

HB 1131_FAV_MdPHA.pdf

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Position: FAV



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

Testimony In Support of HB 1131
Public Health – Pregnancy Loss – Prohibits Actions (Pregnancy Outcome Protection Act)
By: Maryland Public Health Association (MdpHA)
March 5, 2026

Chair Bartlett, Vice-Chair Davis, and Members of the Judiciary Committee, thank you for the opportunity to testify in support of HB 1131 which would prohibit individuals who experience pregnancy loss from being subject to investigation, civil liability, or criminal prosecution except under certain circumstances.

Pregnancy loss is not an uncommon pregnancy outcome. Overall, between 10-20% of clinically recognized pregnancies end in early pregnancy loss, however this is likely an underestimate since pregnancy loss is more common earlier in pregnancy and can occur before a person knows that they are pregnant.¹ The majority of early pregnancy losses are caused by factors outside of the pregnant woman’s or person’s control. About 50% of early pregnancy losses are due to chromosomal abnormalities and other common risk factors include advanced maternal age and prior early pregnancy loss.² For stillbirths, a study found that while they are less common than early pregnancy loss, the number of stillbirths is higher than previous CDC estimates and that almost 28% of all stillbirths and 40.5% of stillbirths at 40 weeks’ gestation or greater had no clinical risk factor.³

Despite how common pregnancy loss is and that the majority occur because of reasons outside of the pregnant person’s control, pregnant women and people have been and continue to be targeted for pregnancy criminalization. In addition to the injustice of this targeting, the fear of prosecution could prevent pregnant women and people from seeking necessary care and could lead to worse health outcomes.

This bill is timely, given the lack of federal protections for abortion and increased efforts across different states to restrict access to abortion through criminalization of adverse pregnancy outcomes. Although pregnancy criminalization was happening before the *Dobbs* decision, the number of laws passed around the country to criminalize pregnancy loss and the number of pregnant people who faced charges increased in the year after the *Dobbs* decision. At least 210 pregnant women and people faced criminal charges during this time which was the highest number documented in a single year.⁴ Additionally, surveillance of pregnant people has not been the same across racial and economic groups. Historically, Black pregnant women and people have been targeted for pregnancy criminalization and in more recent years, low-income pregnant people across all racial groups have been targeted.⁵ Of the 210 pregnant women and people facing charges in the first year after the *Dobbs* decision, the majority were low income.³ This bill will provide essential protections for all pregnant women and people in Maryland, but will especially protect communities who

¹ 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/>

² ACOG Practice Bulletin No. 200: Early Pregnancy Loss. (2018) *Obstetrics & Gynecology* 132(5):e197-e207. | DOI: 10.1097/AOG.0000000000002899

³ Sullivan, H. K., Sinaiko, A. D., Fox, K., Armstrong, J. C., Clapp, M. A., & Cohen, J. L. (2025). Stillbirths in the United States. *JAMA*, 334 (22): 2033-2035. doi: 10.1001/jama.2025.17392.

⁴ Bach, W. A. & Wasilczuk, M. K. (2024). Pregnancy as a Crime: A Preliminary Report on the First Year After Dobbs. Pregnancy Justice. New York: Pregnancy Justice.

⁵ Kavattur, Purvaja S, et al. (2023). The Rise of Pregnancy Criminalization: A Pregnancy Justice Report, New York: Pregnancy Justice.

have been disproportionately targeted.

Finally, voters 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 pregnancy⁶. This bill supports this amendment by preventing the criminalization of pregnancy loss as part of an effort to restrict abortions.

We strongly urge you to give a favorable report for HB 1131 and protect individuals who experience pregnancy loss from unjust investigations or prosecution in Maryland.

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.

Maryland Public Health Association (MdPHA)
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⁶ S.B. 798/CH244, 2023 General Assembly of Maryland, 2023 Reg. Sess. (Maryland, 2023).
<https://mgaleg.maryland.gov/2023RS/bills/sb/sb0798T.pdf>

HB1131 Public Health - Pregnancy Loss - Prohibited

Uploaded by: Cecilia Plante

Position: FAV



TESTIMONY FOR HB1131 – Health Insurance – Provider Panels – Termination of Providers – Notice Requirements – FAVORABLE

Bill Sponsor: Delegate Lopez

Committee: Health and Government Operations

Organization Submitting: Maryland Legislative Coalition

Person Submitting: Jessica Gorski, Executive Committee

Position: FAVORABLE

Chair, Vice Chair, and Members of the Committee,

My name is Jessica Gorski, and I am submitting this testimony in strong support of HB1131 on behalf of the Maryland Legislative Coalition. Our coalition represents more than 30,000 Marylanders across every legislative district, united by a commitment to advancing policies that strengthen healthcare access, protect consumers, and ensure transparency in Maryland’s insurance markets.

HB1131 is a straightforward and necessary reform that strengthens patient protections and ensures continuity of care when providers are removed from insurance networks.

This bill requires insurers, nonprofit health service plans, and health maintenance organizations to provide clear, timely, and direct notice to enrollees when a provider they have seen within the previous year is being terminated from the network. It also requires carriers to notify the Maryland Insurance Commissioner of these terminations and to provide enrollees with information about their rights, including the availability of continuity-of-care protections.

These improvements are not theoretical. They are urgently needed.

When a provider is suddenly removed from a network, patients may face abrupt disruptions in treatment, unexpected out-of-network costs, or difficulty finding a new provider—particularly in behavioral health, primary care, and specialty services where continuity is essential. Without the reforms in HB1131:

- Patients may not learn their provider has been terminated until they show up for an appointment

- Individuals in active treatment could experience dangerous gaps in care
- Families may face unexpected financial burdens due to out-of-network billing
- Carriers may make significant network changes without adequate oversight
- Vulnerable populations, including those with chronic or behavioral health conditions, may be disproportionately harmed

HB1131 addresses these gaps by ensuring that patients receive advance notice, understand their rights, and have the opportunity to maintain care during transitions. It also strengthens regulatory oversight by requiring carriers to report provider terminations to the Insurance Commissioner, improving transparency and accountability across the system.

This legislation aligns squarely with the mission of the Maryland Legislative Coalition. It protects consumers, supports continuity of care, enhances transparency, and ensures that Marylanders can make informed decisions about their health coverage without being blindsided by sudden network changes.

No patient should lose access to their provider without warning or be forced into out-of-network care because of opaque or last-minute decisions by carriers. HB1131 ensures that doesn't happen.

Thank you for your time and consideration. **We respectfully urge a FAVORABLE report on HB1131.**

HB1131_FAV_MDACOG_PH - Pregnancy Loss - Prohibited

Uploaded by: Christine Krone

Position: FAV



Maryland Section

House Judiciary Committee

March 5, 2026

House Bill 1131 – *Public Health – Pregnancy Loss – Prohibited Actions*
(*Pregnancy Outcome Protection Act*)

POSITION: SUPPORT

The American College of Obstetricians and Gynecologists, Maryland Section (MD ACOG), which represents the Maryland physicians who serve the obstetrical and gynecological needs of Maryland women and their families, **supports** House Bill 1131. MD ACOG believes this legislation rightfully protects individuals who experience pregnancy loss from undue investigation, civil liability, or criminal prosecution, supports patient privacy, and preserves the integrity of the patient-physician relationship.

House Bill 1131 prohibits investigations, civil liability, or criminal penalties solely on the basis of experiencing a pregnancy loss, except under narrow circumstances involving independent evidence of unrelated criminal conduct or with the individual's consent. The bill's provisions also clarify that mere occurrence of a pregnancy loss cannot alone justify probable cause for search warrants; restrict unwarranted reporting or disclosure of related medical records; and protect providers acting within accepted medical standards from liability.

Unwarranted investigations and mandated reporting of pregnancy loss can dissuade patients from seeking timely care, increase psychological stress, and interfere with the therapeutic relationship. MD ACOG recognizes that miscarriage, stillbirth, and other forms of pregnancy loss are clinically common experiences, and surveillance or punitive actions based solely on these outcomes can deter individuals from accessing necessary health services. House Bill 1131 appropriately limits such actions unless there is clear evidence of unrelated criminal conduct or the patient's informed consent, thereby aligning legal standards with clinical reality.

In the current post-Dobbs environment, legal protections for reproductive health decisions vary by state, and patients may be concerned about privacy and fear of legal consequences. By codifying clear limitations on state investigations and liabilities related to pregnancy loss, House Bill 1131 reinforces that medical care decisions, including those involving early pregnancy loss or pregnancy management, remain grounded in clinical judgment and patient choice.

For these reasons, MD ACOG urges a **favorable report** on House Bill 1131. Thank you for your thoughtful consideration of legislation that protects the privacy, dignity, and health of individuals experiencing pregnancy loss.

For more information call:

Christine K. Krone
J. Steven Wise
Danna L. Kauffman
Andrew G. Vetter
410-244-7000

Public Health Law Clinic_HB1131_FAV.pdf

Uploaded by: Danielle Basdekis

Position: FAV

Testimony in Support of House Bill 1131

Public Health – Pregnancy Loss – Prohibited Actions (Pregnancy Outcome Protection Act)
Before the Health Committee: March 5, 2025

The Public Health Law Clinic submits this testimony in support of House Bill 1131, which aims to ensure people who experience pregnancy loss in Maryland are not subject to investigations, civil liability, or criminal prosecution. If an investigating entity or any other person violates this section, they are subject to a civil penalty.

Following the Supreme Court’s decision in *Dobbs v. Jackson Women’s Health Organization*,¹ many states enacted laws to the contrary of this bill: Laws that criminalize pregnancy loss.² Fortunately, Maryland recognizes the importance of women’s health and has set the example for other states by enshrining the right to abortion in the Maryland State Constitution.³ House Bill 1131 flows from that right, specifically in the context of protecting parents who experience pregnancy loss from being subject to child protective services investigations. Nothing in current Maryland law prohibits the Department of Social Services (DSS) from investigating a parent on the basis of a pregnancy loss; House Bill 1131 would add that protection.

Parents enduring the grief of pregnancy loss face significant emotional strain, particularly when the loss results from miscarriage or stillbirth.⁴ Being subject to an investigation by DSS because of the loss imposes additional burdens on both the parents and their living children. When managing pregnancy loss, “[p]arents need resources to help provide for their families, but what they are getting is surveillance, regulation, and punishment.”⁵ House Bill 1131 would make certain that Maryland parents are not thrown into the chaos of DSS investigation based solely on a pregnancy loss, offering protection rather than punishment.

We can look at our sister state, Illinois, for an example of the importance of the protections espoused in House Bill 1131. In 2019, Illinois enacted the Reproductive Health Act

¹ 597 U.S. 215 (2022).

² Catharin Lam, *Some States are Turning Miscarriages and Stillbirths Into Criminal Cases Against Women*, THE 19TH (Oct. 31, 2024, 6:00 EST), <https://19thnews.org/2024/10/stillbirth-oklahoma-arkansas-women-investigated/> [<https://perma.cc/BY62-SGVX>].

³ DECLARATION OF RIGHTS, ART. 48, MD. CONST. (added by 2023 Leg., Ch. 245 (House Bill 705)).

⁴ Diana Cuenca, *Pregnancy Loss: Consequences for Mental Health*, FRONT. GLOB. WOMEN’S HEALTH, Jan. 23, 2023, at 1; Jade E. Bilardi & Meredith Temple-Smith, *We Know All Too Well the Significant Psychological Impact of Miscarriage and Recurrent Miscarriage: So Where is the Support?*, 120–5 FERTILITY AND STERILITY 937 (2023).

⁵ *US: Child Welfare System Harms Families*, HUMAN RIGHTS WATCH (Nov. 17, 2022, 12:01 EST), <https://www.hrw.org/news/2022/11/17/us-child-welfare-system-harms-families> [<https://perma.cc/C6N5-3NKN>].

which establishes the fundamental right to reproductive health.⁶ Section 1–20 of this law prohibits the State from prosecuting, punishing, or otherwise depriving a person of their rights for any act or omission during their own pregnancy when the basis for such action is the potential, actual, or perceived impact on the pregnancy or its outcomes.⁷ However, the Illinois Department of Children and Family Services (“DCFS”) Procedures 300 Appendix B permits a child protection investigation following a stillbirth.⁸ Inconsistencies like these, even in states that have affirmed the right to reproductive health and protections against the criminalization of pregnancy loss, are the reason House Bill 1131 is so important.

Furthermore, California, comparable to Maryland in its fight to safeguard reproductive rights and people who experience pregnancy loss, passed a law similar to House Bill 1131. California’s Reproductive Privacy Act establishes that “a person shall not be subject to civil or criminal liability or penalty, or otherwise deprived of their rights under this article, based on their actions or omissions with respect to their pregnancy or actual, potential, or alleged pregnancy outcome, including miscarriage, stillbirth, or abortion, or perinatal death due to causes that occurred in utero.”⁹ This provision protecting against any deprivation of rights encompasses child protective services. This is especially notable given the fact that California also has a constitutional right to abortion. California recognizes the importance of this protection because of the harm that these unwarranted investigations cause families, and Maryland should too.¹⁰

Conclusion

House Bill 1131 affords Marylanders who experience pregnancy loss with peace of mind that they will not suffer investigation and potential loss of custody of their children based on the pregnancy loss. The bill is clear, direct, and leaves no ambiguity that could be exploited in the future. For these reasons, we respectfully request a favorable report on House Bill 1131.

This testimony is submitted on behalf of the Public Health Law Clinic at the University of Maryland Carey School of Law and not by the School of Law, the University of Maryland, Baltimore, or the University of Maryland System.

⁶ 775 ILL. COMP. STAT. 55/1–15 (2019).

⁷ 775 ILL. COMP. STAT. 55/1–120 (2019).

⁸ ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES, PROCEDURES 300 – APPENDIX B (CHILD ABUSE AND NEGLECT ALLEGATIONS). *Available at:* <https://dcfs.illinois.gov/content/dam/soi/en/web/dcfs/documents/about-us/policy-rules-and-forms/documents/procedures/procedures-300-appendix-b.pdf> [<https://perma.cc/MX2F-C5BA>].

⁹ CAL. HEALTH & SAFETY CODE § 123467 (WEST 2023).

¹⁰ *US: Child Welfare System Harms Families*, HUMAN RIGHTS WATCH (Nov. 17, 2022, 12:01 EST), <https://www.hrw.org/news/2022/11/17/us-child-welfare-system-harms-families> [<https://perma.cc/C6N5-3NKN>].

HB1131-HadassahGB-FAV-2026.pdf

Uploaded by: Harriet Rubinson

Position: FAV

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**Testimony FOR HB1131
Pregnancy Outcome Protection Act
Judiciary Committee
March 5, 2026**

FAVORABLE

TO: Del. J. Sandy Bartlett, Chair, Del. Debra Davis, Vice Chair, and Members of the House Judiciary Committee

FROM: Nancy Braverman & Barbara Deitch, Co-Presidents
Hadassah Greater Baltimore

Hadassah, the Women's Zionist Organization of America, Inc. firmly believes that every woman must have the right to control her own reproductive future, including if, when and how to have children. We believe that the whole spectrum of reproductive health services – including fertility treatment, maternal and post-partum care, contraception and abortion – are all critical components of women's health care that must be protected.

On behalf of the Greater Baltimore Region of Hadassah, representing over 4,200 Marylanders, we are writing to urge you to **vote FOR HB 1131 The Pregnancy Outcome Protection Act.**

Now that we have enshrined the right to reproductive freedom in the Maryland state constitution with the overwhelming passage of Question 1, this legislation (HB 1131) is needed to protect every person who can become pregnant. HB1131 will prohibit individuals who experienced a pregnancy loss from being subjected to investigation, civil liability, or criminal prosecution (except under certain circumstances.) Across the country women are being investigated and prosecuted for their pregnancy outcomes, including miscarriages, stillbirths and self-managed abortions. This is part of a disturbing national trend to punish women for their reproductive experiences instead of supporting their health, dignity and right to choose.

HB1131 would prohibit criminal or civil penalties based on women's pregnancy outcomes and safeguard providers who deliver compassionate, evidence-based reproductive care.

