryland.

2026 ACNM SB 169 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

Bill: Senate Bill 169 – Hospital – Emergency Medical Conditions - Procedures

Hearing Date: February 4, 2026

Position: Support

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) strongly supports *Senate Bill 169 – Hospitals – Emergency Medical Conditions – Procedures*. The legislation codifies the federal Emergency Medical Treatment and Active Labor Act (EMTALA) into Maryland law.

EMTALA has been a critical tool in ensuring access to abortion and other lifesaving pregnancy care in hospitals across the country. When it is not enforced, we have seen a devastating impact on the lives of people who are supposed to be protected under the laws. For example, there have been deaths in Georgia and Texas from delays in providing abortion care in emergencies after those states implemented abortion bans.

In Maryland, we rely on enforcement of the federal EMTALA law to protect the health and safety of Marylanders. However, it is unclear how federal agencies will interpret and enforce EMTALA at this time. We cannot afford this risk; and we believe it is imperative that Maryland adopt its own EMTALA standards.

We ask for a favorable report on this legislation. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

2026 SWASC Testimony in Support of SB 169.pdf

Uploaded by: UM SWASC

Position: FAV

TESTIMONY IN SUPPORT OF SB 169
Hospitals – Emergency Pregnancy-Related Medical Conditions - Procedures
Finance Committee
February 3, 2026

Social Work Advocates for Social Change strongly supports SB 169, which mirrors the federal Emergency Medical Treatment and Active Labor Act (EMTALA) and codifies procedures by which emergency departments in Maryland hospitals must abide if a patient presents with an emergency pregnancy-related medical condition.

SB 169 ensures that pregnant patients experiencing medical emergencies can receive timely, appropriate and life-saving care throughout Maryland. As social work students, we are trained to uphold the principles of social justice, dignity, and access to essential health care.¹ Clarity and consistency in emergency medical standards are essential. Patients experiencing medical emergencies are often at their most vulnerable and do not have the ability to choose where they receive care. This bill helps ensure that all pregnant patients in Maryland can rely on emergency departments to provide necessary, stabilizing care when it is needed most.

While federal EMTALA has been a critical tool for lifesaving care, it is not sufficiently supported by the current federal administration. For decades, EMTALA has required emergency departments to evaluate, treat, and stabilize individuals with emergency medical conditions, including pregnancy-related emergencies, regardless of insurance status or ability to pay. Alarming, the current federal administration has been rescinding guidance related to EMTALA that explicitly requires abortion care as a necessary stabilizing treatment, as the policy did not “reflect the policy of this Administration”.^{2,3} Moreover, the Supreme Court has allowed lower court cases to stand where states argued their abortion bans are not preempted by EMTALA.⁴ With the federal government stepping back from clear guidance and enforcement of EMTALA, it is critical for Maryland to take action to protect patients.

SB 169 protects pregnant Marylanders by codifying enforceable state protections and ensuring patients aren't subjected to shifting and unclear federal policies. As future social workers who will be serving individuals and families across health care, behavioral health, and community settings, we strongly support SB 169 as a necessary step to protect patient safety and uphold equitable access to emergency medical care.

Social Work Advocates for Social Change urges a favorable report on SB 169.

Social Work Advocates for Social Change is a coalition of MSW students at the University of Maryland School of Social Work that seeks to promote equity and justice through public policy, and to engage the communities impacted by public policy in the policymaking process.

¹ National Association of Social Workers. (2021). *Code of ethics of the National Association of Social Workers*. <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>.

