



**March 25, 2026**

**Senate Bill Senate Bill 169  
Hospitals - Emergency Pregnancy-Related Medical Conditions - Procedures  
House Health 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.<sup>1</sup> 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:

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<sup>1</sup> [chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.usccb.org/resources/ERDs-7th-ed-Approved\\_2025-11-12.pdf](chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/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).<sup>2</sup>*

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.

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