We strongly urge you to return a FAVORABLE report for HB 1131

Thank you,
Nancy Braverman and Barbara Deitch
Co-Presidents Hadassah Greater Baltimore
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HB 1131 - FAV - AAUW MD.pdf

Uploaded by: Heather Reichardt

Position: FAV

March 1, 2026

Judiciary Committee
Maryland House of Delegates
100 Taylor House Office Building
Annapolis, Maryland 21401

House Bill 1131 - Public Health - Pregnancy Loss - Prohibited Actions (Pregnancy Outcome Protection Act)

FAVORABLE

Dear Judiciary Committee Members:

My name is Heather Reichardt. I am a citizen in Montgomery County and the President of AAUW Maryland (American Association of University Women). We urge you to support *HB 1131, Public Health - Pregnancy Loss - Prohibited Actions (Pregnancy Outcome Protection Act)*

Summary: This legislation is urgently needed to make Maryland's newly enshrined constitutional right to reproductive freedom a real and lived protection for every person who can become pregnant. Across the country, and even here in Maryland, people have been investigated, prosecuted, and punished for the outcomes of their pregnancies, including miscarriage, stillbirth, or self-managed abortion. These cases are not rare; they are part of a disturbing growing national trend that punishes people for their reproductive experiences rather than supporting their health and dignity.

This bill would prohibit criminal or civil penalties based solely on pregnancy outcomes and safeguard providers who deliver compassionate, evidence-based reproductive care.

Protect Maryland women from indiscriminate legal jeopardy for having lost a child.

By supporting HB 1131, you are protecting women from potentially inaccurate accusations regarding the end of their pregnancy. The Maryland health and judicial systems must provide security to all women who need and experience reproductive care, regardless of the details of that care.

We respectfully urge the Health Committee to give HB1131 full consideration and a favorable report. Thank you.

Sincerely,

AAUW MD
Heather Reichardt, President
13312 Wye Oak Dr,
Gaithersburg, MD 20878 (District 15)

HB 1131 - House - FAV.pdf

Uploaded by: Jennifer Mercer

Position: FAV

Hispanic counterparts to suffer a stillbirth.⁵ Given the difficulty in tracking miscarriage, the rate of miscarriage for Black women compared to other ethnic groups is unknown. However, it would seem likely that Black women would suffer a higher rate of miscarriage as well.

A family facing pregnancy loss may reasonably believe that losing the pregnancy is the worst thing that could possibly happen to them. Unfortunately, we have seen that for some families, this is only the beginning of their suffering. According to Pregnancy Justice, there were at least 22 prosecutions nationwide involving miscarriage or stillbirth in the year following the *Dobbs* decision.⁶ This does not account for families facing action by child welfare agencies due to miscarriage or stillbirth.

When tragedy strikes, it is common for people to look for something or someone to blame. Medical science cannot yet fully explain why a great number of miscarriages and stillbirths occur. Yet in some instances, criminal justice and child welfare systems seek to place the blame on the victims of the tragedy. HB 1131 will prevent this senseless and outrageous action from occurring in Maryland.

HB 1131 is consistent with existing Maryland statutory and case law. Criminal Law Article § 2-103(f) prohibits prosecutions against pregnant women for homicide due to any action taken or not taken on behalf of her own fetus. In *Kilmon v. State*,⁷ the now-Supreme Court of Maryland ruled that a pregnant woman could not be prosecuted for reckless endangerment under Criminal Law Article § 3-204(a)(1) for drug use during a pregnancy that resulted in a live birth. The *Kilmon* Court noted that to allow such prosecutions would inevitably subject pregnant women to criminal scrutiny for anything a prosecutor could possibly believe may not be “ideal” behavior, including such obviously noncriminal things as eating a particular diet, skiing, or horseback riding.⁸ This ruling helped to cement the public policy of Maryland against policing the noncriminal behavior of pregnant women.

Building on this holding, in *Akers v. State*, the Supreme Court of Maryland ruled that evidence of a pregnant woman’s Internet searches for abortion information and her lack of standard prenatal care were not admissible as evidence against her in a prosecution for homicide.⁹ The *Akers* Court echoed the *Kilmon* Court in its concern for the noncriminal conduct of pregnant women being held up as evidence that they have committed a crime. HB 1131 cements that women cannot be prosecuted or investigated by child welfare authorities for their noncriminal conduct.

⁵ *Id.*

⁶ Bach, Wendy, and Madalyn Wasilczuk. Pregnancy as a Crime: A Preliminary Report on the First Year after *Dobbs*. 2024, www.pregnancyjusticeus.org/wp-content/uploads/2024/09/Pregnancy-as-a-Crime.pdf.

⁷ 394 Md. 168 (2006).

⁸ *Id.* at 177-78.

⁹ 490 Md. 1 (2025).

We cannot state this strongly enough: no Maryland family should have to grieve a pregnancy loss under threat of criminalization or loss of child custody. Reproductive Justice Maryland Action is proud to support HB 1131 and urges a favorable report.

HB1131-Pregnancy Loss - Prohibited Actions- Pregna

Uploaded by: Jessica Morgan

Position: FAV



Bill No: HB1131
Title: Public Health - Pregnancy Loss - Prohibited Actions (Pregnancy Outcome Protection Act)
Committee: Judiciary
Hearing: March 5, 2026
Position: FAVORABLE

The Maryland Legislative Agenda for Women (MLAW) is a statewide coalition of women’s groups and individuals formed to provide a non-partisan, independent voice for Maryland women and families. MLAW’s purpose is to advocate for legislation affecting women and families. To accomplish this goal, MLAW creates an annual legislative agenda with issues voted on by MLAW members and endorsed by organizations and individuals from all over Maryland. **HB1131 - Public Health - Pregnancy Loss - Prohibited Actions (Pregnancy Outcome Protection Act)** is a priority on the **2026 MLAW Agenda** and we urge your support.

HB1131 - Public Health - Pregnancy Loss - Prohibited Actions (Pregnancy Outcome Protection Act) would prevent the criminalization of people for pregnancy outcomes, including miscarriage, stillbirth, or self-managed abortion, and protect equitable, autonomous reproductive care and gives effect to Maryland’s newly ratified constitutional amendment recognizing reproductive freedom as a fundamental right essential to liberty and equality.

Across the U.S., people experiencing pregnancy loss, stillbirth, or self-managed abortion are increasingly being criminally investigated or prosecuted—disproportionately harming Black, Brown, and Indigenous women and birthing people, who already face higher maternal mortality rates (Pregnancy Justice, 2023). A Maryland case, *State v. Moira Akers*, highlights the urgent need for reform: after reporting a stillbirth in 2018, Ms. Akers was charged with second-degree murder and child abuse based on her internet searches, lack of prenatal care, and the use of the discredited “lung float” test—a scientifically unreliable method claiming to prove live birth (Maryland Court of Appeals, 2025).

The lung float test has been widely debunked, as factors like decomposition or resuscitation can cause lungs to float even in stillbirths, leading to false findings and wrongful prosecutions (ProPublica, 2023). Such flawed forensics, compounded by racial bias and unequal healthcare access, have led to the disproportionate criminalization of pregnancy outcomes for women of color.

This punitive climate deters people from seeking care after pregnancy loss and worsens racial disparities in maternal health. It also undermines Maryland’s constitutional protection of reproductive freedom, which affirms every person’s right to make and carry out decisions to prevent, continue, or end a pregnancy.

The Maryland Reproductive Justice and Pregnancy Outcome Protection Act would codify the following key provisions:

- Prohibit criminal or civil penalties based solely on pregnancy outcomes. This section directly enforces the constitutional guarantee that the State “may not, directly or indirectly, deny, burden, or abridge the right [to reproductive freedom] unless justified by a compelling State interest achieved by the least restrictive means”;
- Institute forensic and investigative safeguards including banning unreliable forensic practices such as the “lung float test” and prohibiting miscarriage, stillbirth, or self-managed abortion from serving as probable cause for searches, arrests, or surveillance;
- Protect the privacy of pregnant people by restricting the use of personal digital data; and
- Safeguard providers who deliver compassionate, evidence-based reproductive care.

These provisions ensure that Maryland’s legal system upholds evidence-based medical standards and does not substitute punitive enforcement for compassionate, patient-centered care. In addition, it brings state policy into full alignment with the Maryland Constitution’s guarantee of reproductive freedom as a fundamental right

For these reasons, MLAW strongly urges the passage of HB1131.

MLAW 2026 Supporting Organizations

The following organizations have signed on in support of our 2026 Legislative Agenda*:

AAUW Anne Arundel County
AAUW Kensington-Rockville Branch
AAUW Maryland
AAUW Garrett Branch
American Association of University Women Howard County Branch
Baltimore County Commission for Women
Bound for Better, advocates for Domestic Violence and Sexual Abuse
Campaign for Eneshal Galloway at Large Candidacy
Carroll County Chapter NOW
Crabs On The Shore
Jack and Jill of America Western Maryland Chapter
Maryland Coalition Against Sexual Assault (MCASA)
Maryland Network Against Domestic Violence (MNADV)
Maryland NOW
Montgomery County Business and Professional Women
Montgomery County Commission for Women
Montgomery County Chapter, National Organization for Women
National Association of University Women, Prince George's County
NAUW
Postpartum Support International, Maryland
Prince George's County Alumnae Chapter of Delta Sigma Theta Sorority Inc.
Self-Reflections: Social-Emotional, Behavioral and Advocacy Services, LLC
Stella's Girls, Incorporated
SUB&S LLC
The Heart Nest
The Rest Of A Life (TROAL)
Top Ladies of Distinction, Incorporated, Patuxent River Chapter
Unrooted Culture
Women's Commission for Baltimore City
Women's Equity Center and Action Network
Women's Law Center of Maryland
Zonta Club of Annapolis

**As of 2/2/2026*

Rosen-TestmonyInSupportOf-HB1131-PregnancyOutcomeP

Uploaded by: Julie Rosen

Position: FAV

February 17, 2026

Written Testimony on HB1131

Public Health – Pregnancy Loss – Prohibited Actions (Pregnancy Outcome Protection Act)

Judiciary and Health

Position: Favorable

Dear Members of the MD Judiciary and Health Committees:

My name is Julie A. Rosen, and I submit this written testimony as an individual resident of Montgomery County, Maryland (MD District 16), and a member of the National Council of Jewish Women, MD State Project Advocacy Committee. I write urge your support of **HB1131**, *Public Health – Pregnancy Loss – Prohibited Actions (Pregnancy Outcome Protection Act)*.

I understand that HB1131 is intended to protect against non-medical, unwanted investigations of pregnancy outcomes of women during an already-demanding time of life. In particular, this legislation would prohibit investigation, civil liability, or criminal prosecution for experiencing a pregnancy loss except under specified circumstances that indicate highly probable criminal activity.

As with so many issues of medical treatment and care, I firmly believe that pregnancy outcomes depend on timely, professional, and confidential discussion and determination held between a patient –in this case the pregnant woman—and her medical provider. However, even in the best of care, pregnancies can result in undesired outcomes. Such outcomes may be the result of complex medical, physical, and organic factors, almost always unwanted, but rarely arise from criminal behavior.

It's both my Jewish faith and cultural viewpoint, and my long-held belief that comprehensive bodily autonomy and elimination of barriers to health care is paramount for successful, nourishing, healthful lives. I abhor the notion that the 'state' has rights to interfere with the grieving patient, family, or community of supporters of the woman who is facing the sorrowful outcome. Additionally, healthful lives rely on the ability to access suitable care from qualified health professionals.

Therefore, I am strongly in favor of HB1131's emphasis on the protection of the "individual who experienced pregnancy loss" as well as "certain providers ... who follow generally accepted medical standards" from "investigation, criminal penalty, or civil liability" unless there is independent and unbiased evidence of criminal conduct related to the pregnancy or pregnancy loss.

I respectfully urge a favorable report on HB1131. Thank you.

Sincerely,

Julie A. Rosen, Ph.D.

HB 1131 Testimony pdf.pdf

Uploaded by: Lesley Frost

Position: FAV

HB 1131: Pregnancy Outcome Protection Act

Position - Favorable

March 3rd, 2026

To the Chair and Honorable Members of the House Judiciary Committee

My name is Lesley Frost and I am the Chair of National Council of Jewish Women, Maryland State Policy Advocacy Committee (NCJW MD SPA) and I am writing to express strong support for HB 1131: Pregnancy Outcome Protection Act.

Across the country, and even here in Maryland, people have been investigated, prosecuted, and punished for the outcomes of their pregnancies, including miscarriage, stillbirth, or self-managed abortion. These cases are not rare; they are part of a disturbing growing national trend that punishes people for their reproductive experiences rather than supporting their health and dignity.

This bill, HB 1131, would prohibit criminal or civil penalties based solely on pregnancy outcomes and safeguard providers who deliver compassionate, evidence-based reproductive care. This legislation is urgently needed to make Maryland's newly enshrined constitutional right to reproductive freedom a real and lived protection for every person who can become pregnant.

NCJW is the oldest Jewish grassroots organization in the USA and we follow Jewish law that says following a pregnancy loss we focus on comfort, healing, and recognizing the pain of the loss, not on assigning blame. Our NCJW Resolutions also require that we work for "Laws, policies, programs and services that protect every woman from all forms of abuse, exploitation, harassment, discrimination and violence."

It is the position of NCJW MD SPA, representing 600 advocates statewide, that the Pregnancy Outcome Protection Act fulfills our obligation to protect the well being of women, and we strongly urge this committee to vote favorably on HB 113.

Sincerely,
Lesley Frost
Chair NCJW MD SPA, ncjw.mdacts@gmail.com

7707 Wisconsin Avenue
Bethesda MD 20814, lesleyfrost0@gmail.com

Written Testimony HB 1131 - Pregnancy Outcome Prot

Uploaded by: Lesley Lopez

Position: FAV



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](#)



THE MARYLAND HOUSE OF DELEGATES ANNAPOLIS, MARYLAND 21401

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,

LESLEY J. LOPEZ
Legislative District 39
Montgomery County

Health and Government
Operations Committee



Annapolis Office
The Maryland House of Delegates
6 Bladen Street, Room 210
Annapolis, Maryland 21401
301-858-3021 · 410-841-3021
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ANNAPOLIS, MARYLAND 21401

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.

PREGNANCY OUTCOMES TESTIMONY.pdf

Uploaded by: Lexi White

Position: FAV

Lexi White
All* Above All
611 Pennsylvania Ave. SE #508
Washington, DC 20003
lexi@allaboveall.org
March 3, 2026

RE: Letter of Support for HB 1131 (Lopez)

Dear Chair Bartlett and Vice Chair Davis,

All* Above All strongly supports HB 1131 and urges the legislature to adopt this measure as soon as possible to safeguard patients against pregnancy criminalization.

In the years following the Supreme Court's decision in *Dobbs v. Jackson Women's Health Organization*, the U.S. has seen a substantial rise in pregnancy criminalization laws and prosecutions. Our partners at Pregnancy Justice [have noted over 400 cases](#) where pregnant individuals were charged with crimes related to their pregnancy, pregnancy loss, or birth.

This growing trend disproportionately impacts traditionally underserved populations, with more than three-quarters of the defendants being low-income individuals. The legal framework for these cases frequently relies on charges of child abuse, neglect, or endangerment, but in most all of these cases, prosecutors were not required to provide proof of actual harm to the fetus or infant to bring these charges.

This bill would prohibit the investigation, civil liability, and criminal prosecution for a pregnancy loss, unless there is independent evidence of criminal conduct unrelated to the pregnancy. The bill also makes clear that the loss of pregnancy is not by itself reason enough to investigate for any criminal conduct. Both providers and patients alike would be shielded from unwarranted pregnancy criminalization under this bill.

All* Above All is a reproductive justice organization that envisions a world where all people, regardless of their socioeconomic status, race, religion, sexual orientation, gender identity, or geographic location, have complete autonomy over their reproductive health. That means fighting back against pregnancy criminalization wherever it presents itself in the law.

The rise in fetal personhood language and draconian pregnancy criminalization in the U.S. should worry us all. Lawmakers across the country should be following the lead of bill sponsor Del. Lesley Lopez to ensure that their laws cannot be used as vehicles to prosecute and imprison patients and providers without cause.

True reproductive justice must ensure that every person has (1) the right to have a child, (2) the right not to have a child, and (3) the right to parent that child in a safe and healthy environment. This cannot be accomplished with the threat of pregnancy criminalization looming over us all, and it is why the legislature must adopt HB 1131 as soon as possible.

Thank you,

Lexi White
Director of State Strategies
All* Above All

HB1131 MALMB Testimony.docx.pdf

Uploaded by: Lisa Kovacs

Position: FAV



**Local power, collective voice
for Maryland's children, youth and families**

March 5, 2026

SUPPORT – HB1131 - Public Health - Pregnancy Loss - Prohibited Actions (Pregnancy Outcome Protection Act)

Dear Delegates:

On behalf of the Maryland Association of Local Management Boards, I am writing in support of **HB1131 - Public Health - Pregnancy Loss - Prohibited Actions (Pregnancy Outcome Protection Act)** to prohibit individuals who experienced a pregnancy loss from being subject to investigation, civil liability, or criminal prosecution. There are many reasons why a pregnancy may not be carried to term, and those individuals should be protected rather than persecuted.