² Department of Health and Human Services. May 2025. Memorandum Rescinding Enforcement of EMTALA Obligations specific to Patients who are Pregnant or Experiencing Pregnancy Loss. <https://www.cms.gov/files/document/qso-22-22-hospitals-rescinded-05292024.pdf>

³ Center for Medicaid and Medicare. 2025. *CMS Statement on Emergency Medical Treatment and Labor Act (EMTALA)*. <https://www.cms.gov/newsroom/press-releases/cms-statement-emergency-medical-treatment-and-labor-act-emtala>

⁴ *Moyle v. United States & Idaho v. United States*. 603 U.S. ____ (2024). https://www.supremecourt.gov/opinions/23pdf/23-726_6jgm.pdf

Written Testimony of Benjamin P. Sisney on SB 169

Uploaded by: Ben Sisney

Position: UNF



201 Maryland Avenue, NE
Washington, DC 20002

WRITTEN TESTIMONY OF BENJAMIN P. SISNEY¹
Senior Counsel for Litigation and Public Policy,
American Center for Law & Justice

**Re: In Opposition to Maryland S.B. 169: Hospitals – Emergency Pregnancy-Related
Medical Conditions - Procedures**

February 3, 2026

For the reasons set forth herein, the American Center for Law & Justice (“ACLJ”), on behalf of itself and over 641,000 of its supporters, including nearly 8,500 Maryland residents, respectfully urges this Committee to report Senate Bill 169 unfavorably. SB 169 would amend Maryland law to redefine hospital emergency care obligations in a way that erroneously assumes the federal EMTALA mandates specific procedures — including termination of pregnancy — for “emergency pregnancy-related medical conditions.” But federal EMTALA law does not require abortion or any specific medical intervention, and SB 169’s effort to transplant such a mandate into state law is both legally unsound and medically inappropriate.

By way of introduction, the ACLJ is a national nonprofit organization dedicated to the defense of constitutional liberties secured by law, including the defense of the sanctity of human life. Counsel for the ACLJ have presented expert testimony before state (including Maryland) and federal legislative bodies, and have presented oral argument, represented parties, and submitted amicus briefs before the Supreme Court of the United States and numerous state and federal courts around the country in cases involving a variety of issues, including the right to life. *See, e.g., Pleasant Grove City v. Sumnum*, 555 U.S. 460 (2009); *Whole Woman’s Health v. Hellerstedt*, 136 S. Ct. 2292 (2016); *June Medical Servs. v. Russo*, 140 S. Ct. 2103 (2020); and *Dobbs v. Jackson Women’s Health Org.*, 142 S. Ct. 2228 (June 24, 2022).

¹ Mr. Sisney serves as Senior Counsel for Litigation and Public Policy at the ACLJ’s Washington D.C. office. He also serves as the ACLJ’s Director of FOIA Practice. Mr. Sisney practiced law in Oklahoma City for five years, following the conclusion of his two-year clerkship with United States District Judge Gregory K. Frizzell in Tulsa, two years with the American Center for Law & Justice in Virginia, and a Legal Fellowship with Senator James M. Inhofe in Washington, D.C. Mr. Sisney graduated from Regent University School of Law in 2007. As a law student, he interned with an Oklahoma District Attorney’s office and Oklahoma’s oil and gas administrative law court. Mr. Sisney’s practice has focused on the areas of government affairs and accountability, international and United Nations affairs, pro-life litigation and issues, family law, First Amendment law, and religious liberty.

SUMMARY AND BACKGROUND

The ACLJ has extensive experience providing legal analysis and testimony on federal health statutes and their interplay with state law. EMTALA was enacted in 1986 to prevent discrimination in emergency care for indigent and uninsured patients — a “patient-dumping” statute designed to ensure that emergency departments in hospitals participating in the Medicare program screen and stabilize individuals presenting with emergency medical conditions. EMTALA’s language speaks only to emergency medical conditions and stabilization responsibilities; it does not mention abortion or prescribe any particular medical intervention.

Under SB 169’s provisions, a hospital with an emergency department must screen patients presenting with emergency pregnancy-related conditions and, importantly, allow the termination of a pregnancy via abortion in certain circumstances as part of that treatment. This provision is more than a general stabilization requirement — it attempts to mandate specific medical procedures as a matter of state statutory obligation.

Federal EMTALA, by contrast, sets only minimal structural obligations on hospitals: to conduct an appropriate medical screening examination and then stabilize an emergency medical condition before transfer or discharge. EMTALA was enacted to prevent hospitals from refusing emergency care to indigent patients, not to prescribe particular medical treatments. 42 U.S.C. § 1395dd. SB 169’s language goes far beyond this framework.

