



Mission: To improve public health in Maryland through education and advocacy **Vision:** Healthy Marylanders living in Healthy Communities

**Testimony In Opposition of HB 0049
Public Health – Abortion (Heartbeat Bill)
By: Maryland Public Health Association (MdpHA)
March 19, 2026**

Chair Bagnell, Vice-Chair Cullison, and Members of the Health Committee, thank you for the opportunity to testify against HB 0049 which would require abortions to be performed only by physicians rather than qualified providers, would ban abortion if fetal heartbeat is detected with the exception of a medical emergency, require physicians to justify their decision to perform an abortion in a medical emergency, and allow civilians to bring civil action against physicians or other individuals who “aid or abet” an abortion.

There are multiple problematic elements of this bill. First, requiring a physician to perform abortions rather than qualified health providers would add burden to those physicians. A study conducted in 2013 found that there was no clinical difference in abortion complications between physicians and other qualified health professionals, specifically nurse practitioners, certified nurse midwives, and physician assistants¹. Restricting the types of providers who can perform an abortion could lead to increased wait times and pregnant people not receiving the care they want and/or need. Additionally, abortions have been established through rigorous research to be a safe medical procedure, with the risk of complications or mortality being less than the same risk from other common procedures such as colonoscopies and wisdom tooth removal.² Related to childbirth, abortion is significantly safer, with recent research demonstrating that for every one death related to abortion, there were at least 44 deaths related to pregnancy.³ Denying abortions and requiring pregnant people to carry to term increases their risk of morbidity and mortality as well as limits their bodily autonomy.

Second, requiring physicians to perform ultrasounds for individuals who are seeking an abortion is a waste of medical resources and can add to the cost of an abortion. Evidence shows that requiring ultrasounds do not significantly change patients’ minds⁴ and that the vast majority of individuals who seek an abortion not only do not regret their decision but remained certain of their decision five years later⁵. Additionally, as written, the bill insinuates that patients are not capable of making an informed decision without an ultrasound, infantilizing pregnant people, and does not acknowledge the many reasons that patients choose to have an abortion that are unrelated to the presence of cardiac activity.

The third concern is that the bill could encourage private citizens to file civil lawsuits against providers and anyone else they believe “aided or abetted” an abortion and require doctors to justify providing an abortion in medical emergencies. This discounts the expertise of the providers who engaged in lengthy schooling and training and increases the legal risk for providers, healthcare facilities, and individuals who care about and

¹ Weitz, T. A., Taylor, D., Desai, S., Upadhyay, U. D., Waldman, J., Battistelli, M. F., & Drey, E. A. (2013) Safety of Aspiration Abortion Performed by Nurse Practitioners, Certified Nurse Midwives, and Physician Assistants Under a California Legal Waiver. *American Journal of Public Health*, 103 (3): 454-461. <https://doi.org/10.2105/AJPH.2012.301159>

² American College of Obstetricians & Gynecologist. (n.d.). Abortion Access Fact Sheet. Retrieved from <https://www.acog.org/advocacy/abortion-is-essential/come-prepared/abortion-access-fact-sheet>

³ Steenland, M. W., Mercon, K., Brown, B. P., & Thoma, M. E. (2026). Pregnancy- and Abortion-Related Mortality in the US, 2018-2021. *JAMA Network Open*; 9 (1): e2554793. doi:10.1001/jamanetworkopen.2025.54793

⁴ Jovel, I., Cartwright, A. F., Ralph, L., & Upadhyay, D. (2021). Abortion Waiting Periods and Decision Certainty Among People Searching Online for Abortion Care. *Obstetrics & Gynecology*, 137 (4): 597-605. DOI: 10.1097/AOG.0000000000004313

⁵ Rocca, C. H., Samari, G., Foster, D. G., Gould, H., & Kimport, K. (2020). Emotions and decision rightness over five years following an abortion: An examination of decision difficulty and abortion stigma. *Soc Sci Med.*, 248:112704. doi: 10.1016/j.socscimed.2019.112704.

want to help someone who needs an abortion. Concerns about legal action can interfere in patient care, increase provider stress, and prevent individuals from helping a person who needs an abortion which could all increase the likelihood of negative patient health outcomes.

The fourth concern is that the bill includes medically inaccurate language and problematic framing that has been used in bills in other states when trying to restrict abortion. Doctors and researchers have said that referring to a heartbeat is medically inaccurate because the embryo does not have a developed heart or cardiovascular system by six weeks gestation.⁴ At six weeks, the ultrasound would be detecting a grouping of cells initiating electrical activity.^{6,7} Related to this, “fetal heartbeat”, while one indicator of a possible live birth appears to be overemphasized as between 10-20% of clinically recognized pregnancies end in early pregnancy loss, most commonly in the first 12 weeks.⁸ Another issue is the use of the term “baby” rather than the medically accurate term, “embryo”, which again has been used in other states to restrict abortion by appealing to emotions and imposing meaning on the embryo that may not be true for everyone in a pluralistic society. Last, the framing that the state has an interest in the health of the woman is problematic, given that abortion is a safe procedure and that being denied an abortion can actually lead to adverse health and economic impacts.⁹

Finally, voters overwhelmingly passed Maryland Question 1 (SB798/HB705) in the November 2024 election which amends the constitution to establish the right to reproductive freedom and the right to make decisions to prevent, continue, or end one’s own pregnancy¹⁰. This bill does not appear to align with the amendment, nor does it represent the views of the majority of Marylanders.

We strongly urge you to give an unfavorable report for HB 0049 and protect access to abortion services for all Marylanders.

The Maryland Public Health Association (MdPHA) is a nonprofit, statewide organization of public health professionals dedicated to improving the lives of all Marylanders through education, advocacy, and collaboration. We support public policies consistent with our vision of healthy Marylanders living in healthy, equitable, communities. MdPHA is the state affiliate of the American Public Health Association, a nearly 145-year-old professional organization dedicated to improving population health and reducing the health disparities that plague our state and our nation.

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⁶ Haining, C. M., Keogh, L. A., & Savulescu, J. (2022). The Unethical Texas Heartbeat Law. *Prenat. Diagn.*, 42 (5): 535-541. doi: [10.1002/pd.6136](https://doi.org/10.1002/pd.6136)

⁷ Simmons-Duffin, S. & Feibel, C. (2022). The Texas abortion ban hinges on ‘fetal heartbeat.’ Doctors call this misleading. Retrieved from <https://www.npr.org/sections/health-shots/2021/09/02/1033727679/fetal-heartbeat-isnt-a-medical-term-but-its-still-used-in-laws-on-abortion>

⁸ Alves, C., Jenkins, S. M., & Rapp, A. (2023, October 12). Early pregnancy loss (Spontaneous Abortion). StatPearls. Retrieved March 2, 2026, from <https://www.ncbi.nlm.nih.gov/books/NBK560521/>

⁹ ANSIRH (n.d.). The Turnaway Study. Retrieved from <https://www.ansirh.org/research/ongoing/turnaway-study>

¹⁰ S.B. 798/CH244, 2023 General Assembly of Maryland, 2023 Reg. Sess. (Maryland, 2023).

<https://mgaleg.maryland.gov/2023RS/bills/sb/sb0798T.pdf>