Local Management Boards in each county and jurisdiction in the State of Maryland work in low income neighborhoods to address the needs of children and families in their respective jurisdiction. We work in the areas with the highest negative maternal and child health outcomes. Prosecuting people for pregnancy loss would involve our families in the justice system and have negative impacts on families. People experiencing pregnancy loss may already be parents, and criminalizing their losses will create trauma for the whole family.

We urge you to support HB1131 - Public Health - Pregnancy Loss - Prohibited Actions (Pregnancy Outcome Protection Act) to protect individuals experiencing pregnancy loss from facing criminal charges.

Sincerely,

Pamela M. Brown, PhD
Chair

Testimony on House Bill 1131-MGK.pdf

Uploaded by: Michelle Koul

Position: FAV

Testimony on House Bill 1131 – Favorable
HB1131 – Public Health - Pregnancy Loss - Prohibited Actions
(Pregnancy Outcome Protection Act)
House Judiciary Committee
March 03, 2026

Dear Honorable Chair Bartlett, Vice Chair Davis, and Members of the Committee,

My name is Michelle Koul, and I am a constituent of District 31. I am writing **in support of HB1131 – Public Health - Pregnancy Loss - Prohibited Actions (Pregnancy Outcome Protection Act)**.

I can't believe what our country has come to where there needs to be a bill like this.

There are many people who are unaware of what is happening in states where the legislatures are free to strip people of their bodily autonomy. Laws are terrorizing pregnant people and doctors alike; the ripple effects are enormous. There is little press coverage on what is happening; we must rely on local news sources and dedicated activists like Jessica Valenti.¹ She states: “There have been over 400 pregnancy-related arrests since the end of *Roe*, and a Pregnancy Justice [report](#)² shows that nearly half of states have laws that criminalize the disposal of pregnancy loss remains, non-reporting of pregnancy loss remains, and the transportation or concealment of these remains. Some of these laws are centuries-old, dating back to the 1600s and efforts to punish “loose” women.” Here are just a few headlines:

Cases of Prosecution (2024–2026)

- **Nevada Will Pay \$100,000 to a Woman Jailed for Stillbirth. It's Nowhere Near Enough (March 2026):** Patrice Rousseau spent more than two years in a Nevada prison after she lost her pregnancy and buried the remains in her backyard.
- **Kentucky Woman Arrested for Miscarriage (February 2026):** Valenti reported on a woman in Booneville arrested over a year after seeking medical help for a miscarriage—the third such arrest in Kentucky in recent months.
- **Georgia Woman Arrested for Miscarriage (March 2025):** A 24-year-old found unconscious was charged with "concealing a death" and "abandoning a dead body" after placing fetal remains in the trash.
- **Texas "Abuse of a Corpse" Charges Dropped (May 2025):** Charges were finally dropped against Mallori Patrice Strait, who was jailed for five months after miscarrying in a public restroom.

Legislative Efforts to Prosecute (and terrorize)

- **Tennessee Bill Raises Possibility of Death Penalty (February 2026):** Coverage of an amendment to HB 570 that could classify abortion as criminal homicide, potentially making patients liable for the death penalty.
- **Georgia "Prenatal Equal Protection Act" (March 2025):** Reporting on legislation that would charge abortion patients as murderers, punishable by life in prison.
- **South Carolina "Death Penalty" Bill (2024/2025):** Valenti broke the news that Republican lawmakers introduced legislation making abortion punishable by the death penalty.
- **Alabama Plan to Arrest Patients (2024):** Valenti exposed the Alabama Attorney General's intent to use "chemical endangerment" laws to arrest women taking abortion medication, which led to a public reversal.

Maryland needs to be proactive and protect their citizenry. Please vote yes on HB1131.

Thank you for your time and consideration,
Dr. Michelle Koul (she/her)
Severna Park, MD 21146

¹ <https://jessica.substack.com/>

² <https://www.pregnancyjusticeus.org/wp-content/uploads/2026/01/After-Pregnancy-Loss.pdf>

March 2026 HB 1131 FAV Testimony.pdf

Uploaded by: Niharika Rao

Position: FAV



MEMO OF SUPPORT

TESTIMONY IN SUPPORT OF HB 1131 — Pregnancy Outcome Protection Act

March 2026

The National Institute for Reproductive Health (NIRH) is submitting testimony in strong support of the Pregnancy Outcome Protection Act (HB 1131). If passed, the legislation would ensure that no one will be subjected to criminal investigation, civil liability, or prosecution because of their pregnancy outcomes—whether miscarriage, stillbirth, or a self-managed abortion.

NIRH is a national hub helping advance reproductive freedom policies at the state and local level. For more than 40 years, NIRH has been partnering with communities to build coalitions, launch campaigns, and successfully advocate for policy change. We work hand-in-hand with state and local reproductive health, rights, and justice organizations and other groups that are invested in this fight to pass laws that expand access to abortion and contraception and advance health equity. We don't just push back against restrictions on reproductive autonomy; we fight for a society in which everyone has the freedom and ability to control their reproductive and sexual lives.

The Pregnancy Outcome Protection Act (HB 1131) will operationalize the protections guaranteed in the Right to Reproductive Freedom Amendment to ensure that common medical events are not treated as crimes.

I. Common Medical Events Should Not Be Criminalized

Miscarriage and stillbirth are common medical events, yet across the United States, including in Maryland, pregnancy losses are being treated as crimes. At a time when people need support and compassion, they may instead be subjected to interrogations, investigations, and criminal prosecution, sometimes while still in medical distress. Individuals have been investigated, arrested, and prosecuted after miscarriages, stillbirths, or after experiencing pregnancy complications.¹ Between January 1, 2006, and June 23, 2022, Pregnancy Justice documented 1,396 arrests because of pregnancy outcomes.²

¹ <https://www.themarshallproject.org/2024/10/31/stillbirth-oklahoma-arkansas-women-investigated>

² <https://www.pregnancyjusticeus.org/wp-content/uploads/2023/09/9-2023-Criminalization-report.pdf> at page 4



In most of these cases, prosecutors relied on laws that were never intended to apply to pregnancy outcomes, such as child endangerment, tampering with remains or abuse of a corpse, or failure to report a birth or death.³ Prosecutors misuse these laws to surveil, investigate, arrest, detain, and prosecute pregnant and birthing people. These prosecutions often rely heavily on discredited and invalidated forensic practices such as the discredited 'lung float test'.⁴

Criminalization disproportionately harms people with low incomes by compounding existing barriers to healthcare access and exposing them to heightened legal risks. Pregnancy loss is more common among people with low incomes due to structural inequities.⁵ People with low incomes may not be able to access health care because they can't afford health insurance, are unable to take time off work or find transportation. Low-income individuals are more likely to be targeted by the policing system.⁶ Over three-quarters of the people prosecuted for pregnancy loss between June 2022 and June 2024 had low incomes, according to a report by Pregnancy Justice.⁷

These prosecutions further traumatize people who experience a pregnancy loss or complication. People who need medical support and compassion instead face suspicion and possibly arrest, particularly those who already experience systemic barriers to care and economic disadvantage. The Pregnancy Outcome Protection Act (HB 1131) would ensure that people experiencing pregnancy loss or complications will not face investigations or prosecutions.

II. HB 1131 is Necessary to Protect Against Erroneous Prosecutions in Maryland

In Maryland, people have been prosecuted because of pregnancy loss. In 2018, Moira Akers was charged with murder and child abuse after experiencing a traumatic labor and delivery at home that ended in a stillbirth.⁸ Ms. Akers's husband found her bleeding and called 911 to take her to the hospital.⁹ Instead of receiving support, she was arrested, and in 2022 she was convicted of second-degree murder and child abuse, with prosecutors introducing evidence of lawful internet searches

³ <https://www.pregnancyjusticeus.org/wp-content/uploads/2023/09/9-2023-Criminalization-report.pdf> at 28

⁴ Cite to articles sent by Del. Lopez's office

⁵ <https://pmc.ncbi.nlm.nih.gov/articles/PMC10590715/>

⁶ Pregnancy Justice Report

⁷ <https://www.pregnancyjusticeus.org/wp-content/uploads/2025/09/Pregnancy-as-a-Crime-An-Interim-Update-on-the-First-Two-Years-After-Dobbs.pdf>

⁸ <https://www.pregnancyjusticeus.org/press/moira-akers-stillbirth-conviction-overtured/>

⁹ <https://www.pregnancyjusticeus.org/press/moira-akers-stillbirth-conviction-overtured/>



about abortion and the absence of prenatal care as proof of criminal intent¹⁰ [OBJ]. Ms. Akers was sentenced to **30 years in prison for murder** and a ¹¹. The Maryland Appellate Court initially upheld her conviction.¹²

In 2025, the Maryland Supreme Court overturned her conviction, ruling that:

- A person’s lawful contemplation of abortion cannot be used as evidence of intent to harm a newborn.
- A person’s lack of prenatal care does not demonstrate criminal intent.
- The evidence used to prosecute her was legally irrelevant and impermissibly prejudicial.

This case illustrates how easily prosecutors can treat pregnancy loss as criminal—and how devastating the consequences can be. It took Ms. Akers **seven years** and an appeal to the state’s highest court to correct the injustice. HB 1131 ensures no one else must endure such suffering.

III. Criminalizing Pregnancy Loss Harms Public Health and Limits Birthing Options

Criminalizing pregnancy discourages pregnant people from getting the care they need. People who fear investigation are less likely to seek prenatal care or emergency treatment during pregnancy complications, exacerbating neonatal and maternal health risks.¹³ Public health and criminal law serve fundamentally different purposes; conflating them undermines both. The American College of Obstetricians & Gynecologists opposes criminalization because it erodes the patient–provider relationship, violates core medical ethics, and deters individuals from seeking timely and appropriate prenatal and obstetric care.¹⁴

People should also be free to choose to give birth in ways that are aligned with their personal, cultural, or medical preferences. When laws or prosecutions treat pregnancy outcomes — such as miscarriage or stillbirth — as potential crimes, people may worry that giving birth outside a medical setting could increase scrutiny or expose them to legal risk if anything goes wrong, even for outcomes that are medically common and often unpreventable.

¹⁰ <https://www.pregnancyjusticeus.org/press/moira-akers-stillbirth-conviction-overturned/>

¹² Akers v. State of Maryland, 2025

¹³ <https://www.sciencedirect.com/science/article/abs/pii/S0277953625010470>

¹⁴ <https://www.acog.org/clinical-information/policy-and-position-statements/statements-of-policy/2020/opposition-criminalization-of-individuals-pregnancy-and-postpartum-period>



IV. The Pregnancy Outcomes Protection Act Operationalizes the Protections Guaranteed in the Right to Reproductive Freedom Amendment

In 2024, Maryland voters overwhelmingly approved the Right to Reproductive Freedom Amendment, affirming every individual's authority to decide whether to prevent, continue, or end a pregnancy. The Right to Reproductive Freedom Amendment guarantees an individual's right to make decisions about reproductive health without government interference. People in Maryland should not be criminalized because of pregnancy loss or for self-managing an abortion. The Pregnancy Outcomes Protection Act (HB 1131) translates the constitutional promise of reproductive freedom into clear statutory protections designed to prevent unjust prosecutions. Without the Pregnancy Outcomes Protection Act (HB 1131), people who miscarry, experience a stillbirth, experience a pregnancy complication, or self-manage an abortion remain vulnerable to criminalization that undermines those constitutional rights, as happened to Moira Akers. This bill ensures Maryland's legal system respects the state constitution and prevents intrusive government action that exceeds constitutional limits.

V. Conclusion

The Pregnancy Outcomes Protection Act (HB 1131) is essential to ensuring Maryland remains a safe state for reproductive freedom. Pregnancy loss must be treated as a health event — not a law enforcement matter. By passing this bill, Maryland will protect public health, prevent people from being traumatized or harmed by erroneous prosecutions, and ensure that no one is forced to defend themselves against criminal allegations during profound personal loss.

HB1131-JUD-SUPP.pdf

Uploaded by: Nina Themelis

Position: FAV



BRANDON M. SCOTT
MAYOR

*Office of Government Relations
88 State Circle
Annapolis, Maryland 21401*

HB1131

March 5, 2026

TO: Members of the House Judiciary Committee

FROM: Nina Themelis, Director, Mayor's Office of Government Relations

RE: House Bill 1131 – Public Health - Pregnancy Loss - Prohibited Actions (Pregnancy Outcome Protection Act)

POSITION: Favorable

Chair Bartlett, Vice Chair Davis, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** HB 1131.

This bill will protect people who experience a pregnancy loss from being subject to investigation, civil liability, or criminal prosecution related to that pregnancy loss. The bill will also establish similar protections for health care providers and health care facilities.

Pregnant people in Baltimore City experience higher rates of maternal mortality, overdose, and other dangers associated with childbearing than pregnant people in other areas around the state and country.^{i,iii,iii} Now, in addition to health challenges, pregnant people are at risk of legal challenges in the wake of the *Dobbs* decision that overturned *Roe v. Wade*. Hundreds of people around the country have been arrested and charged with crimes related to pregnancy and birth, with dozens of cases involving pregnancy loss.^{iv}

Though these cases are happening in other states, Marylanders could still be at risk due to a lack of clear law regarding pregnancy loss. Maryland has no statutes specific to the issue and our case law is inconsistent when considering what charges could apply to someone who loses a pregnancy.^v Amid the recent surge in the limitation and criminalization of pregnancy care, Marylanders – including pregnant people, their families, and clinicians – need a countervailing force to safeguard their wellbeing. HB 1131 provides an important piece of the structural defense necessary to protect against threats to our city's residents.

As such, the BCA respectfully requests a **favorable** report on HB 1131.

ⁱ Hoyert DL. Maternal mortality rates in the United States, 2020. NCHS Health E-Stats. 2022.

DOI: <https://dx.doi.org/10.15620/cdc:113967>

ⁱⁱ KFF. (2023). Maryland Maternal & Infant Health Data. Retrieved from <https://www.kff.org/interactive/womens-health-profiles/maryland/maternal-infant-health/>

ⁱⁱⁱ B'more for Healthy Babies. (2025). <https://www.healthybabiesbaltimore.com/data>

^{iv} Pregnancy Justice. (2025). Pregnancy as a Crime. Retrieved from <https://www.pregnancyjusticeus.org/wp-content/uploads/2025/09/Pregnancy-as-a-Crime-An-Interim-Update-on-the-First-Two-Years-After-Dobbs.pdf>

^v Pregnancy Justice. (2026). After Pregnancy Loss. Retrieved from <https://www.pregnancyjusticeus.org/wp-content/uploads/2026/01/After-Pregnancy-Loss.pdf>

HB1131 Written Testimony_ Public Health - Pregnanc

Uploaded by: Phylicia Porter

Position: FAV

City of Baltimore

Room 527, City Hall
100 N. Holliday Street, Baltimore, Maryland 21202
Telephone: (410) 396-4822
Email: Phylicia.Porter@baltimorecity.gov



Councilwoman Phylcia R. L. Porter,

District 10

CHAIR: Public Health and Environment

MEMBER:

Labor and Workforce

Public Safety

Transportation and Land Use

March 1, 2026

Bill Title: HB1131: Public Health - Pregnancy Loss - Prohibited Actions (Pregnancy Outcome Protection Act)

Position: Favorable

To: Chair Bartlett, Vice Chair Davis, Judiciary Committees

Dear Members of the Committee,

I respectfully submit this testimony in strong support of HB1131, a bill that strengthens protections and preserves the dignity of women who have experienced the trauma of pregnancy loss.

The loss of a child is unimaginable, and no mother anticipates enduring it. Yet when pregnancy loss occurs, investigations can sometimes compound that grief, leaving women feeling scrutinized during one of the most vulnerable moments of their lives. While medical professionals may seek to review perinatal deaths, miscarriages, or stillbirths, inconsistent data and unclear standards should not justify violations of privacy or breaches of patient confidentiality.

HB1131 establishes clear, evidence-based criteria for when investigations may occur, protecting women's autonomy while ensuring accountability. By setting defined standards, this bill works to reduce bias and prevent disproportionate scrutiny of certain communities, particularly women of color. In 2025, my office launched the Black Maternal Health Agenda to address systemic barriers and racial disparities in healthcare. We understand that inequitable treatment contributes to trauma and mistrust. HB1131 aligns with this work by safeguarding medical privacy, promoting fairness, and ensuring that women experiencing loss are met with compassion rather than suspicion.