EMTALA’S PURPOSE AND TEXT CONFIRM IT IS NOT AN ABORTION-ACCESS LAW

EMTALA’s text is silent on abortion or any specific medical procedure. Its protections center on screening and stabilizing emergency conditions — not on *what treatments* must be provided. Even the 1989 amendment that requires stabilization of an “unborn child” does not prescribe specific interventions such as a c-section, let alone the termination of pregnancy via abortion. Instead, it simply ensures that both a pregnant woman and her unborn child are stabilized for emergency conditions. 42 U.S.C. § 1395dd(e)(1)(A)(i).

SB 169’s assumption that EMTALA can be read to require — and Maryland must therefore codify — pregnancy termination via abortion as part of emergency care is unsupported by the federal statute.

EMTALA FORBIDS FEDERAL CONTROL OVER MEDICAL PRACTICE

EMTALA expressly prohibits federal officials from “exercis[ing] any supervision or control over the practice of medicine or the manner in which medical services are provided.” 42 U.S.C. § 1395. This critical language bars any effort to elevate EMTALA into a federal standard of care for particular procedures (such as abortion) across all hospitals. Translating that misinterpretation into Maryland law — as SB 169 would do — conflicts with Congress’s clear choice to avoid federal micromanagement of clinical practice.

FEDERAL COURTS REJECT THE NOTION THAT EMTALA MANDATES ABORTION

At least two federal appellate courts have held that EMTALA does **not** mandate abortion as part of emergency care:

- In *Texas v. Becerra*, the Fifth Circuit explained that imposing a requirement to provide abortion would be to adopt “new policy” that Congress did not enact. 89 F.4th 529, 541-46 (5th Cir. 2024).
- In *United States v. Idaho*, the Ninth Circuit held that “the purpose of EMTALA is not to impose specific standards of care — such as requiring the provision of abortion — but simply to ensure that hospitals do not refuse essential emergency care because of a patient’s inability to pay.” 83 F.4th 1130 (9th Cir. 2023).

Although the Ninth Circuit later vacated *Idaho*, and the Supreme Court’s order in *Moyle v. United States* did not reach the merits, some of the Justices separately noted (in dissent from vacatur of a stay) that the argument that EMTALA requires abortion is “plainly unsound.” 603 U.S. 324, 347 (2024).

These judicial views reinforce the conclusion that EMTALA does not contain a federal abortion requirement that SB 169 purports to codify.

FEDERAL CONSCIENCE PROTECTIONS REINFORCE THAT EMTALA DOES NOT COMPEL PARTICIPATION

Even if proponents of SB 169 assert that EMTALA can be interpreted to require termination of pregnancy via abortion in emergencies, federal conscience protections — including the Church, Weldon, and Coats Amendments — independently protect healthcare providers from being compelled to participate in abortions. At oral argument in *Moyle*, the Solicitor General conceded that EMTALA does **not override** federal conscience protections and that hospitals must honor conscience objections while maintaining emergency care staffing.

This further confirms that EMTALA was never intended to mandate specific procedures such as abortion.

SB 169 IS UNNECESSARY AND MISGUIDED

SB 169’s attempt to transform EMTALA into a procedural mandate would create confusion in emergency medicine and potential conflict with both federal statutory limits and federal conscience protections. EMTALA already requires emergency screening and stabilization — and state law can and should allow clinicians to exercise professional judgment consistent with local policy and medical standards.

SB 169’s pregnancy termination via abortion requirement is not a faithful reflection of EMTALA and should not be adopted into Maryland’s emergency care framework.

CONCLUSION

For the foregoing reasons, we respectfully urge the Committee to report Senate Bill 169 unfavorably.

Thank you for the opportunity to submit this testimony.

