Maryland
DEPARTMENT OF HEALTH
Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

March 25, 2026

The Honorable Heather Bagnall
Chair, Health Committee
240 Taylor House Office Building
Annapolis, Maryland 21401

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

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On June 3, 2025, the Trump administration rescinded 2022 guidance issued by the Centers for Medicare and Medicaid Services (CMS) concerning hospitals' obligations under EMTALA for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

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

[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-emtala-emergency-abortions

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