At its core, HB1131 affirms that dignity, privacy, and equity must remain central to our healthcare system. By establishing clear protections, we strengthen trust and move Maryland toward more just and humane maternal health policies.

I respectfully urge a favorable report.

Sincerely,

Councilwoman Phylcia Porter, MPH, MSL
Phylicia.Porter@baltimorecity.gov
Chair, Public Health and Environment Committee
Baltimore City Council - District 10

2026 ACNM HB 1131 House Side.pdf

Uploaded by: Public Policy Partners

Position: FAV



Committee: House Judiciary Committee

Bill: House Bill 1131 - Public Health – Pregnancy Loss – Prohibited Actions (Pregnancy Outcome Protection Act)

Hearing Date: March 5, 2026

Position: Support

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) strongly supports *House Bill 1131 – Public Health – Pregnancy Loss – Prohibited Actions (Pregnancy Outcome Protection Act)*. The legislation protects Maryland patients and providers from the dangerous trend of the criminalization of pregnancy loss. In the current landscape, there is an increase in the number of cases where individuals are targeted with criminal, civil, and administrative actions for pregnancy loss.ⁱ We support Maryland taking the affirmative step in prohibiting such actions. We have been concerned that some individuals will delay or forgo seeking prenatal care to avoid penalties.ⁱⁱ

We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

ⁱ <https://www.themarshallproject.org/2024/10/31/stillbirth-oklahoma-arkansas-women-investigated>

<https://www.pregnancyjusticeus.org/rise-of-pregnancy-criminalization-report/>

ⁱⁱ <https://www.law.cuny.edu/academics/clinical-programs/hrgj/projects/report-u-s-criminalization-of-abortion-and-pregnancy-outcomes/>

2026 WLC HB 1131 House Side.pdf

Uploaded by: Robyn Elliott

Position: FAV

Committee: House Judiciary Committee

Bill: House Bill 1131 - Public Health – Pregnancy Loss – Prohibited Actions (Pregnancy Outcome Protection Act)

Hearing Date: March 5, 2026

Position: Support

The Women’s Law Center of Maryland supports *House Bill 1131 – Public Health – Pregnancy Loss – Prohibited Actions (Pregnancy Outcome Protection Act)*. We think this bill, which prohibits penalties for pregnancy loss, is a critical step for reproductive justice in Maryland. We are deeply concerned about the impact of the growing trend of criminalization of pregnancy loss on Marylanders and the pregnancy provider community. Other states, including Washington and California, have taken enacted legislation with the same underlying purpose as House Bill 1131.ⁱ In the current environment, it is important to take the affirmative action of enacting the Pregnancy Outcome Protection Act.

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

ⁱ <https://app.leg.wa.gov/billsummary?billnumber=5093&year=2025>
https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB2223

The Women’s Law Center of Maryland is a private, non-profit, legal services organization that serves as a leading voice for justice and fairness for women. It advocates for the rights of women through legal assistance to individuals and strategic initiatives to achieve systemic change, working to ensure physical safety, economic security, and bodily autonomy for women in Maryland.

HB 1131.pdf

Uploaded by: Womens Caucus

Position: FAV

DEL. DANA JONES, DISTRICT 30A
President

DEL. MICHELE GUYTON, DISTRICT 42B
1st Vice-President

DEL. JENNIFER WHITE HOLLAND, DISTRICT 10
2nd Vice-President

DEL. SARAH WOLEK, DISTRICT 16
Secretary



DEL. LINDA FOLEY, DISTRICT 15
Treasurer

DEL. KAREN R. TOLES, DISTRICT 25
Parliamentarian

DEL. JACQUELINE T. ADDISON, DISTRICT 45
At Large

DEL. KYM TAYLOR, DISTRICT 23
At Large

WOMEN LEGISLATORS OF MARYLAND
THE MARYLAND GENERAL ASSEMBLY

Wednesday, February 25, 2026

To: Delegate, J. Sandy Bartlett, Chair

Delegate, Debra Davis, Vice Chair

Judiciary Committee

The Maryland Women's Caucus proudly supports HB 1131 – Public Health – Pregnancy Loss – Prohibited Actions – Pregnancy Outcome Protection Act.

HB 1131 provides critical protections for women experiencing pregnancy loss by preventing intrusive and unwarranted criminal investigations. The bill makes clear that pregnancy loss alone does not constitute probable cause for a search warrant or criminal inquiry. It defines pregnancy loss as the unintentional death of a fetus or embryo during pregnancy or labor, while preserving an exception where there is concrete evidence of criminal conduct. In doing so, the legislation balances the protection of women's rights with the appropriate administration of justice.

Too often, women who experience miscarriage or other pregnancy loss—events that are frequently beyond their control—face fear, scrutiny, and uncertainty at an already devastating moment. The possibility of legal investigation can deter women from seeking necessary medical care, placing their health and safety at greater risk.

Maternal health disparities in the United States remain severe, with disproportionately high mortality rates among African American and American Indian women. These disparities are driven by systemic inequities in healthcare access, quality, and trust. When women fear criminalization for pregnancy outcomes outside their control, those inequities deepen, further discouraging timely medical care and worsening health outcomes.

HB 1131 establishes clear legal protections to ensure that women are not unjustly targeted during moments of profound vulnerability. By removing fear of baseless investigation, the bill promotes access to medical care, strengthens trust between patients and providers, and reinforces a compassionate and equitable public health framework.

For these reasons, the Maryland Women's Caucus respectfully urges a favorable report on HB 1131.

HB1131_Testimony_FWA.pdf

Uploaded by: Alice Wilkerson

Position: FWA



TESTIMONY IN SUPPORT OF HB1131

Pregnancy Outcome Protection Act Favorable with Amendments

Advance Maryland strongly supports HB1131, which takes the vital and overdue step of protecting Marylanders from criminal investigation and prosecution for natural or self-determined pregnancy outcomes. Pregnancy loss, whether through miscarriage, stillbirth, or self-managed abortion, is a deeply personal experience that should never be treated as a crime. Yet, without statutory protection, Maryland residents have faced arrest, incarceration, loss of child custody, and irrevocable public harm simply for experiencing a pregnancy loss. HB1131 offers a meaningful remedy. However, as currently written, the bill contains provisions that risk replicating the very harms it seeks to prevent. We urge the Committee to pass HB1131 with the amendments described below.

Why Decriminalization Is Necessary: The Evidence of Systemic Harm

A. National Scope of Pregnancy Criminalization

The criminalization of pregnancy outcomes is not a theoretical risk — it is a documented and growing crisis. Pregnancy Justice, in partnership with law schools across the country, has documented more than 2,000 cases since 1973 in which state actors — including police, prosecutors, healthcare workers, and family court officials — investigated, arrested, or prosecuted individuals for circumstances related to their pregnancies or pregnancy outcomes. These prosecutions have accelerated significantly in the post-Dobbs era.

It is important to note that in the post-Dobbs era, the overwhelming majority of these charges did not require proof that the pregnant person actually harmed the fetus or infant. This standard invites prosecutorial overreach and provides no meaningful protection for people experiencing pregnancy loss in Maryland.

B. Racial and Income Disparities in Pregnancy Criminalization

Pregnancy criminalization does not fall equally on all Marylanders. National and state data consistently show that Black, Indigenous, and other people of color bear a disproportionate share of surveillance, investigation, and prosecution related to pregnancy outcomes. This disparity is rooted in systemic racism embedded in healthcare and law enforcement alike.

Poverty is a near-universal characteristic of those prosecuted for pregnancy-related conduct. Pregnancy Justice's research found that more than three-quarters of defendants in documented pregnancy criminalization cases were low-income individuals, based on indicators such as court-appointed counsel, Medicaid coverage, public housing receipt, SNAP, or TANF benefits. This is not coincidental. Low-income pregnant people are more likely to rely on publicly funded healthcare systems, which in turn are more likely to report them to law enforcement; are less able to hire experienced legal representation; face fewer resources to fight prolonged prosecutions; and suffer more devastating consequences from even brief periods of incarceration, including loss of housing, employment, and child custody.

Maryland is not immune to pregnancy criminalization either. While the state has strong protections for reproductive freedom, criminalization can, and has happened. *Akers v. State*, and *Kilmon v. State* are

two examples of cases that should be of serious concern to this committee, and are relevant to HB1131. The prosecution of Ms. Akers for second-degree murder and first-degree child abuse arose from prosecutors' refusal to accept her account of a stillbirth; prosecutors used her internet search history and lack of prenatal care as evidence of intent to harm — a credibility determination that legal scholars and advocates have argued reflects implicit racial bias. While her conviction was ultimately overturned by the Maryland Supreme Court, and a new trial has been ordered, Ms. Akers has endured years of incarceration, public scrutiny, and family separation before receiving any relief. Ms. Kilmon accepted a plea deal for reckless endangerment based on cocaine use during pregnancy, despite no medical evidence of harm beyond a low birth weight, and despite the fact that such charges would not exist but for her pregnancy. She spent a year in prison before her case was appealed and overturned. Her experience illustrates how charges alone can destroy lives even when the underlying conduct is ultimately deemed non-criminal.

C. Criminalization Deters Prenatal Care and Harms Public Health

Beyond its direct harms, the threat of criminal prosecution causes pregnant people to avoid seeking medical care. Research from Pregnancy Justice, the American College of Obstetricians and Gynecologists, and Amnesty International shows that fear of reporting to law enforcement or child welfare authorities drives people away from prenatal care, substance use treatment, and emergency obstetric services — particularly among low-income communities and communities of color. This is not a hypothetical harm, and criminalization does not protect fetal or maternal health and in fact undermines it.

Support for HB1131 with Critical Amendments

The Committee is urged to pass HB1131 with the following amendments, which are necessary to ensure the bill's protections are complete, enforceable, and consistent with Maryland's constitutional guarantees of reproductive freedom and equal protection.

A. Simplify and Broaden the Core Protective Language

As written, HB1131 creates distinctions between pregnancy outcomes that are protected and those that remain subject to investigation. Any carve-out that permits some forms of reproductive criminalization undermines Maryland's constitutional right to reproductive freedom and equal protection. The bill should adopt simpler, more comprehensive language, such as:

“No person shall be penalized, prosecuted, or otherwise subjected to adverse action based on their actual, potential, perceived, or alleged pregnancy outcomes, including but not limited to miscarriage, stillbirth, or abortion. Nor shall any person assisting a person in exercising their right to reproductive freedom with that person's consent be penalized, prosecuted, or otherwise subjected to adverse action for doing so.”

This approach, modeled on legislation adopted in other states, avoids the unintended consequences of more complex language while providing a clear, enforceable standard.

B. Remove the Exception for Deaths “After a Live Birth”

The bill currently states that it would not protect a death “after a live birth.” As the Akers case demonstrates, many criminalization cases in Maryland involve birth outcomes — including stillbirths — in which prosecutors allege that a live birth occurred even when the evidence supports a stillbirth. Retaining this exception gives law enforcement and prosecutors the discretion to investigate any adverse birth outcome by simply alleging that a live birth occurred. This perpetuates the racial and

income disparities that HB1131 is intended to address, because that credibility determination will not be made evenhandedly. Individuals who are Black, low-income, do not seek immediate medical care, or do not respond to pregnancy loss in a way that conforms to social expectations will be most vulnerable to this exception.

C. Remove Exceptions to the Statute's Applicability

The current bill includes explicit exceptions permitting investigation or prosecution where external abuse or coercion is alleged (p.4, lines 18-19). These carve-outs are unnecessary and dangerous. Existing law already prohibits abuse, and a separate exception in this legislation is redundant. More importantly, vague abuse exceptions provide a pathway for law enforcement to investigate the pregnant person under the guise of investigating a third party. The bill should make clear that no investigation of a person for their own pregnancy outcomes is permitted, regardless of whether another individual is also being investigated.

The bill also authorizes investigation of the person who experienced a pregnancy loss where law enforcement is investigating another individual for suspected criminal conduct related to the pregnancy or loss (p. 3, lines 16–24). This language should also be removed. There is no legitimate basis for investigating the pregnant person in connection with their own loss, even when a third party is under investigation. Permitting such investigation undermines the core protective purpose of the bill and reintroduces prosecutorial discretion that will fall disproportionately on the most marginalized.

The committee should also note that charges under human remains statutes have been used to prosecute pregnancy loss, including in Maryland, which could still be permitted by the legislation unless lines 4-5 on p.4 are removed. Everyone deserves to be treated with dignity when experiencing a loss, including in how they choose to privately handle remains. In lieu of more simplified language outlined in A, the bill should make clear that how an individual manages the physical remains of a pregnancy loss cannot serve as the basis for criminal charges.

D. Replace Criminal Penalties for Providers with a Private Right of Action

Other states have chosen civil enforcement mechanisms, including a private right of action, rather than criminal penalties for providers. A civil enforcement model reduces the risk that criminal liability will discourage providers from offering care to pregnant patients.

Conclusion

HB1131 represents a critical step toward ensuring that Maryland does not punish its residents for experiencing pregnancy loss. The evidence is clear: pregnancy criminalization falls hardest on those who are Black, Indigenous, and low-income; it deters healthcare-seeking; it produces unjust outcomes; and it does nothing to improve maternal or fetal health. We respectfully ask the committee to support HB1131 with amendments, and to commit to continued legislative action to protect all pregnant Marylanders from the threat of criminal prosecution.

Alice Wilkerson
Executive Director
alice@advancemaryland.org

Testimony Pregnancy Justice MD HB1131 Pregnancy Lo

Uploaded by: Ashley Sawyer

Position: FWA

March 5, 2026

Submitted via MGA portal

**Maryland General Assembly
Committee on the Judiciary - Testimony**

Dear Committee Chair Bartlett, Vice Chair Davis and Judiciary Committee Members:

On behalf of Pregnancy Justice, I am writing this letter to express our support with suggested amendments for [HB 1131](#), the Pregnancy Outcome Protection Act.

Pregnancy Justice was founded 25 years ago as National Advocates for Pregnant Women. Pregnancy Justice is a non-partisan legal, policy advocacy, and research organization that works to advance and defend the rights of pregnant people, no matter if they give birth, experience a pregnancy loss, or have an abortion. Our work is rooted in the belief that all people should have the freedom to make decisions about their bodies and their lives, without fear of surveillance, punishment, or criminalization; and that no one should lose their rights—or their personhood—because of their pregnancy.

Pregnancy Justice is grateful for the introduction of this important piece of legislation. We commend this legislature and Delegate Lopez for leading the way on reproductive health issues. Pregnancy Justice has been tracking the issue of pregnancy criminalization for decades and has documented over 1,800 cases of pregnancy criminalization¹ from the 1973 *Roe v. Wade* decision until the 2022 *Dobbs v. Jackson Women’s Health Organization* decision, which overturned *Roe*, including three cases in Maryland.² In just the first two years after *Dobbs*, Pregnancy Justice identified 412 such cases across the country.³ Many of the cases where Pregnancy Justice clients prosecution are related to miscarriages, stillbirths, and self-managed abortions.

Pregnancy Loss is Personal and Extremely Common

Pregnancy loss, which includes miscarriage and stillbirth, is an incredibly common medical event. Annually, about 10-20% of pregnancies result end in miscarriage⁴ and around 21,000 end in stillbirth;⁵ with even higher rates among Black, American Indian or Alaska Native, and Native Hawaiian or Pacific Islander women, a result of structural racism manifesting in persistent

¹ Pregnancy criminalization occurs when the state wields a criminal law to render acts associated with a pregnancy, pregnancy loss, birth, and/or associated healthcare the subject of criminal prosecution. Pregnancy Just., *The Rise of Pregnancy Criminalization: A Pregnancy Justice Report 20* (2023), <https://www.pregnancyjusticeus.org/wp-content/uploads/2023/09/9-2023-Criminalization-report.pdf>.

² *Id.* at 20.

³ Pregnancy Just., *Pregnancy as a Crime: An Interim Update on the First Two Years After Dobbs 1* (2025), <https://www.pregnancyjusticeus.org/wp-content/uploads/2025/09/Pregnancy-as-a-Crime-An-Interim-Update-on-the-First-Two-Years-After-Dobbs.pdf>.

⁴ *Miscarriage*, March of Dimes, <https://www.marchofdimes.org/find-support/topics/miscarriage-loss-grief/miscarriage> (last visited Feb. 25, 2026).