/s/ Benjamin P. Sisney

Benjamin P. Sisney

American Center for Law and Justice

Maryland Catholic Conference_UNF_SB169.pdf

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Position: UNF



MARYLAND
CATHOLIC
CONFERENCE

February 3, 2026

Senate Bill Senate Bill 169
Hospitals - Emergency Pregnancy-Related Medical Conditions - Procedures
Senate Finance Committee

Position: Unfavorable

The Maryland Catholic Conference (MCC) is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

Senate Bill 169 requires a hospital to conduct screening on an individual presenting at an emergency department of the hospital to determine whether the individual has an emergency medical condition; establishing requirements and prohibitions related to the treatment and transfer of an individual who has an emergency medical condition; prohibiting a hospital from taking adverse action against a provider for not transferring a patient who is not stabilized.

Catholic moral teaching affirms that the dignity of both the pregnant mother and her unborn child is paramount. The Ethical and Religious Directives for Catholic Health Care Services permit operations, treatments, and medications that have as their direct purpose the cure of a proportionately serious pathological condition of a pregnant woman when such care cannot be safely postponed until the unborn child is viable—even if the unintended and tragic result is the death of the unborn child.¹ What is never permitted is a direct abortion, in which the death of the unborn child is the intended outcome.

The United States Conference of Catholic Bishops (USCCB) has clearly affirmed that EMTALA protects both mothers and their preborn children and should not be misconstrued to mandate direct abortions. As the USCCB stated in 2024, Catholic hospitals have long provided emergency medical care consistent with both federal law and moral obligations, and EMTALA should not be reinterpreted to override state laws protecting life or to compel morally impermissible procedures. As the USCCB states:

¹ chrome-extension://efaidnbmnnnibpcajpcgglefindmkaj/https://www.usccb.org/resources/ERDs-7th-ed-Approved_2025-11-12.pdf

"EMTALA was enacted to ensure access to emergency medical care for low-income persons, especially pregnant mothers, and the law expressly protects both the mother and her preborn child. Catholic hospitals have thus faithfully and effectively cared for patients under this law for decades, and we will work and pray to ensure that they remain free to do so. EMTALA should not be newly misconstrued to override state laws protecting life nor misunderstood to mandate the performance of direct abortions – which are always wrong – as opposed to morally acceptable procedures that are necessary to preserve a mother’s life but tragically would result in a loss of her child." (United States Conference of Catholic Bishops, 2024).²

By codifying EMTALA in a manner that could be interpreted to require abortion, SB 169 creates unnecessary legal ambiguity and directly conflicts with constitutional protections for religious freedom and conscience rights. If enacted, it would threaten the ability of Catholic hospitals to continue providing ethically grounded emergency care and would reduce healthcare options for patients who seek care consistent with Catholic values.

As Catholics, we remain committed to advocating for policies that provide the best and most compassionate care for both mothers and their preborn children—especially in the most difficult medical situations.

For these reasons, the Maryland Catholic Conference asks for an unfavorable report on **SB 169**.

Thank you for your consideration.

² <https://www.usccb.org/news/2024/emergency-medical-care-women-and-their-preborn-children-affirmed-bishop-burbidge-after>

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Position: UNF



UNFAVORABLE

SB169 Hospitals- Emergency Medical Conditions-Procedures

Laura Bogley, JD
Executive Director
Maryland Right to Life, Inc.

On behalf of our Board of Directors and many chapters across the state, we strongly oppose **Senate Bill 169 Hospitals-Emergency Medical Conditions-Procedures** and urge your unfavorable report. This bill is an attack on the Constitution and free exercise of religion. This bill seeks to codify NOT the federal “Emergency Medical Treatment and Labor Act” known as EMTALA, but the U.S. Department of Health and Human Services’ erroneous political interpretation of EMTALA, which infringes upon the First Amendment rights of healthcare providers.

By enacting this bill into law, the Maryland General Assembly would be exercising religious bias. This bill removes current statutory protections for medical providers and faith-based hospitals and requires hospitals to force emergency room physicians to commit induced abortions in violation of their rights of conscience and religious freedoms. The bill imposes severe civil penalties against hospitals and physicians who refuse to commit abortions, including fines of \$50,000 per each violation of this bill and exclusion from participation in the Maryland Medical Assistance Program, which allows providers to seek Medicaid reimbursements for medical services rendered.

