

DANA JONES
Legislative District 30A
Anne Arundel County

DEPUTY SPEAKER PRO TEM

Appropriations Committee

Subcommittees

Vice Chair, Health and Social Services

Oversight Committee on Pensions

Joint Committee on Administrative,
Executive, and Legislative Review

President, Women Legislators of Maryland



The Maryland House of Delegates
6 Bladen Street, Room 161
Annapolis, Maryland 21401
410-841-3211
800-492-7122 Ext. 3211
Dana.Jones@house.maryland.gov

THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

**Testimony of Delegate Dana Jones
Before the Judiciary Committee**

**In Support of HB 1389
Public Health - Female Genital Mutilation
March 10th 2026, 1 pm**

For the record, I am Delegate Dana Jones representing District 30a in the House of Delegates.

Chair Bartlett, Vice Chair Davis, and members of the Judiciary Committee, I am here today to introduce HB1389, Public Health - Female Genital Mutilation. The purpose of this bill is to update and improve Maryland's FGMC law to protect women and girls across our state.

Female genital mutilation or cutting (FGMC), is a horrific and violent violation of bodily autonomy and human rights. These horrendous procedures include any partial or total removal of the external female genitalia or any other injury of the female genital organs for nonmedical reasons.¹ The vast majority of victims are between the ages of newborn and 15-years-old². As of 2023, Maryland has 31,820 women and girls who are either at risk or have already been impacted by female genital mutilation³. The health issues that follow are severe and even life threatening.

In 1998, Maryland became a leader when we passed one of the first states in the nation to ban FGMC. However, our current law is now outdated and unable to adequately protect women and girls. HB 1389 closes loopholes, significantly strengthens protections, and requires education to react to this need.

¹ <https://womenshealth.gov/a-z-topics/female-genital-cutting>

² <https://womenshealth.gov/a-z-topics/female-genital-cutting>

³ https://equalitynow.org/what-we-do/womens-rights-around-the-world/womens-rights-in-north-america/us_laws_against_fgm_state_by_state/

According to the World Health Organization, the health risks of FGMC include significant short-term impacts such as trauma, cysts, and hemorrhages. The deeply impactful long-term risks include infertility, an increased risk of childbirth complications and newborn deaths, three times greater risk of depression and anxiety, a 4.4 times greater chance of experiencing post-traumatic stress disorder⁴, and more. These victims are violated at an age when they don't even understand what is being done to them, and they have to deal with the repercussions for the rest of their lives. However, the physical toll is only part of the battle survivors must face. FGMC can significantly affect a woman's mental health many years after the procedures. Women with FGMC often experience psychological trauma including: anxiety, somatization, depression, post-traumatic stress and other mood disorders.⁵

To effectively stop this abuse, Maryland's current law must be updated. Under current law, perpetrators can avoid all legal consequences in Maryland by taking a victim out of the state to perform the mutilation. This allows the abuse of women and girls to continue. Under HB1389, this loophole, known as "vacation cutting" would be closed. Twenty-six states, including Virginia, Pennsylvania, and New York⁶, have already closed this loophole.

HB1389 includes additional measures to strengthen Maryland's law. The first allows victims to pursue a civil action against their abusers. Second, the maximum penalty for FGMC is increased from 5 years imprisonment and a \$5,000 fine to 10 years imprisonment and a \$10,000 fine. Lastly, it ensures that, if convicted, the perpetrating medical providers lose their medical license.

Finally, research consistently shows that legal reform alone cannot shift the deeply rooted social norms that allow FGM/C to persist. Prevention requires education and equipping communities, professionals, and institutions with the knowledge necessary to identify risk, intervene early, and respond effectively. To that end, HB1389 mandates that the Maryland Department of Health develop and disseminate educational resources on FGM/C to a broad audience, including health care providers, law enforcement, schools, and community-based organizations serving at-risk populations. This approach is well-supported by precedent: fifteen states and the District of Columbia have enacted comparable outreach requirements, with meaningful results.

I want to thank MDH for their engagement on bill language. Lastly, I want to express my sincere appreciation to all the advocates and survivors who have worked with me to bring this legislation before you today. Their bravery is remarkable, and I'm honored that they have placed their trust in me to champion this bill. I look forward to working with them, my amazing cross file Senator Love, and this committee to get this bill to the Governor's desk.

⁴ <https://www.who.int/news/item/14-04-2025-new-study-highlights-multiple-long-term-health-complications-from-female-genital-mutilation>

⁵ <https://fgmtoolkit.gwu.edu/health-care-providers/what-are-mental-health-effects-fgmc>

⁶ https://equalitynow.org/what-we-do/womens-rights-around-the-world/womens-rights-in-north-america/us_laws_against_fgm_state_by_state/

With that, I respectfully request a favorable report from the committee on HB1389.

Thank you,

A handwritten signature in blue ink that reads "Dana Jones". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Delegate Jones