⁵ *Data and Statistics on Stillbirth*, U.S. Centers for Disease Control and Prevention (Aug. 26, 2025), <https://www.cdc.gov/stillbirth/data-research/index.html>.

healthcare inequities.⁶ Pregnancy loss can happen for a myriad of reasons, many of which are out of the pregnant person's control.⁷⁸ In Maryland, the stillbirth rate is approximately 6.35 per 1,000 live births, with an average of 436 pregnancies ending in stillbirth each year.⁹ Pregnancy loss is a painful, personal medical event, that has increasingly become the basis for cruel criminal investigations.¹⁰ That complex and often heart-breaking emotions following a pregnancy loss are innumerable, women share their stories of loss, and in some instances shame, shame that would only be exacerbated by prosecution.¹¹

Pregnancy Justice attorneys represent clients who have faced painful investigations, arrests, and incarceration as a result of pregnancy loss across the country and have recently supported a Maryland woman who was impacted by pregnancy criminalization in the state. Passing HB 1131 is an excellent opportunity to prevent women and postpartum people in Maryland from experiencing the pain that many of our clients have endured. Pregnancy loss should be treated as a tragic medical event; not a criminal one that warrants investigation and arrest.

Pregnancy Loss Privacy is in Alignment with Maryland's Constitution

The State of Maryland has led the way in protecting reproductive rights for its residents. United States. We commend this body for the work that has already been done to ensure the safety and dignity of pregnant and postpartum people. Over 75% of Maryland voters made clear in 2024 that they support the right of a person to make personal decisions about their pregnancies.¹² The successful passage of the constitutional amendment on reproductive health shows that bodily autonomy and decision making around birth, loss, and abortion are tantamount. While Maryland law does not support prenatal personhood legal theory, in an increasingly hostile national climate, there is still the possibility of prosecution for the way a person disposes of the aftermath of their pregnancy following a pregnancy loss, or for not disclosing their pregnancy loss.¹³ Passing HB 1131 would allow the state to fully codify the commitment to gender equity and reproductive freedom.

⁶ Latoya Hill, et al., *Racial Disparities in Maternal and Infant Health: Current Status and Key Issues*, KFF (Dec. 3, 2025), <https://www.kff.org/racial-equity-and-health-policy/racial-disparities-in-maternal-and-infant-health-current-status-and-key-issues/>.

⁷ Johns Hopkins, *Adult Health Library: Miscarriage*, <https://johnshopkinshealthplans.staywellsolutionsonline.com/Library/DiseasesConditions/Adult/Skin/90,P02471#:~:text=What%20causes%20a,are%20from%20chromosome> (last accessed March 3, 2026).

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⁹ *Maryland*, Count the Kicks, <https://countthekicks.org/statistics/md/> (last visited Feb. 25, 2026).

¹⁰ Cary Aspinwall, *Some States Are Turning Miscarriages and Stillbirths Into Criminal Cases Against Women*, ProPublica (Oct. 31, 2024), <https://www.themarshallproject.org/2024/10/31/stillbirth-oklahoma-arkansas-women-investigated>.

¹¹ Nancy Borowick, *Through the Loss Mother's Stone: Mother's Share Their Grief Following Stillbirth*, NPR, December 11, 2024, <https://www.npr.org/sections/the-picture-show/2024/12/09/g-s1-5058/mothers-share-grief-from-stillbirth>

¹² Over 1.9 million people voted in support of the constitutional amendment; Maryland General Election Returns: *Maryland General Election, 2024 - Constitutional Amendment* (last accessed March 3, 2026).

¹³ Pregnancy Just., *After Pregnancy Loss* 17 (2026), <https://www.pregnancyjusticeus.org/wp-content/uploads/2026/01/After-Pregnancy-Loss.pdf>.

Pregnancy Loss Investigations Often Rely on and Vague Statutes

For these reasons, we are eager to be able to support HB 1143, and we hope to have an opportunity to make additional suggested amendments to ensure that pregnant and postpartum people are fully protected, as well as to discuss the use of certain terms that may be harmful.

Thank you for your consideration.

Ashley C. Sawyer, JD
Pregnancy Justice
Senior Policy Counsel

Abortion - criminalization of - testimony - 2025

Uploaded by: Lisae C Jordan

Position: FWA



Working to end sexual violence in Maryland

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Testimony Supporting House Bill 1131
Lisae C. Jordan, Executive Director & Counsel
March 5, 2026

The Maryland Coalition Against Sexual Assault (MCASA) is a non-profit membership organization that includes the State's seventeen rape crisis centers, law enforcement, mental health and health care providers, attorneys, educators, survivors of sexual violence and other concerned individuals. MCASA includes the Sexual Assault Legal Institute (SALI), a statewide legal services provider for survivors of sexual assault. MCASA represents the unified voice and combined energy of all of its members working to eliminate sexual violence. MCASA urges the Health Committee and the Judiciary Committee to issue a favorable report on House Bill 1131.

House Bill 1131 – Pregnancy Loss and Criminalization

This bill responds to a national trend of prosecuting women for pregnancy loss. The prosecutions are part of a larger effort to discourage and punish those who choose to terminate a pregnancy. HB1311 creates guidance regarding access to health care records regarding pregnancy loss and attempts to clarify prosecutorial decision-making in these cases.

Access to abortion care is vital to survivors of rape.

The CDC reports that almost 3 million women in the U.S. experienced Rape-Related Pregnancy (RRP) during their lifetime. <https://www.cdc.gov/violenceprevention/sexualviolence/understanding-RRP-inUS.html>

A three year longitudinal study of rape-related pregnancy in the U.S., published in the American Journal of Obstetrics and Gynecology (1996, vol. 175, pp. 320-325), found:

5% of rape victims of reproductive age (age 12-45) became pregnant as a result of rape, with the majority of pregnancies in adolescents. Of these, half terminated the pregnancy, 5.9% placed the child for adoption, and 32.2% kept the child.

Survivors of Rape Should Not Face Criminal Prosecution for Ending a Pregnancy

The criminal justice system should not be weaponized in a effort to change abortion care policy. This is true for anyone who chooses to exercise their right to end a pregnancy, but efforts to chill abortion access are especially cruel and inappropriate when pregnancy is caused by rape.

MCASA notes that subsequent to this bill's filing, some concerns regarding the clarity of language have been raised. We look forward to resolving any concerns and creating the strongest protections possible. In particular, concerns have been raised regarding criminal

charges brought under statutes regarding human remains. Everyone deserves to be treated with dignity and respect when experiencing a loss, which includes how they choose to handle remains. However, how a person handles remains could be viewed as criminal conducted unrelated to a pregnancy loss. This raises a larger concern about how to craft a law that creates a generally applicable defense as well as addressing current statutes that could clearly be abused by rape survivors and others ending pregnancies.

**The Maryland Coalition Against Sexual Assault urges the
Health Committee and the Judiciary Committee to
report favorably on House Bill 1131**

HB 1131 - JUD - MDH- LOSWA.docx (1).pdf

Uploaded by: Meghan Lynch

Position: FWA



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary
March 5, 2026

The Honorable J. Sandy Bartlett
Chair, House Judiciary Committee
Room 101, House Office Building
Annapolis, MD 21401-1991

RE: House Bill 1131 – Public Health - Pregnancy Loss - Prohibited Actions (Pregnancy Outcome Protection Act) – Letter of Support with Amendments

Dear Chair Bartlett and Committee members:

The Maryland Department of Health (the Department) respectfully submits this letter of support with amendments for House Bill (HB) 1131 – Public Health - Pregnancy Loss - Prohibited Actions (Pregnancy Outcome Protection Act). HB 1131 would bar investigations, civil liability, or criminal prosecution against individuals who experience pregnancy loss, except in limited circumstances. It would also protect providers from investigation, criminal penalties, or civil liability for supporting patients during or after pregnancy loss and restrict disclosure of related medical records, except in specified situations.

The Department supports the protection of individuals' reproductive rights, including the right to be free from criminal prosecution in connection with pregnancy loss. Criminalization of pregnancy outcomes is increasing across the nation. This legislation seeks to prevent the prosecution of individuals for pregnancy loss absent independent evidence of criminal conduct unrelated to the pregnancy or the pregnancy outcome itself.

In line with the intent of HB 1131, the Department proposes a targeted amendment to ensure that necessary reporting mechanisms for public health surveillance and system improvement remain in place to support critical public health interventions. Current Maryland law requires reporting around certain instances of still birth and fetal death that are important for public health, surveillance, evaluation and intervention. Research based on this data can lead to improvements in critical practices that save lives. More specifically, the fetal death data collected by the Department is essential for tracking trends that inform Fetal and Infant Mortality Reviews as well as Maternal Mortality Reviews. This data is also used in responses to requests for data from researchers, medical providers, local health departments and included in annual reports that are available to the public:

- Under Maryland's 2024 GIFT Act, health care providers must conduct maternal syphilis testing following a stillbirth delivered at 20 weeks or later (or weighing ≥ 500 grams), and

positive tests must be reported to the Department using a confidential morbidity report.¹ This confidential report includes a question about the infant’s status at birth. And while congenital syphilis can be fatal, it is entirely preventable. Research from this data can help practitioners better target interventions.

- Fetal and Infant Mortality Review (FIMR): Disclosure of medical records if for a FIMR (COMAR [10.11.06.07](#) and [10.11.06.11](#)). These reviews allow for greater insight into how fetal and infant deaths may be decreased or prevented in the future.
- Maternal Mortality Review (MMR): Health-General §13–1205 requires that a “health care provider or health care facility... shall provide the Maternal Mortality Review Program reasonable access to all relevant medical records associated with a case under review by the Maternal Mortality Review Program.” This bill states that a provider may not report a pregnancy loss or disclose any portion of the medical record unless “(3) the provider first obtains the consent of the individual that experienced the pregnancy loss.” The Department notes that clarity is needed around circumstances in which the individual dies and is unable to provide this consent, including in connection with MMR work. Improving maternal health outcomes in Maryland is a priority of the Department, and Maternal Mortality Review program activities contribute valuable data toward our work in this area.

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

¹ https://mgaleg.maryland.gov/2024RS/chapters_noln/Ch_752_hb0119E.pdf

AMENDMENT TO HOUSE BILL 1131
(First Reading File Bill)

AMENDMENT NO. 1

On page 4, line 15, strike “A” and substitute, “**EXCEPT AS REQUIRED UNDER § 4-213, 13-1205, 13-1206, 18-107, AND 18-307, A**”.

Rationale: This amendment is to: 1) allow the release of hospital medical records for both the Fetal and Infant Mortality Review and Maternal Mortality Review; 2) allow the release of medical records in the case of positive syphilis test results in the case of stillbirths as outlined in the GIFT Act; and 3) allow the reporting of fetal deaths in order to comply with § 4-213.

Letter to MDJudiciary Committee re HB 1131 3.2.26.

Uploaded by: Myra Durán

Position: FWA

March 2, 2026

Delegate J. Sandy Bartlett, Chair
Delegate Debra Davis, Vice Chair
House Judiciary Committee
Maryland General Assembly

if
when
how

Lawyering for
Reproductive
Justice

ifwhenhow.org

Re: amending HB 1131 to ensure that criminalization of pregnancy outcomes is truly prohibited in the state of Maryland

Dear Madam Chair, Madam Vice Chair and Honorable Committee Members:

We write to you today to thank you for considering legislation that would prohibit the criminalization of people for their pregnancy outcomes, and to ask that you consider amendments to that proposed legislation, HB 1131, that would ensure that it realizes its promise.

We are professors and law students, and the Associate Director of Litigation at the national nonprofit legal organization If/When/How. All of us teach at or attend the University of Baltimore School of Law or the University of Maryland Carey School of Law.

Margaret E. Johnson is Professor of Law, Associate Dean for Faculty Research and Development, and Director of the Bronfein Family Law Clinic at the University of Baltimore, where she supervises student attorneys in litigation, legislative advocacy, and community education, and conducts research, regarding family law, domestic violence, and reproductive justice issues. The If/When/How student chapter at the University of Baltimore School of Law is part of the If/When/How Network, which mobilizes lawyers, law students, and advocates across the country to help meet the immediate needs of people experiencing reproductive oppression and push for change in their communities. Leigh Goodmark is the Associate Dean for Research and Faculty Development and Professor of Law at the University of Maryland Carey School of Law, where she teaches the Gender, Prison, and Trauma Clinic. And Yveka Pierre, Esq., is the Associate Director of Litigation at If/When/How, a national nonprofit legal organization that, among other priorities, defends people criminalized for their pregnancy outcomes and supports state advocates to advance legislative policies that end the criminalization of people for their reproductive lives. Ms. Pierre is also an Adjunct Professor at the University of Baltimore School of Law, and co-counsel for Moira Akers, who is facing re-trial after her conviction for experiencing a stillbirth was reversed by the Maryland Supreme Court last year.

Ms. Akers' case has brought significant attention to the fact that, despite protective Maryland statutes and case law, women in this state are still prosecuted for their pregnancy outcomes—a practice that undermines Maryland law and threatens the health and safety of pregnant people in this state. As you know, criminalizing a person for their reproductive outcome—whether they self-managed abortion, obtained an abortion from a health care provider, miscarried, or experienced a stillbirth or perinatal loss—is cruel, undermines human and constitutional rights, and does not serve any public good. Every major medical association in the U.S., the American Bar Association, and, in its other laws and policies, the state of Maryland, oppose the practice of criminalizing people in these circumstances.

Unfortunately, in states across the country, we continue to see investigations, arrests, and prosecutions of people for their pregnancy outcomes. If/When/How currently represents people in more than 25 cases from around the U.S., including Ms. Akers' ongoing prosecution in Maryland. In those cases, it is common for prosecutors to allege that a stillbirth or immediate perinatal loss was in fact a live birth, just as they have alleged in Ms. Akers' case. HB 1131, if amended to eliminate loopholes that enable pregnancy criminalization, could help ensure that prosecutions like this never happen again. But as written, the bill allows for exactly what happened to Ms. Akers to happen again - a prosecution for a stillbirth that the prosecution alleges was really a live birth.

Because pregnancy criminalization around the U.S. mirrors that pattern, the 9 states (and D.C.) that have recently changed or clarified their laws to eliminate pregnancy criminalization have avoided the kinds of carve outs that allow pregnancy criminalization to continue. In our view, HB 1131 could similarly safeguard against pregnancy criminalization with a few key changes:

- Eliminate the carveout for perinatal losses and explicitly include perinatal loss in the list of outcomes protected from criminalization. Nobody should face criminalization because they gave birth to a baby who did not survive, as is often the case when someone has a precipitous or premature delivery outside of a hospital setting. (Suggested amendments: strike “except under certain circumstances” in lines 5-6 and 9 in the purpose section; add “a Perinatal Loss” to the definition of Pregnancy Loss at 20-217(c)(2), and add “an abortion, including a self-managed abortion” in the same provision at line 17; strike proposed Section 3).
- Make the prohibition against investigation, civil liability, or prosecution for experiencing a pregnancy loss absolute. There is no situation in which criminalization or punishment is an appropriate response to an individual's pregnancy outcome. (Suggested amendment: at Section 20-218(A), strike everything after “pregnancy loss”).
- Require consent for all warrants related to pregnancy. A pregnant person should retain the right to control their sensitive medical information. If there is independent evidence

of a criminal act unrelated to the pregnancy loss, the information about the pregnancy loss is not relevant and should not be obtained. (Suggested amendment: Strike 20-218(C)1).

- Require consent for all releases of information related to pregnancy. Health care providers need clarity and certainty that pregnant people retain the right to privacy in their sensitive medical information, and loopholes or confusion in this principle allow pregnancy criminalization to continue. (Suggested amendments: Strike 20-219(B)(1) and (2)).
- Eliminate the criminal penalty for disclosure. Expansion of the reach of the criminal legal system – even if intended to prevent criminalization – only furthers the entanglement of the health system and punitive legal systems. This is ultimately harmful to pregnant people. (Suggested amendment: Strike 20-220 in its entirety).

With these suggested amendments, HB 1131 can be strengthened to truly protect people from pregnancy criminalization. We look forward to working with the bill sponsor and committee to realize the bill's intended promise.

Respectfully submitted,

Professor Margaret Johnson, University of Baltimore School of Law¹
If/When/How Law Student Chapter, University of Baltimore School of Law²
Yveka Pierre, Esq., Associate Director of Litigation, If/When/How
Professor Leigh Goodmark, University of Maryland Carey School of Law³

¹ Professor Johnson signs in her individual capacity and not on behalf of the University of Baltimore.

² The If/When/How Chapter signs on its own behalf and not on behalf of the University of Baltimore.