CONSCIENCE RIGHTS MUST NOT BE INFRINGED

The freedom to practice one’s religion is one of our most cherished rights. According to a January 2026 Marist poll, 63% of people, including 48% of democrats, responded that medical providers should not be legally required to perform induced abortions against their conscience.

Federal [law](#) recognizes this and protects medical personnel from being compelled to do something against their religious convictions. Without comprehensive protection, healthcare rights of conscience may be violated in various ways, such as harassment, demotion, salary reduction, transfer, termination, loss of staffing privileges, denial of aid or benefits, and refusal to license or refusal to certify.

But by enacting this bill, the Maryland General Assembly would infringe upon the Constitutional right to the free exercise of religion guaranteed to all citizens under the **First Amendment** and force physicians to violate their Hippocratic Oath in which they swore first to do no harm to their patients. As a result, many healthcare providers will be forced to leave the state, exacerbating the problem of medical scarcity in Maryland.

The State also would be in violation of federal [Title VII of the Civil Rights Act of 1964](#), which states that an employer must not discriminate against an employee based on the employee’s religious beliefs. Employees cannot be subjected to harassment because of their religious beliefs or practices. Title VII



requires employers to grant reasonable requests for religious accommodations unless doing so would result in undue hardship to the employer. This bill attempts to create such a hardship.

EMERGENCY MEDICAL TREATMENT AND LABOR ACT

This bill seeks to codify NOT the federal “Emergency Medical Treatment and Labor Act” known as **EMTALA**, but the U.S. Department of Health and Human Services’ erroneous political interpretation of EMTALA.

In *Dobbs v. Jackson Women’s Health Organization* (2022), the United States Supreme Court [overruled](#) [Roe v. Wade](#) (1973) and held that a right to abortion is not found in the Constitution of the United States. The Court also held that states have an interest in preserving the integrity of the medical profession, which includes protecting the freedom of conscience of healthcare providers.

But in defiance of the Court and the *Dobbs* decision, the Biden Administration weaponized the Department of Justice and the Department of Health and Human Services to once again impose abortion mandates on the states. The Biden administration exploited EMTALA in an attempt to force physicians to perform induced abortions in violation of their oath and religious freedoms.

The EMTALA statute was enacted by Congress in 1986, “to ensure public access to emergency services regardless of ability to pay.” EMTALA requires hospitals that receive Medicare funding to medically screen, stabilize, and appropriately transfer an individual with an “emergency medical condition.”

While this proposed bill includes induced abortion as a required treatment for medical emergencies, EMTALA specifically directs care, where applicable, for **both the pregnant woman and her unborn baby**, and never mentions abortion. The sole purpose of induced abortion is to end the life of the unborn baby, an act of violence that is never medically necessary.

STATE CULPABILITY IN ENGINEERED EMERGENCIES

This bill enables the abortion industry and abortion drug manufacturers to be grossly negligent and endanger the health and lives of their female patients with no consequences. By enacting this bill, the Assembly will be passing the burden of care to emergency room physicians to complete induced abortions or provide emergency interventions for women injured as a result of substandard care at the hands of abortionists.

Maryland is state-sponsor of the abortion industry. Through radical acts of this legislature, the State has endorsed induced abortion practices as healthcare and SAFE. But in a huge contradiction, democrats now demand that taxpayers cover the costs of **medical emergencies caused at the hands of abortionists**.

This legislature has forced taxpayers to fund aggressive campaigns to impose abortion on women and girls in and trafficked into Maryland. The legislature has consistently rejected measures to provide women a right to informed consent or equal access to lifesaving alternatives to abortion. The State has



put abortion politics before patients and shielded abortionists from liability for the injury, death, sexual abuse or trafficking of their patients.

The Maryland General Assembly has fully deregulated induced abortion practices, removing induced abortion from the spectrum of healthcare in all ways except funding. Through the *Abortion Care Access Act* of 2022, the state removed the final safeguard in law for women that permitted only licensed physicians to perform or provide abortions and instead authorized any certified individual to commit abortions. State taxpayers are now forced to fund the training of this substandard abortion workforce.

