



THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

**Testimony in SUPPORT of HB 1131: Public Health - Pregnancy Loss - Prohibited Actions
(Pregnancy Outcome Protection Act)**

Summary: House Bill 1131, the Pregnancy Outcome Protection Act, would prohibit civil and criminal investigations or prosecutions against individuals who experience a pregnancy loss (including miscarriage, stillbirth, or self-managed abortion), except where there is independently verifiable evidence of unrelated criminal conduct or with the individual’s consent. It also provides important safeguards for healthcare providers, limits the use of pregnancy loss as a basis for search warrants, and aligns Maryland’s criminal code with the State’s [Reproductive Freedom Amendment, Article 48 of the Maryland Declaration of Rights](#).

This legislation responds to documented harms when pregnancy outcomes become subject to punitive legal action, disproportionately affecting already-marginalized communities and undermining public health. By codifying clear protections, Maryland can ensure that reproductive freedom guaranteed by its constitution is respected in practice and that trust in reproductive and maternal health systems is strengthened.

Background:

Constitutional Protection for Reproductive Freedom in Maryland

In November 2024, Maryland voters ratified the *Reproductive Freedom Amendment* to the Maryland Declaration of Rights with overwhelming support. The amendment recognizes “an individual’s fundamental right to reproductive freedom, including but not limited to the ability to make and effectuate decisions to prevent, continue, or end the individual’s pregnancy,” and prohibits the State from denying, burdening, or abridging that right unless justified by a compelling state interest achieved by the least restrictive means.

This constitutional change reflects Maryland’s commitment to reproductive autonomy and to ensuring that the highest legal protections in the State align with its longstanding values of liberty and equality.

Public Health Context & Harms of Criminalization

When states criminalize pregnancy outcomes or use fetal personhood doctrines to justify prosecution, the consequences extend well beyond legal theory. [National reporting shows](#)



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hundreds of people have been charged with pregnancy-related crimes in the years since *Roe v. Wade* was overturned, often under statutes not originally designed for such purposes, and prosecutions disproportionately target low-income and marginalized individuals.

[Research further documents](#) how criminalizing pregnancy outcomes undermines health care access and deters individuals from seeking necessary care, constituting a public health threat and gender-based discrimination.

Maryland, like the nation, experiences troubling racial disparities in maternal mortality and morbidity. [Data show](#) Black Marylanders experience between twice and more than twice the pregnancy-related mortality rate of White Marylanders and are disproportionately represented among maternal deaths, often due to systemic barriers in care and structural racism.

In the broader U.S., Black women have historically had [maternal mortality rates more than two to three times higher](#) than White women. These disparities underscore the need for policy that centers public health, access to care, and racial equity rather than punitive surveillance or prosecution.

Bill Overview:

Key Provisions of HB 1131:

1. Protection from Investigation or Prosecution

Individuals who experience a pregnancy loss, whether unintentional or voluntary, may not be subject to civil liability, criminal investigation, or prosecution solely because of the pregnancy loss. Exceptions apply only where there is independent evidence of criminal conduct unrelated to the pregnancy or where the individual consents to such an investigation.

2. Limits on Probable Cause and Search Warrants

A pregnancy loss alone cannot serve as probable cause to issue a search warrant, preventing invasive legal intrusions absent separate evidence of wrongdoing.

3. Protections for Providers

Healthcare providers acting within accepted medical standards are shielded from investigation, criminal penalties, or civil liability for supporting patients experiencing



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pregnancy loss. Providers are also prohibited from reporting pregnancy loss or disclosing related medical records without consent, absent clear evidence of external abuse or independent criminal conduct.

4. **Civil Right of Action**

Individuals subjected to unlawful investigations can pursue civil actions against investigating entities, providing accountability and legal recourse.

5. **Enforcement and Penalties**

Intentional violations of the Act's protections carry misdemeanor penalties, with escalating fines or imprisonment for deceptive or willful violations.

This bill directly operationalizes the protections enshrined in the Maryland Reproductive Freedom Amendment by removing legal threats that deter people from seeking care and by preventing punitive enforcement actions related to pregnancy outcomes.

Importance & Public Interest

HB 1131 helps ensure that Maryland's laws reflect the values Marylanders codified in their Constitution. In November 2024, voters approved an amendment adding Article 48 to the Maryland Declaration of Rights to recognize "an individual's fundamental right to reproductive freedom, including but not limited to the ability to make and effectuate decisions to prevent, continue, or end the individual's pregnancy," and to limit government interference with that right unless justified by a compelling interest and the least restrictive means. The strong voter mandate for reproductive freedom, passed by more than 75 % of those voting statewide, signaled that decisions about pregnancy and pregnancy outcomes belong to individuals and their health care providers, not the criminal legal system.

HB 1131 carries that constitutional promise into Maryland's criminal code. By prohibiting investigations, civil liability, or criminal prosecution based solely on a pregnancy loss (including miscarriage, stillbirth, or self-managed abortion), the bill affirms that such outcomes should be treated as matters of personal autonomy and public health rather than as triggers for law enforcement action. This ensures Maryland statute is aligned with constitutional protection and prevents pregnancy outcomes from becoming unintended openings for punitive legal intervention.



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This bill also advances racial equity in health outcomes. [Maternal mortality and severe morbidity remain significant concerns in Maryland](#), with Black mothers experiencing substantially higher rates of maternal death and serious pregnancy-related complications compared to their white counterparts, reflecting broader structural inequities in care access and quality. At the same time, studies of pregnancy criminalization across the United States show that criminal legal responses to pregnancy outcomes disproportionately affect Black, Indigenous, and low-income individuals, eroding trust in health care systems already strained by bias and inequity.

By eliminating the threat of investigation based on pregnancy loss alone, HB 1131 addresses one structural driver of mistrust and supports a maternal health framework grounded in equity rather than surveillance.

From a public health standpoint, criminalizing pregnancy outcomes has been shown to discourage care-seeking and lead individuals to delay or avoid medical treatment, even in emergencies, because of fear that their health information could be used against them. HB 1131 prioritizes evidence-based medical practice over punitive legal responses. Instead of turning health crises into potential legal cases, the bill reinforces that pregnancy loss should be met with supportive clinical care.

Finally, HB 1131 protects the integrity of the patient-provider relationship. Confidentiality and trust are essential to effective medical care, especially in reproductive and maternal health settings. Schemes that require clinicians to report pregnancy outcomes or expose routine medical decision-making to legal scrutiny undermine that trust and erode the willingness of patients to seek help. By safeguarding patient privacy and shielding clinicians from unfounded investigations, HB 1131 helps preserve the therapeutic relationship that is central to quality reproductive and maternal health care.

Taken together, these protections ensure that Maryland's commitment to reproductive freedom, as recognized by voters in the Reproductive Freedom Amendment, is more than just constitutional text: they make it a lived reality, grounded in autonomy, equity, public health, and trust.

Conclusion: House Bill 1131 is a critical, evidence-based reform that aligns Maryland's statutory law with the will of its voters and the language of the State's Reproductive Freedom Amendment. It protects individuals from unjust legal scrutiny following a pregnancy loss,

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safeguards providers so they can deliver unbiased medical care, and advances racial and reproductive justice in the realm of maternal health. By removing punitive threats, this bill strengthens Maryland's commitment to reproductive autonomy, equity, and public health, values that are foundational to ensuring every family can thrive.