³ Professor Goodmark signs in her individual capacity and not on behalf of the University of Maryland.

Written Testimony of Benjamin Sisney on HB 1131 (3

Uploaded by: Ben Sisney

Position: UNF



201 Maryland Avenue, NE
Washington, DC 20002

**WRITTEN TESTIMONY OF BENJAMIN P. SISNEY¹
SENIOR COUNSEL FOR LITIGATION AND PUBLIC POLICY,
AMERICAN CENTER FOR LAW & JUSTICE**

Re: In Opposition to Maryland H.B. 1131: Pregnancy Outcome Protection Act

March 3, 2026

For the reasons set forth herein, the American Center for Law & Justice (“ACLJ”), on behalf of itself and over 354,000 of its members, including over 4,700 Maryland residents, who value the sanctity of life, urges this Committee to give H.B. 1131 an unfavorable review.

By way of introduction, the ACLJ is a national nonprofit organization dedicated to the defense of constitutional liberties secured by law, including the defense of the sanctity of human life. Counsel for the ACLJ have presented expert testimony before state (including Maryland) and federal legislative bodies, and have presented oral argument, represented parties, and submitted amicus briefs before the Supreme Court of the United States and numerous state and federal courts around the country in cases involving a variety of issues, including the right to life. *See, e.g., Pleasant Grove City v. Summum*, 555 U.S. 460 (2009); *Whole Woman’s Health v. Hellerstedt*, 136 S. Ct. 2292 (2016); *June Medical Servs. v. Russo*, 140 S. Ct. 2103 (2020); and *Dobbs v. Jackson Women’s Health Org.*, No. 19-1393 (Sup. Ct.).

I. Background

H. B. 1131 will only achieve *reduced* protections for Maryland women and their children, not more. It ties the hands of legitimate investigators in cases where women are procuring or being administered unsafe abortions and children are at risk of infanticide. If the goals of the legislation

¹ Mr. Sisney serves as Senior Counsel for Litigation and Public Policy at the ACLJ’s Washington D.C. office. He also serves as the ACLJ’s Director of FOIA Practice. Mr. Sisney practiced law in Oklahoma City for five years, following the conclusion of his two-year clerkship with United States District Judge Gregory K. Frizzell in Tulsa, two years with the American Center for Law & Justice in Virginia, and a Legal Fellowship with Senator James M. Inhofe in Washington, D.C. Mr. Sisney graduated from Regent University School of Law in 2007. As a law student, he interned with an Oklahoma District Attorney’s office and Oklahoma’s oil and gas administrative law court. Mr. Sisney’s practice has focused on the areas of government affairs and accountability, international and United Nations affairs, pro-life litigation and issues, family law, First Amendment law, and religious liberty.

are to stop criminalization of women experiencing the tragedy of pregnancy loss or abortion services in general, both of those experiences are already protected under Maryland law.

Pregnancy loss in Maryland is protected statutorily. Maryland Criminal Code § 2-103 protects licensed medical professionals who are administering lawful medical care. This does not apply to acts or failures to act of pregnant women regarding their own unborn children.² There are additional statutory procedures for fetal deaths past twenty weeks gestation and stillbirths in Maryland.³ The Criminal Code also does not apply liability to licensed medical professions who administer lawful medical care for the death of an unborn child.⁴

Beyond the unintentional loss of a child through miscarriage or stillbirth, Maryland law further protects abortion at any stage of gestation.⁵ The Criminal Code protects rights to abortion in Maryland and even insists that no part of the section confers fetal personhood.⁶ Maryland is home to two clinics providing abortions at any trimester, including one performing abortions until thirty-five weeks and six days.⁷

Maryland maintains some of the most permissive abortion laws in the nation.⁸ It was even described in 2023 as becoming “The Patron State of Abortions.”⁹ Aside from requiring that abortions be performed by qualified providers,¹⁰ state law permits abortion for any reason before fetal viability and at any time during pregnancies to protect the life of the mother or if the unborn child has genetic defects, serious deformities, or abnormalities.¹¹ Qualified providers are also free from liability for civil damages or criminal penalties if they performed abortions in good faith with their best clinical judgments with accepted clinical practice standards.¹²

Maryland can only adopt regulations for abortion as long as they “are both necessary and the least intrusive method to protect the life or health of the woman; and . . . not inconsistent with established clinical practice.”¹³ Governor Wes Moore signed an enshrinement of reproductive

² Md. Crim. Code § 2-103(d).

³ See Md. Code Ann. §§ 4-213-213.1.

⁴ Md. Crim. Code § 2-103(e).

⁵ See *Interactive Map: US Abortion Policies and Access After Roe*, GUTTMACHER INST. (Feb. 20, 2026), <https://states.guttmacher.org/policies> (under “Abortion Policies in Maryland”: “Abortion is not restricted based on gestational duration.”).

⁶ Md. Crim. Code § 2-103(d), (g).

⁷ Taylor Nichols & Cait Kelley, *Some People Need Abortions Later in Pregnancy – Many Come to Maryland*, WAMU 88.5 (Dec. 16, 2024), <https://wamu.org/story/24/12/16/md-later-term-abortion-clinics/>.

⁸ See *After Roe Fell: U.S. Abortion Laws by State*, CTR. FOR REPROD. RIGHTS, <https://reproductiverights.org/maps/abortion-laws-by-state/> (last updated Feb. 2026).

⁹ Christina Cauterucci, *Maryland is Becoming the Patron State of Abortions* (July 17, 2023, 5:40 AM), https://slate.com/news-and-politics/2023/07/maryland-abortion-access-wes-moore.html?pay=1772040648397&support_journalism=please.

¹⁰ Md. Code Ann., Health § 20-208.

¹¹ “Except as otherwise provided . . . the State may not interfere with the decision of a woman to terminate a pregnancy: (1) Before the fetus is viable; or (2) At any time during the woman’s pregnancy, if: (i) The termination procedure is necessary to protect the life or health of the woman; or (ii) The fetus is affected by genetic defect or serious deformity or abnormality.” Md. Code Ann., Health § 20-209(b).

¹² Md. Code Ann. § 20-209(d).

¹³ *Id.* (c).

rights into the Maryland Constitution¹⁴ that includes a fundamental right to “the ability to make and effectuate decisions to . . . end one’s own pregnancy.”¹⁵

Rather than creating new protections for women or abortion providers, H. B. 1131 would significantly restrict the ability of law enforcement investigators to examine deaths associated with self-managed abortions. In circumstances where a “self-managed”¹⁶ abortion results in the birth of a live infant who later dies, investigators could proceed with their investigation only with the woman’s consent or upon discovering evidence of criminal conduct unrelated to the birth of that infant.¹⁷ Likewise, doctors and hospitals would be prohibited from reporting an infant death absent clear evidence of coercion, external abuse, or other independent indications of criminal wrongdoing, unless the woman grants permission.¹⁸ Indeed, a provider who reports that infant death could be subject to criminal penalties and fines, yet the bill gives no definition or explanation of “clear evidence of coercion,” or “independent evidence of criminal conduct,” to put providers and investigators on notice of what they should consider before subjecting themselves to potential criminal charges and penalties.¹⁹

Even for a search warrant, authorities would have to find independent evidence unrelated to the loss or obtain consent from the mother to investigate someone else who is related to the pregnancy loss.²⁰ With 24% of women describing their abortions and “‘unwanted’ or ‘coerced’”,²¹ it is unlikely to expect they would report the individuals responsible for pressuring them into the abortions.

Instead of protecting women and making abortion safe for them, H. B. 1131 would expand Maryland’s permissive abortions laws to remove critical protections for women and effectively legalize infanticide and abuse for nefarious actors exploiting these women.

II. *H. B. 1131 Would Remove Protections for Infants Born Alive*

At the moment of birth, an infant born in Maryland is a citizen and national of the United States, with all the rights that that status encompasses. *See, e.g.*, 8 U.S.C. §§ 1401(a) & (b).²²

¹⁴ Press Release, *Governor Moore Signs Proclamation to Enshrine Reproductive Freedom in Maryland’s Constitution*, STATE OF MD. (Jan. 17, 2025), <https://governor.maryland.gov/news/press/pages/governor-moore-signs-proclamation-to-enshrine-reproductive-freedom-in-maryland%E2%80%99s-constitution.aspx>.

¹⁵ MD. CONST. of 1867, art. 48 (2024).

¹⁶ “A self-managed abortion (SMA) is when a person ends their pregnancy outside the formal medical system. That means they don’t get in-person or telehealth support from a doctor or clinic.” *What is Self-Managed Abortion?*, NAT’L NETWORK OF ABORTION FUNDS, <https://abortionfunds.org/need-an-abortion/what-is-self-managed-abortion/> (last visited Feb. 26, 2026).

¹⁷ Pregnancy Outcome Protection Act, H.B. 1131, 449th Gen. Assemb., Reg. Sess. (Md. 2026).

¹⁸ *Id.*

¹⁹ *Id.*

²⁰ *Id.*

²¹ Monica Snyder, et al., *Pivoting to Unwanted and Coerced Abortion: A Manifesto*, PUB. DISCOURSE (June 16, 2024), <https://www.thepublicdiscourse.com/2024/06/95171/>.

²² Maryland law defines the term “born” as “the complete expulsion or extraction of a product of human conception from the mother, regardless of the period of gestation, if, after the expulsion or extraction, it breathes or shows any other evidence of life, such as heartbeat, pulsation of the umbilical cord, or definite movement of voluntary muscle, whether or not the umbilical cord is cut or the placenta is attached.” Md. Code Ann., Health § 20-401(b).

Maryland law provides numerous special protections for minors, including newborns. Md. Code Ann., Criminal Law § 1-101(a)(g) (a “minor” is “an individual under the age of 18 years.”). This extends to children in utero. Maryland courts have affirmed that injuries inflicted on a pregnant woman whose born alive child died as a result of the prenatal injury could constitute manslaughter.²³

While HB 1131 states that “[p]regnancy loss’ does not include a death that occurs after a live birth[,]”²⁴ without the supervision of a clinician or a diligent clinician and without the ability to investigate whether the infant’s death occurred before or during labor, or after birth, *this clarification is practically meaningless*. As noted, Maryland law includes in the defining of “born,” “regardless of the period of gestation, if, after the expulsion or extraction, [the unborn child] breathes or shows any other evidence of life, such as heartbeat, pulsation of the umbilical cord, or definite movement of voluntary muscle”²⁵ Cardiac activity for an unborn child begins with a pulse at five weeks,²⁶ umbilical vein pulsations are present in the first trimester,²⁷ and “quickening” occurs at around twelve weeks.²⁸ All of these are present for a baby as late as thirty-five weeks and six days (which has happened in Maryland) and babies can be born alive as early as before twenty-four weeks gestation, and survive.²⁹

This legislation does not provide protections for born alive infants and does not remain consistent with what Maryland law considers as “born.” It would only serve the role of removing needed protections for babies born alive in Maryland who need medical intervention and care as soon as possible.

III. H. B. 1311 Removes Critical Protections for Women Seeking Abortions

H.B. 1311 would not decriminalize women experiencing the tragedy of pregnancy loss; rather, it would serve to make abortions more unsafe in Maryland and create a safety net for nefarious actors. Although a January study from the University of Maryland asserts that “it is far more dangerous to be pregnant than to have an abortion,” the World Health Organization cautions that “[m]aternal deaths due to unsafe abortion are often misclassified and underreported”³⁰

“An *unsafe abortion* is defined as ‘a procedure for terminating an unintended pregnancy carried out either by persons lacking the necessary skills or in an environment that does not

²³ See *Williams v. State*, 316 Md. 677, 682-83 (Md. 1989).

²⁴ H.B. 1131.

²⁵ Md. Code Ann., Health § 20-401.

²⁶ Colleen de Bellefonds, *Thump-Thump! Here’s When You’ll Hear Your Baby’s Heartbeat and Every Amazing Week-by-Week Change*, WHAT TO EXPECT (Feb. 6, 2026), <https://www.whattoexpect.com/pregnancy/fetal-development/fetal-heart-beat-circulatory-system/>.

²⁷ G Rizzo, et al., *Umbilical Vein Pulsations: A Physiologic Finding in Early Gestation*, AM. J. OBSTETRICS & GYNECOLOGY (Sept. 1992), <https://pubmed.ncbi.nlm.nih.gov/1530021/>.

²⁸ *Quickening in Pregnancy*, CLEVELAND CLINIC, <https://my.clevelandclinic.org/health/symptoms/22829-quickening-in-pregnancy> (last updated Apr. 22, 2022).

²⁹ *When Is It Safe to Deliver Your Baby?*, UNIV. OF UTAH, <https://healthcare.utah.edu/womens-health/pregnancy-birth/preterm-birth/when-is-it-safe-to-deliver> (last visited Feb. 26, 2026).

³⁰ *Abortion*, WORLD HEALTH ORG. (Dec. 8, 2025), <https://www.who.int/news-room/fact-sheets/detail/abortion>.

conform to minimal medical standards or both.”³¹ This is not unheard of in Maryland. Cases such as the mere three-month suspension of Dr. Iris Dominy’s medical license in 2013 for a patient who died during an abortion procedure;³² the report finding some deficiencies in Dr. Leroy Carhart’s Germantown abortion clinic following the death of another woman seeking an abortion;³³ and the death of another woman in Baltimore during a 2006 abortion procedure after being administered too much anesthesia by Dr. Romeo Ferrer³⁴ are instances of these tragic and dangerous consequences.

There are also considerable dangers present for “at-home abortions.” Although the American College of Obstetricians & Gynecologists claims that for many, “the greatest risk of harm related to [self-managed abortion] comes from the threat of criminalization[,]”³⁵ that is simply not the case. Mifeprex (mifepristone) has a boxed warning for “[s]erious and sometimes fatal infections or bleeding[]” where “[p]rolonged heavy bleeding . . . and prompt medical or surgical intervention may be needed.”³⁶ Cytotec (misoprostol) also has a boxed warning for “[u]terine rupture . . . reported when Cytotec was administered . . . to induce abortion.”³⁷

Outside of the general risks of using mifepristone and/or misoprostol (“Significant morbidity and mortality have occurred following the use of mifepristone as an abortifacient.”³⁸) (“A risk of uterine rupture exists with misoprostol When using misoprostol for medical abortion, clinicians should perform follow-up evaluations[.]”³⁹), self-managed abortion can also be accomplished with “herbs, teas, and other methods passed down from families and cultural traditions over generations.”⁴⁰ However, these other methods have included “significant morbidity and mortality implications[.]”⁴¹ The National Capital Poison Center has warned to not use herbal

³¹ Lisa B. Haddad, MD, MA & Nawal M. Nour, MD, MPH, *Unsafe Abortion: Unnecessary Maternal Mortality*, 2 REVS. IN OBSTETRICS & GYNECOLOGY 122, 122 (2009), https://pmc.ncbi.nlm.nih.gov/articles/PMC2709326/pdf/RIOG002002_0122.pdf.

³² Order for Summary Suspension of License to Practice Medicine, MD. STATE BD. OF PHYSICIANS (May 29, 2013), <https://www.mbp.state.md.us/BPQAPP/orders/d3089005.293.pdf>; Letter from Kevin A. Dunne, Esq. & Robert J., Gilbert, Asst. Att’y Gen., to Iris E. Dominy, M.D. (Aug. 29, 2013), <https://www.mbp.state.md.us/bpqapp/Orders/D3089008.293.PDF>.

³³ *Md. Officials Find No Deficiencies in Abortion Death at Germantown Clinic*, ABC-7 News, <https://wjla.com/news/local/md-officials-find-no-deficiencies-in-abortion-death-at-germantown-clinic-89249> (last updated July 10, 2015, 7:10 AM).

³⁴ George P. Matysek Jr., *Family of Woman Who Died in Botched Abortion Wants Laws Changed*, CATH. REVIEW (Jan. 19, 2012), <https://www.archbalt.org/family-of-woman-who-died-in-botched-abortion-wants-laws-changed/>.

³⁵ *Self-Managed Abortion*, AM. COLL. OF OBSTETRICIANS & GYNECOLOGISTS (Dec. 2024), <https://www.acog.org/clinical/clinical-guidance/committee-statement/articles/2024/12/self-managed-abortion>.

³⁶ *Mifeprex® (mifepristone) tablets, for oral use*, FDA, https://www.accessdata.fda.gov/drugsatfda_docs/label/2016/020687s0201bl.pdf (last revised Mar. 2016).

³⁷ *CYTOTEC- misoprostol tablet*, PFIZER, <https://labeling.pfizer.com/showlabeling.aspx?id=559> (last visited Feb. 26, 2026).