In 2022, the Biden administration and democrat attorneys general from across the nation, including Maryland Attorney General Brian Frosh, pressured the Food and Drug Administration to remove critical safeguards for women's health when using chemical abortion-inducing drugs. The Biden FDA removed remediation standards which it had put in place to reverse damage or remove risk caused by abortion drugs, including severe hemorrhaging, infection, misdiagnoses and even death. As a result, chemical abortion is 4 times more dangerous than surgical abortion. To date, at least 36 women have been killed by abortionists providing abortion-inducing drugs.

Now democrat lawmakers introduce this bill that asks hospitals and medical providers to bear the burden of the substandard practices of the abortion industry. This bill asks hospitals and medical providers to bear the cost for completing abortions that result from medical negligence or misuse of abortion-inducing drugs. This bill would require taxpayers to reimburse emergency providers who were forced to commit induced abortions. Most reprehensibly, the State is using medical emergencies engineered by its own willful and wanton disregard for women's safety, to justify religious discrimination, harassment and infringement upon medical providers' Constitutional rights.

HOSPITAL LIABILITY

This bill creates a precarious legal dilemma for hospitals in Maryland. Under this bill, hospitals will face civil liability either for violation of state law, or for violation of their employees' Constitutional rights. This conflict clearly demonstrates why the bill itself is unconstitutional.

Any hospital that violates their employees' religious freedoms will be exposed to litigation, class action suits and accumulating financial liability. Because the hospital receives federal funding, it is subject to the federal conscience laws that, in the words of the Supreme Court in *FDA v. Alliance for Hippocratic Medicine* ("AHA"), "allow doctors and other healthcare personnel to 'refuse to perform or assist' an abortion without punishment or discrimination from their employers."

Further, the hospital cannot even force them to assist with abortions in emergency situations, as the Emergency Medical Treatment and Labor Act (EMTALA) does not override federal conscience laws. In *AHA*, the Supreme Court said that "EMTALA does not require doctors to perform abortions or provide abortion-related medical treatment over their conscience objections because EMTALA does not impose obligations on individual doctors." The Supreme Court also [stated](#) that hospitals "must



accommodate doctors in emergency rooms no less than in other contexts” and “try to plan ahead for how to deal with a doctor’s absence due to conscience objections.”

In *FDA v. Alliance for Hippocratic Medicine*, the plaintiff-doctors expressed the fear that Emergency Medical Treatment and Labor Act (EMTALA) “*could be interpreted to override those federal conscience laws and to require individual emergency room doctors to participate in emergency abortions in some circumstances.* See 42 U. S. C. §1395dd.”

However, as the Supreme Court noted:

“[T]he Government has disclaimed that reading of EMTALA. And we agree with the Government’s view of EMTALA on that point. EMTALA does not require doctors to perform abortions or provide abortion-related medical treatment over their conscience objections because EMTALA does not impose obligations on individual doctors. As the Solicitor General succinctly and correctly stated, EMTALA does not “override an individual doctor’s conscience objections.” We agree with the Solicitor General’s representation that federal conscience protections provide “broad coverage” and will “shield a doctor who doesn’t want to provide care in violation of those protections.”

Finally, federal regulations require hospitals to turn away patients when they are not sufficiently staffed. Under **42 CFR 489.24(b)**, hospitals can and in fact have a duty to initiate drive-by status if they lack "qualified personnel or transportation" required for treatment. This regulation demonstrates that while hospitals have treatment duties, these are limited by capacity constraints. 42 CFR 489.24(b)(4) affirms hospital authority to redirect incoming ambulances when reaching drive-by status due to capacity saturation or capability constraints. While access has public value, so does preserving institutional competence. Reasonable drive-by policies preserve a hospital’s institutional competence and ensure patients are redirected for emergency care.

CONSCIENCE PROTECTIONS ARE COMMON SENSE

Current state laws do not provide adequate protections for healthcare providers. While statute protects the right of a provider to refuse to participate in abortion practices on the basis of religious beliefs, the law does not shield the provider from civil suit. Further non-religiously affiliated pro-life professionals, institutions, and payers may have moral (though not religious) objections to participating in, facilitating, and funding life-ending drugs and devices, but are left unprotected. Given this lack of conscience protections, pro-life healthcare providers, institutions, and taxpayers still face coercive efforts by the state government and private institutions to perform induced abortions.

