



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

March 19, 2026

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

RE: House Bill 49 – Public Health - Abortion (Heartbeat Bill) – Letter of Opposition

Dear Chair Bagnall and Committee members:

The Maryland Department of Health (the Department) respectfully submits this letter of opposition for House Bill (HB) 49 – Public Health - Abortion (Heartbeat Bill).

HB 49 establishes new requirements governing the performance or inducement of an abortion, including mandatory waiting periods and requirements that a patient view a sonogram and listen to fetal cardiac activity. The bill requires that abortions be performed by a physician rather than a qualified provider, prohibits abortions once fetal cardiac activity is detected except in cases of medical emergency, and authorizes private civil actions related to the performance or inducement of abortion. In addition, the bill requires the Department to print and distribute materials to abortion physicians regarding alternatives to abortion and sonogram services.

HB 49 is a targeted regulation of abortion providers (TRAP). TRAP laws single out abortion providers and impose requirements that are more burdensome than those applied to other medical practices.¹ The American College of Obstetricians and Gynecologists (ACOG) does not support legislation that “unduly regulates or criminalizes abortion care providers.”² Ultrasounds are performed for a wide range of medical purposes, including pregnancies carried to term; however, this bill applies ultrasound requirements solely in the context of abortion care. HB 49 mandates both an ultrasound and a waiting period of 24 hours between the ultrasound and the abortion, or a two hour waiting period if the patient lives more than 100 miles from an abortion provider that performs more than 50 abortions in a 12-month period. ” ACOG does not support mandatory waiting periods and considers them an unnecessary barrier to evidence-based care.² These requirements can increase the cost of abortion and create significant logistical challenges, disproportionately affecting individuals with fewer resources, including lower-income patients, young people, and individuals from racial and ethnic minority communities.³

¹ Targeted Regulation of Abortion Providers. Guttmacher Institute. Dec 2025.

<https://www.guttmacher.org/state-policy/explore/targeted-regulation-abortion-providers>

² Abortion Access. The American College of Obstetricians and Gynecologists.

<https://www.acog.org/advocacy/policy-priorities/abortion-access>

HB 49 would also reinstate a physician-only requirement for abortion provision that Maryland repealed during the 2023 legislative session. Physician-only requirements are not evidence-based and are opposed by ACOG, which supports allowing trained advanced-practice clinicians (APCs) to provide abortion care.³ Through the Abortion Care Access Act, the Department administers and supports an annual \$3.5 million grant program to train APCs in abortion care services.⁴

The bill further permits civil actions against physicians who violate its provisions, as well as against individuals who aid in an abortion, including those who help pay for or insure abortion care. Maryland law currently requires private insurance coverage of abortion services, and Maryland Medicaid covers abortion using State-only funds. Under HB 49, individuals could be subject to statutory damages of at least \$10,000 per abortion. The bill also prohibits the award of costs or attorney's fees to defendants, meaning that even physicians who comply with the law would bear the full financial burden of defending against civil lawsuits. These provisions would restrict and penalize providers for delivering legally protected health care.

Maryland law, like the laws of all states, requires informed consent prior to any medical treatment, including abortion.⁵ Informed consent must be voluntary, yet HB 49 imposes additional counseling requirements on abortion-providing facilities only, including the use of medically inaccurate terminology.

For these reasons, the Department urges an unfavorable report on HB 49, as it imposes medically unnecessary and burdensome requirements on abortion providers, and restricts access to care and stigmatizes abortions.

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

³ Increasing Access to Abortion. The American College of Obstetricians and Gynecologists. Feb 2025.
<https://www.acog.org/clinical/clinical-guidance/committee-statement/articles/2025/02/increasing-access-to-abortion>

⁴ Chapter 56 of the Maryland Acts of 2022 (HB 937/SB 890).
https://mgaleg.maryland.gov/2022RS/Chapters_noln/CH_56_hb0937t.pdf

⁵ Counseling and Waiting Periods for Abortion. Guttmacher Institute. Aug 2023.
<https://www.guttmacher.org/state-policy/explore/counseling-and-waiting-periods-abortion>