³⁸ Kathi Aultman, et al., *Deaths and Severe Adverse Events After the Use of Mifepristone as an Abortifacient from September 2000 to February 2019*, ISSUES LAW MED. (2021), <https://pubmed.ncbi.nlm.nih.gov/33939340/>.

³⁹ Marissa Krugh, et al., *Misoprostol*, STATPEARLS, <https://www.ncbi.nlm.nih.gov/books/NBK539873/> (last updated Dec. 11, 2024).

⁴⁰ Adirenne Ramcharan, MPH, *Self-Managed Abortion Fact Sheet*, PHYSICIANS FOR REPROD. HEALTH (Sept. 2023), https://prh.org/wp-content/uploads/2023/09/SMAFactSheet_09182023.pdf.

⁴¹ Chris Feng, et al., *Toxicities of Herbal Abortifacients*, AM. J. EMERG. MED. (Mar. 7, 2023), <https://pmc.ncbi.nlm.nih.gov/articles/PMC10192026/>.

medicines for inducing abortion and side effects include liver damage, difficulties breathing, and even death.⁴²

H. B. 1311 protects nefarious actors who pressure or force women into these dangerous self-managed abortions. It is well known that human traffickers, sexual predators, and domestic abusers often force women into having an abortion. Survivors of sex trafficking report “that they often [do] not feely choose the abortions they [have] while being trafficked.”⁴³ Sexual predators will use abortion as a means to conceal obvious evidence—pregnancy and childbirth—of their exploitation.⁴⁴ Women of domestic abuse have reported that they been forced by their abusers to ingest abortion pills.⁴⁵

In these circumstances described above, doctors and providers are prohibited from reporting an infant death absent clear evidence of coercion, external abuse, or other independent indications of criminal wrongdoing, unless the woman consents.⁴⁶ As a result, doctors and providers are incentivized to not report nefarious actors. Not only does the bill not define or explain what constitutes “clear evidence,”⁴⁷ but it assumes that women dealing with nefarious actors are in a safe position to consent to their trafficker or abuser being investigated. Providers are likely not going to risk criminal penalties and fines when they are unsure that reporting is lawful, and women are likely not going to consent when it is unsafe to do so.

H. B. 1311 will create a legal opening for these types of procedures to occur in Maryland without accountability or investigation. Not only does it risk the life of the unborn child being aborted (which is quite obviously the State’s desired goal), but it also puts the mother at risk of serious health consequences. Furthermore, it does little if anything to combat dangerous self-managed abortions at the hands of nefarious actors and further facilitates the exploitation of women.

CONCLUSION

For the reasons stated above, among others, we oppose House Bill 1131.

⁴² *Is Herbal Abortion Safe?*, POISON CONTROL, <https://www.poison.org/articles/herbal-abortion> (last visited Feb. 26, 2026).

⁴³ Laura J. Lederer & Christopher A. Wetzel, *The Health Consequences of Sex Trafficking and Their Implications for Identifying Victims in Healthcare Facilities*, 23 *Annals Health L.* 61, 73 (2014), <https://tinyurl.com/3hvjednk>.

⁴⁴ See, e.g., Cole Waterman, *Saginaw Man Gets Prison Time for Raping Minor, Trying to Force Her into Getting Abortion*, MLive Mich. (Aug. 23, 2023, 10:42 AM), <https://tinyurl.com/ejhn5dk8>; Carole Novielli, *Man Took 14-Year-Old For Three Abortions After Impregnating Her, Clinics Ignored the Rapes*, LifeNews (July 30, 2014, 1:39 PM), <https://tinyurl.com/5a9mcfk4>; David McFadden, *Probation Revoked for Man in Impregnating 11-Year-Old, Forcing to Get Abortion*, ABC13 News, <https://tinyurl.com/mrwddzyt> (last updated July 19, 2018, 5:26 AM).

⁴⁵ E.g. Nancy Dillon, *California Man Accused of Forcing Pregnant Girlfriend to Take Miscarriage Pills at Gunpoint*, N.Y. Daily News, <http://tinyurl.com/36z4jd4d> (last updated Dec. 12, 2019, 6:06 PM); *Cops: NY Man Forced Woman to Swallow Abortion Pill*, Associated Press (Dec. 5, 2014, 10:55 AM), <http://tinyurl.com/4pmzu33s>.

⁴⁶ H.B. 1131.

⁴⁷ *Id.*

2026 HB1131 Oppose Infanticide.pdf

Uploaded by: Deborah Brocato

Position: UNF

Unfavorable Statement HB1131
Public Health – Pregnancy Loss- Prohibited Actions
(Pregnancy Outcome Protection Act)
Deborah Brocato, Retired Registered Nurse

HB1131
2026

As a retired registered nurse and mother of 4, I strongly oppose HB1131.

HB1131 will do three things.

1. The bill would discourage and/or stop the process of analyzing and understanding the loss of a pregnancy.
2. The investigation of a suspicious loss of a pregnancy would only be investigated if the pregnant woman consents to an investigation of suspected criminal conduct.
3. The bill would impose a penalty on any individual or entity that seeks to learn the cause of the pregnancy loss.

With any pregnancy loss, an analysis of the cause of the loss is good medicine. When pregnancy is desired, and a miscarriage occurs, doctors and other medical professionals along with the mother seek information to understand how the miscarriage occurred. This is standard practice. For the medical community, analysis promotes better standards of practice to better minister to patients. The mother seeking to carry a baby to term can learn what interventions may be needed to make that happen. Did the mother not have enough pregnancy hormones to sustain the pregnancy? Did the mother ingest something that caused the miscarriage? Did someone secretly give the mother something to cause miscarriage? What caused the stillbirth?

This bill would change the way our criminal justice operates. When a crime is suspected, the police investigate. An investigation is not determined by the victim. We know that victims of crime can and often are coerced into silence. The pregnant mother may be unaware of the crime against her. In addition to criminal activity, there could have been medical malpractice. The pregnant mother may be unaware that her standard of care was compromised and resulted in the loss of her pregnancy or the loss of her baby during delivery. These investigations should take place whether the victim consents so that the crime or malpractice does not happen to someone else and so there can be justice for the possible victim.

Penalties for investigating the pregnancy loss would naturally deter an individual or entity from pursuing answers to a possible criminal act or simply pursuing improvement of medical care. A still birth cannot be confirmed without an investigation. This bill would not allow investigation for an alleged stillbirth which would make it easy to commit infanticide.

This bill would protect bad actors that would include abortion workers with bad medical practice, doulas and other home pregnancy workers with bad medical technique, nefarious people who would give a pregnant woman drugs against her will, child abusers, and others with ill intent or who simply lack good medical practice.

Please protect the integrity of a pregnant woman's health and the dignity of human life by not interfering with investigations surrounding pregnancy loss. I strongly recommend an unfavorable report for HB1131.

HB 1131 - unfavorable - Pregnancy Loss-Prohibited

Uploaded by: Kirsten Brown

Position: UNF

Ivan Bates
President



Kirsten N. Brown
Executive Director

Maryland State's Attorneys' Association
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Date: March 5, 2026

Bill Number: HB 1131

Position: Unfavorable

MSAA requests an unfavorable report on House Bill 1131.

The bill, as drafted, would materially hinder the investigation and prosecution of potential infanticide and related homicide cases.

In a current matter in Maryland, the State must determine whether a newborn was born alive or was stillborn. That determination is not philosophical; it is forensic and legal. It requires coordinated investigation involving law enforcement, medical personnel, forensic pathologists, and prosecutors.

Establishing live birth is often the central evidentiary issue in infanticide cases. Any statutory language that restricts how investigators gather medical evidence, interview witnesses, or evaluate post-birth conduct risks foreclosing the ability to prove criminal culpability where it exists.

HB 1131 would create significant procedural and liability barriers at the earliest stage of investigation. By imposing potential civil and criminal sanctions on investigative entities for actions taken in the course of examining pregnancy outcomes, the bill would create a chilling effect. Law enforcement officers, medical examiners, and prosecutors may hesitate to pursue legitimate lines of inquiry out of concern for personal or institutional liability.

The bill also blurs the line between protecting individuals from improper prosecution and shielding potentially criminal conduct from scrutiny. While safeguarding against unjust charges is an appropriate legislative goal, erecting barriers that prevent fact-finding undermines the State's fundamental duty to determine whether a crime occurred.

Lastly, the bill, as drafted, creates a unique circumstance, giving a potential suspect or defendant the power to determine whether they are investigated. For some reason, this bill, as drafted, allows a suspect to opt out of having their conduct examined.

In short, HB 1131 complicates the ability to determine live birth, a threshold issue in homicide prosecutions; restricts investigative tools needed to assess criminal liability; and exposes investigative entities to civil and criminal sanctions, thereby deterring lawful investigations.

For the aforementioned reasons, MSAA respectfully urges an unfavorable report on House Bill 1131 in its current form or seeks substantial amendments to ensure that legitimate criminal investigations into potential infanticide are not impaired

Miscarriage is Not Abortion.pdf

Uploaded by: Laura Bogley

Position: UNF

No Current Laws Prohibit Abortion in Emergency Situations

Most states with laws protecting unborn children include explicit language permitting abortion for emergency medical intervention when it is necessary to prevent the death of the pregnant woman or to prevent substantial and irreversible physical impairment of a major bodily function of the pregnant woman.

Additionally, most states clarify that these laws do not prevent miscarriage treatment, the delivery of a stillborn child, or any other procedure to remove a baby who has died in utero.

Allowable Conditions

In state pro-life laws, the legal standard is often based on reasonable medical judgment. While there is no formal list of qualifying conditions or medical emergencies, the following reflect some permissible medical reasons for abortion.

- 1 Ectopic Pregnancy**
This occurs when a baby implants and grows outside the uterus, most commonly in a fallopian tube. This condition is life-threatening if untreated.
- 2 Sepsis/Infection**
Sepsis during pregnancy can cause severe organ damage and dangerously low blood pressure, leading to shock. Without prompt treatment, it can be life-threatening for the mother.
- 3 PROM (PPROM)**
Preterm Premature Rupture of Membranes
- 4 Malignant Cancer**
- 5 Maternal Heart Disease**
- 6 Hemorrhage**



Miscarriage Care is NOT ABORTION

Miscarriage care is not abortion because it involves treating a natural loss of pregnancy rather than deliberately ending a viable one.

The purpose of miscarriage care is to protect the mother's health and help her recover physically and emotionally. Pro-life values fully support compassionate care for women experiencing miscarriage, recognizing the dignity of both the mother and the child.

Misrepresenting miscarriage care as abortion creates unnecessary fear and confusion for women seeking necessary medical treatment.

NRLC Ltr on NO Criminal Penalties.pdf

Uploaded by: Laura Bogley

Position: UNF

Opposition to Criminal Penalties for Women in State Abortion Laws

In May 2022, at a pivotal moment in the national debate over abortion policy, more than 70 leading pro-life organizations came together to issue a unified and unequivocal message to state lawmakers: women who have abortions should not be criminalized. The joint letter, spearheaded by National Right to Life and signed by a broad coalition of state, national, and international pro-life leaders, reflected a longstanding principle within the pro-life movement—one grounded in compassion, justice, and a clear understanding of who bears responsibility for abortion.

The letter was released as news reports intensified around possible state legislative responses to a potential overturning of *Roe v. Wade*. While welcoming the possible return of abortion policymaking to elected legislators, the coalition warned that this moment of opportunity also carried serious responsibility. Laws intended to protect unborn children, the organizations stressed, must not inflict further harm on women, many of whom are already suffering the physical, emotional, and psychological consequences of abortion.

As the letter explains, abortion produces two victims: the unborn child who loses her life, and the woman who is left to bear the aftermath—often abandoned by an abortion industry that promised care but delivered neither accountability nor long-term support. The coalition emphasized that women who undergo abortions are frequently exploited, misled, or pressured, and that criminal penalties aimed at them fundamentally misunderstand both the nature of abortion and the proper focus of pro-life policy.

National Right to Life underscored this distinction, noting that women who have abortions need compassion and support, not prosecution. The letter makes clear that while pro-life advocates rightly seek accountability for abortion providers and an industry driven by profit and disregard for human dignity, punishing women is neither just nor effective.

Rooted in decades of advocacy and experience, the signatories reaffirmed that criminalizing women is incompatible with the pro-life movement's mission. Instead, they called on lawmakers to enact policies that protect unborn children while strengthening life-affirming resources for women facing unplanned or crisis pregnancies.

The following letter reflects that unified stance and serves as a clear statement of principle from across the pro-life movement, urging legislators to reject measures that would treat women as criminals rather than as individuals deserving care and protection.

May 12, 2022

An Open Letter to State Lawmakers from America's Leading Pro-Life Organizations

To all State Legislators in the United States of America,

With the leak of a draft U.S. Supreme Court opinion written by Justice Samuel Alito in *Dobbs v. Jackson's Women's Health Organization* that appears to show a majority of the Court may be in favor of reversing *Roe v. Wade* and *Planned Parenthood v. Casey*, there has been increasing news coverage of state-level momentum to enact laws that protect mothers and their unborn children from the tragedy of abortion.

Over the past 50 years, under the shadow of *Roe v. Wade* and *Doe v. Bolton*, abortion has taken the lives of more than 63 million unborn American children¹. But the tragedy of abortion isn't limited to the unborn child who loses her life. The mother who aborts her child is also *Roe's* victim. She is the victim of a callous industry created to take lives; an industry that claims to provide for "women's health," but denies the reality that far too many American women suffer devastating physical and psychological damage following abortion.

The abortion industry tries to dismiss reports and studies of post-abortive trauma. But even as far back as the 1980s, scientific researchers and the mainstream media were documenting the reality of abortion's consequences.

Studies examining the records of over 50,000 California Medicaid patients from 1989-1994 found women who underwent abortions experienced 2.6 times more psychiatric admissions in the first 90 days following pregnancy than women who gave birth, and 17% higher mental health claims over the following four years.²

¹ National Right to Life estimate based on data reported by the U.S. Centers for Disease Control and Prevention through 2019 and the Guttmacher Institute through 2017. See *The State of Abortion in the United States, 2022*, updated release May 5, 2022, www.nrlc.org/uploads/communications/stateofabortion2022.pdf

² Priscilla Coleman, et al, "State-Funded Abortions vs. Deliveries: A Comparison of Outpatient Mental Health Claims Over 4 Years," *American Journal of Orthopsychiatry* Vol. 72, No. 1 (2002), pp. 141-152 compared claims for first time outpatient mental health treatment in California between 14,297 aborting women and 40,122 women who gave birth four years after the event and found the rate of care 17% higher among the aborting group. Another study by P. Coleman and colleagues, "Psychiatric admissions of low-income women following abortion and childbirth," *Canadian Medical Association Journal*, Vol. 168, No. 10 (May 13, 2003), available at www.cmaj.ca/cgi/content/full/168/10/1253, looked at the records of 56,741 women in the California Medical system and found aborting women having 2.6 times more psychiatric admissions than women giving birth in the 90 days following the event.

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A 1989 *Los Angeles Times* survey³ found 56% of women who had abortions felt guilty about them, and 26% mostly regretted the abortion. Subsequent studies suggest that these numbers may be low, reporting that adverse emotional and psychological effects are sometimes delayed, not surfacing for 5 or even 10 years after the abortion⁴.

Despite promises from her partner to the contrary, a woman's relationship will often dissolve following an abortion^{5,6}. The clinic staff is gone, and the woman has no desire to return to the place she associates with failure⁷. Even friends who know about the abortion hesitate to bring up the subject. When this happens, she is left to deal with her pain, her doubts, her questions all alone⁸.

Women are victims of abortion and require our compassion and support as well as ready access to counseling and social services in the days, weeks, months, and years following an abortion.

As national and state pro-life organizations, representing tens of millions of pro-life men, women, and children across the country, let us be clear: We state unequivocally that we do not support any measure seeking to criminalize or punish women and we stand firmly opposed to include such penalties in legislation.

³ George Skelton, "Abortion often causes guilt, poll finds," *The Sacramento Bee*, March 19, 1989, p. A7.

⁴ J. Trybulski warns about uncomfortable emotions and thoughts that surfaced months or years later following a woman's abortion in "Women and abortion: the past reaches into the present," *Journal of Advanced Nursing*, Vol. 54, No. 6 (June 2006), pp. 683-90.