Protecting the freedom of conscience is common sense. Conscience-respecting legislation does not ban any procedure or prescription and does not mandate any particular belief or morality. Protecting conscience helps ensure that healthcare providers enter and remain in their professions, helping to meet the rising demand for quality health care in Maryland.



ABORTION IS NOT HEALTHCARE

Abortion is not healthcare. It is violence and brutality that ends the lives of unborn children through suction, dismemberment, chemical poisoning or starvation. The fact that 85% of OB/GYNs in a representative national survey refuse to commit induced abortions is glaring evidence that abortion is not an essential part of women's healthcare.

The sole purpose of induced abortion is to end the life of a preborn patient. Doctors regularly treat serious pregnancy complications without intentionally killing a preborn child. This includes being able to perform maternal-fetal separations when a woman's life is endangered by a pregnancy complication – something that is already allowed by EMTALA as well as by every state law in the country. **No law in any state prohibits medical intervention to treat miscarriage, ectopic pregnancy or to save the physical life of the mother.**

NO PUBLIC FUNDING FOR ABORTION VIOLENCE

Maryland is one of only 4 states that forces taxpayers to fund abortions. There is longstanding bipartisan unity on prohibiting the use of taxpayer funding for abortion. 54% percent of those surveyed in a January 2026 Marist poll say they oppose taxpayer funding of abortion.

The Supreme Court of the United States, in *Dobbs v. Jackson Women's Health* (2022), overturned *Roe v. Wade* (1973) and held that there is no right to abortion found in the Constitution of the United States. The Supreme Court affirmed in *Harris v. McRae* (1980), that *Roe* had created a limitation on government, not a government funding entitlement. The Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that "*no other procedure involves the purposeful termination of a potential life*", and held that there is "*no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds.*"

Furthermore, a state is under no constitutional duty to provide induced abortion services for those within its borders (*Youngberg v. Romeo*, 457 U.S. 307, 317 (1982)). There is no constitutional requirement for a state to fund non-therapeutic abortions (*Maher v. Roe*, 432 U.S. 464, 469 (1977)).

For these reasons we respectfully urge your unfavorable report on this bill. We appeal to you to prioritize the state's interest in human life and restore to all people, our natural and Constitutional rights to life, liberty, freedom of speech and religion.

SOURCES:

James Bopps, Attorney, National Right to Life Committee: https://www.supremecourt.gov/DocketPDF/23/23-726/301631/20240227172259691_NRLC%20Idaho%20Brief%20of%20Amicus%20Curiae.pdf.

Olivia Summers, Attorney, American Center for Law and Justice: <https://aclj.org/pro-life/hospital-unlawfully-forcing-three-ultrasound-technicians-to-assist-in-abortions-in-violation-of-their-faith--the-aclj-is-fighting-back>.

American Association of Pro-Life Obstetricians and Gynecologists: <https://aaplog.org/aaplog-comment-on-fifth-circuit-ruling-on-state-of-texas-v-becerra/>.

SB 169-Emergency Pregnancy Related Medical Condi

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Position: INFO



Maryland
Hospital Association

**Senate Bill 169 -
Hospitals - Emergency Pregnancy-Related Medical Conditions - Procedures**

Position: *Letter of Information*

February 3, 2026

Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to submit a letter of information on Senate Bill 169.

MHA worked closely with the bill sponsor to address concerns raised with earlier versions of the legislation, which hospitals initially opposed. As introduced, the bill is narrowly tailored to address emergency pregnancy-related medical conditions and reflects changes made in response to MHA's concerns. We appreciate the sponsor's receptiveness to these concerns and their willingness to work collaboratively with hospitals.

MHA is neutral on SB 169 as introduced but may reassess its position should additional amendments be considered.

We hope you find this information helpful as the Committee considers SB 169.

For more information, please contact:

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