⁵ Winfried Barnett, et al, "Partnership After Induced Abortion: A Prospective Controlled Study," *Archives of Sexual Behavior*, Vol. 21, No. 5 (October 1992), pp. 443-455. Barnett and colleagues found that 20 out of the 92 aborting couples, or 22%, in their study group had separated after one year. Among the 2,000 plus cases of post abortion trauma that Theresa Burke worked with, she encountered several women whose marriage dissolved as a consequence of their abortions. See Theresa Burke, *Forbidden Grief* (Springfield, IL: Acorn Books, 2002), pp. 208, 212, 217.

⁶ Linda Bird Francke gives classic accounts on pp. 74 and 97 of *The Ambivalence of Abortion*. Burke offers examples from cases in *Forbidden Grief* on pp. 34, Ann Speckhard's study of thirty high stress aborters in *Psychosocial Stress following Abortion* (Kansas City, MO: Sheed & Ward, 1987) found 46% of her subjects reporting a subsequent break up with her impregnating partner, Speckhard observes: As the male partner was often the only other one who knew of the abortion, ending the relationship left a large void in the subject's life, which contributed to feelings of loneliness, isolation, and alienation (p. 54).

⁷ Even forty years after her abortion, "Elsa" tells Linda Bird Francke that "even now I have trouble driving by the 72nd Street entrance to the West Side Highway in New York where his office was." Linda Bird Francke, *The Ambivalence of Abortion* (New York: Dell, 1978), p. 313. Burke quotes a woman in *Forbidden Grief* who says "I just can't go near that place. It freaks me out. I'd rather drive a hundred miles than have to pass that place. I just can't do it. It makes me sick" (p. 94; see also pp. 38-39). Also see Magyari, et al, 1987.

⁸ An example of such isolation is found in Burke's *Forbidden Grief*, p. 189.

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If the Supreme Court does overturn *Roe v. Wade*, they will be honoring the unambiguous division of powers described in the Constitution, returning abortion policymaking back to our elected state and federal legislators. This will be a tremendous opportunity for states to create durable policy that can stand the test of time. But in seizing that opportunity, we must ensure that the laws we advance to protect unborn children **do not harm their mothers.**

We are America's leading advocates for life. We come from very different backgrounds and perspectives, but we are united in our mission to protect unborn children and American women from the greed of the abortion industry. We have been in this fight for decades – many of us have dedicated our lives to this cause. We understand better than anyone else the desire to punish the purveyors of abortion who act callously and without regard to the dignity of human life. But turning women who have abortions into criminals **is not the way.**

In 1977, then-National Right to Life President Dr. Mildred Jefferson observed in her welcome letter to those attending the annual National Right to Life Convention:

The fight for the right to life is a people's fight for its existence and its continuity. It is a country's fight for its survival and its future. The right-to-life cause is not the concern of only a special few but it should be the cause of all those who care about fairness and justice, love and compassion and liberty with law.

Our charge as a movement has not strayed from those words written by Dr. Jefferson. In fighting for our country's future generations, we are called to act with love and compassion as we seek fairness, justice, and liberty for unborn children and their mothers.

Criminalizing women is antithetical to this charge.

We will continue to oppose legislative and policy initiatives that criminalize women who seek abortions, and we will continue to work for initiatives that protect unborn children and policies that provide and strengthen life-affirming resources for abortion-vulnerable women.

We call upon all pro-life legislators to stand with us. We ask you to continue to act with love and compassion toward abortion-vulnerable women. We urge you to reject any measure that seeks to criminalize women who have abortions.

UNFAVORABLE.HB1131.LauraBogley.MDRTL.pdf

Uploaded by: Laura Bogley

Position: UNF



Unfavorable Statement HB1131
"Pregnancy Outcome Protection Act"
Laura Bogley, JD
Executive Director, Maryland Right to Life

We Strongly Oppose This Infanticide Bill

On behalf of our followers across the state, we strongly object to HB1131. **This bill would effectively legalize infanticide by third parties and deny equal protection to newborn persons in violation of federal statute.** By enacting this as law, the Assembly would be declaring Open Season on newborn babies in Maryland. **This is literally "overkill", unnecessary to shield the abortion industry, which already is shielded by a series of laws in Maryland.**

This bill is **not** about protecting existing rights, but about **actively stripping away the state's current ability to protect newborns.** This bill would formalize a "zone of lawlessness" where a child's right to life depends entirely on the mother's intent, even after the child is outside the womb.

The State of Maryland has a duty to ensure that abortion practices are regulated and safe. The State should protect a woman's right to informed consent before abortion and right to sue an abortion drug manufacturer or distributor for the physical and psychological harm she will suffer as the result of abortion or even a failed abortion when she is confronted with her living, breathing child. **Instead, this bill will shield the abortionist and other third parties at the expense of the woman's health and well-being.**

It also is medically inaccurate and an offense to any parent who has experienced true pregnancy loss such as miscarriage or stillbirth to have the loss of their child put in the same category or definition under law as induced abortion. Any suggestion that a mother who has suffered a medical emergency and was required to undergo a D&E procedure has aborted her child or terminated her pregnancy is inaccurate and subjects that mother to severe emotional distress. **In no way are pregnancy loss and induced abortion moral equivalents and should not be treated as such under the law.**

This Bill Violates Federal Law and Equal Protection

The federal Born-Alive Infants Protection Act of 2002 established that newborn infants who have taken the "breath of life" are legally-protected "persons" and are owed all rights due to persons under the Constitution of the United States of America and Declaration of Rights. Enactment would be unconstitutional and would be unlikely to survive court challenge.

The Act established a federal definition for "person," "human being," "child," and "individual" to ensure that any infant born alive is treated as a legal person under federal law.

- **Definition of "Born Alive":** The law defines this as the "complete expulsion or extraction from his or her mother... at any stage of development," provided the infant shows at least one sign of life:
 - Breathing
 - A beating heart
 - Pulsation of the umbilical cord
 - Definite movement of voluntary muscles
- **Context Independence:** The law applies regardless of whether the birth was natural, a C-section, or the result of an **induced abortion**.
- **Legal Standing:** By defining these infants as "persons," the Act ensures they have the same rights to federal protections (such as those under the Emergency Medical Treatment and Labor Act or civil rights laws) as any other person.

Enactment of this bill will likely bring federal scrutiny and review of the constitutionality of the **Maryland Reproductive Freedom Act**, which effectively discourages law enforcement, medical providers and medical examiners from reporting and investigating suspected cases of infant abuse or infanticide for fear of infringing upon a woman's state constitutional "right" to abort her child.

Mothers Are Already Immune from Prosecution for Abortion Deaths

This bill will not establish immunity for mothers who experienced pregnancy loss or even failed abortions. Mothers already are immune from prosecution under both state and federal law for miscarriage, stillbirth or abortion.

Neither the **Born-Alive Infants Protection Act of 2002** nor the **Born- Alive Abortion Survivors Protection Act** currently before Congress hold women criminally liable for miscarriage, stillbirth or abortion. Both Acts contain a specific "Rule of Construction" that bars the prosecution of the mother.

The **Born-Alive Abortion Survivors Protection Act** would hold third-parties criminally liable for the death of a newborn infant born alive after a failed abortion, which is consistent with current Maryland law. But this bill attempts to block the implementation of this Act at the state level, effectively decriminalizing infanticide by third-parties who are not the mother of the newborn.

This bill serves as evidence to why it is necessary for Congress to pass the **Born-Alive Abortion Survivors Protection Act**.

This Bill Decriminalizes Infanticide by Third-Parties

The *operative provision* of this bill is to allow third-parties to commit INFANTICIDE and to kill a living infant without being held criminally responsible. The bill broadly **shields third-parties who commit INFANTICIDE** whether through action or inaction, which may include failing to provide care, shelter, nourishment or medical assistance to an infant born alive.

As a procedural matter, the bill sponsor attempts to do so without properly repealing the sections of the Criminal Law article dealing with child abuse, neglect and even homicide or manslaughter.

This Bill Shields the Abortion Industry for Infanticide

Your bill will deny women legal protections against the abuses of the abortion industry, including the off-label use of dangerous chemical abortion drugs due to lack of informed consent for women who no longer receive a doctor's examination to confirm gestational development of their baby and are not made aware that their baby may survive an abortion attempt, particularly when these drugs are used later in pregnancy.

Through anecdotal evidence we know that abortion drug providers typically instruct women to discard of human remains as a result of an abortion, typically by flushing their babies down toilets or otherwise disposing of them. There also is evidence that the abortion drug providers instruct women to either cause the demise of or willfully neglect a baby born as the result of a failed abortion. This is extremely traumatizing for a woman, particularly when she is lied to by the abortion industry and told that her child is not a baby, but mere tissue.

Right to Life Organizations Do NOT Support Criminalization of Mothers

National Right to Life, our parent organization, also has gone on the record several times to state that we do not support the criminalization of women who choose abortion. (See attached letter.)

We do support the criminalization of abusive partners, pedophiles, rapists and sex traffickers who coerce women and girls into abortions in order to cover their crimes.

We also support Informed Consent laws and the right of women and their families to sue abortionists and abortion drug manufacturers and distributors form any injury or death that occurs as a result of abortion practices.

Maryland Law Must Protect Infants from Infanticide

While existing Maryland law does not prohibit the criminal investigation into the death of an infant during the perinatal period, the law related to Medical Examiners is intended to determine and prevent actual cases of infanticide or physical abuse. Maryland law currently requires the Medical Examiner only to investigate "unusual or unattended" deaths.

Maryland's child abuse and neglect laws are essential to ensuring the universal standard of child safety. But by enacting this bill, you will be denying an entire class of persons, newborn infants protection against child abuse and death.

“D-I-Y” Abortions Endanger Women

Public policy has failed to keep pace with the abortion industry’s rapid deployment of chemical abortion pills. The Assembly removed the final safeguard in law for women seeking abortion when they enacted the Abortion Care Access Act of 2022 and removed the physician only requirement. **In doing so, the Assembly removed abortion from the spectrum of healthcare.**

85% of obstetricians and gynecologists refuse to commit abortion, demonstrating that abortion is not an essential part of women’s health care. In response to this provider scarcity, the abortion industry is commercializing **“Do-It-Yourself” abortion pills**. The abortion industry’s radical agenda to indiscriminately sell “D-I-Y” abortions is normalizing “back alley abortions” where women self administer and hemorrhage without medical supervision or assistance.

Chemical abortion is four times more likely to result in complications than surgical abortion. To date more than 6,000 complications have been reported and 26 women have been killed through chemical abortion since its approval by the Food and Drug Administration (FDA). Because half of all women experiencing complications from chemical abortions receive emergency intervention through hospitals, the rate of abortion complications is dramatically underreported.

Adopt Reasonable Health and Safety Standards

The growing reliance on chemical abortions underscores the need for a state protocol for the use of abortion pills including informed consent specific to the efficacy, complications and abortion pill reversal. The abortion industry is only concerned with abortion remaining legal. The state of Maryland has a duty to ensure that abortion is safe and must intervene on behalf of women and girls by adopting a protocol and standard of medical care for the use of chemical abortion pills. Strong informed consent requirements, manifest both a trust in women and a justified concern for their welfare.

While we oppose all abortion, we strongly recommend that the state of Maryland enact reasonable regulations to protect the health and safety of girls and women by adopting the previous FDA Risk Evaluation and Mitigation Strategies (REMS) safeguards that required that the distribution and use of mifepristone, the drug commonly used in chemical abortions, to be under the supervision of a licensed physician because of the drug’s potential for serious complications including, but not limited to, uterine hemorrhage, viral infections, pelvic inflammatory disease, loss of fertility and death.

Put patients before abortion politics and profits

Maryland women deserve real solutions and legitimate healthcare - not more laws to shield their abusers and the abortion industry that covers their crimes for profit. But Maryland policymakers have put abortion politics before patients. In 2020, Maryland Attorney General Brian Frosh, joined twenty state Attorneys General in pressuring the FDA to permanently remove safeguards against the remote prescription of abortion pills. Maryland already has been circumventing the FDA restrictions on the remote distribution of chemical abortion pills since 2016, by allowing Planned Parenthood to practice telaboration as part of a “research” pilot program directed by Gynuity/Carefem. While program participants are loosely tracked, Maryland generally fails to protect women as one of three states that do not require abortion providers to report the number of abortions they commit, resulting in increased threat to maternal health, complications or deaths.

This Assembly saw fit, through BI-PARTISAN support to pass a Maryland Safe Haven Law to prevent infant abandonment and infanticide. Under the Maryland Safe Haven Program, women may safely abandon to a trusted adult, their newborn child within the first 60 days after birth *without fear of criminal prosecution*. The State must ensure that the Department of Human Services actually implement this law into action.

Telehealth v. Teledeath

The Assembly enacted several bills into law as supposed Covid measures. These laws expanded telabortion through remote distribution chains including pharmacies, schools health centers, prisons and even vending machines and expanded public funding for telabortion through Medicaid and Family Planning Program dollars. There are many potential negative consequences to these policies which ultimately demonstrate the state's disregard for the health of women. For example, underestimation of gestational age may result in higher likelihood of failed abortion. Undetected ectopic pregnancies may rupture leading to life-threatening hemorrhages. Rh negative women may not receive preventative treatment resulting in the body's rejection of future pregnancies. Catastrophic complications can occur through telabortion, and emergency care may not be readily available in remote or underserved areas.

Abuse of Abortion Drugs

The state also is neglecting the fact that as much as 65% of abortions are not by choice, but by coercion. Potential for misuse and coercion is high when there is no way to verify who is consuming the medication and whether they are doing so willingly. Sex traffickers, incestuous abusers and coercive boyfriends will all welcome more easily available chemical abortion.

We respectfully urge you to issue an unfavorable report on this reckless bill and to keep infanticide in the criminal code where it belongs. Women are already immune from prosecution for miscarriage, stillbirth or abortion. This bill would repeal the criminal prohibition of infanticide by third-parties, creating wide blanket immunity for the profit-minded abortion industry that has engineered an environment where infanticide will become a normal part of the medical standard of care for women's reproductive health. This is unacceptable and more importantly UNCONSTITUTIONAL. The State of Maryland has a duty to protect newborn babies who are protected under federal law from infanticide and neglect.

Columbia Mom Suffocated Newborn Boy In Zipped Plastic Bag After Home Birth, Police Say

By [Max McGee](#) April 25, 2019 at 10:10 am

Filed Under: [Baltimore News](#), [Columbia](#), [Homicide](#), [Howard County](#), [Infanticide](#), [Local TV](#), [Maryland](#), [Maryland News](#), [Murder](#), [Newborn murdered](#)



COLUMBIA, Md. (WJZ) — Howard County police have arrested a Columbia woman in the death of her newborn child in November 2018.

Moira Akers, 38, of Carved Stone in Columbia, has been charged with one count of first-degree murder.

Police were called to Howard County General Hospital on November 1 after Akers was taken from her home by paramedics.

Police learned that Akers had recently given birth inside her home. Investigators responded to the home and found a male newborn in a zipped plastic bag under blankets in a closet. The baby was dead.

“We originally received a call from the hospital indicating a woman had been transported by paramedics,” Sherry Llewellyn, of Howard County Police, said. “Something about the incident just seemed suspicious. We quickly determined the woman had recently given birth in her home and our investigators responded there.”

A recent autopsy report classified the death as a homicide, saying the infant was full-term and alive at birth.

“That report was to make a determination about whether this was a stillborn incident or live birth,” Llewellyn said. “We’ve just now received that report indicating that in fact, the baby was alive when he was born.”

The official cause of death was ruled as asphyxiation and exposure.

Akers’ internet search history revealed many searches on how to terminate a pregnancy.

Neighbors spoke to WJZ after hearing the news for the first time. They didn’t know

“I’m very shocked,” Jean Alle, a neighbor, said. “She was a very friendly person. We would always say hi to each other.”

Akers was arrested at her home Wednesday night and is being held without bond at the Howard County Detention Center.

Nicole Hayes Testimony Against HB 1131.pdf

Uploaded by: Nicole Hayes

Position: UNF

To Members of the Maryland House Judiciary Committee,

I am submitting my testimony in opposition to HB 1131 entitled the Pregnancy Outcome Protection Act. The bill, which seeks to shield abortion providers from investigation, civil liability, or criminal prosecution related to a pregnancy loss, does nothing to protect women. If passed, HB 1131 would not hold accountable those who bring harm to women and their unborn children, should the woman seek recourse. HB 1131 would offer women no such recourse, particularly when critical safety protocols are overlooked, when abusers contribute to her pregnancy loss but are shielded from accountability through HB 1131. Sadly, HB 1131 only makes Maryland a safe haven for providers without consequence with the woman and her child having to bear all of the consequences.

This bill also is an affront to any parent who has experienced a miscarriage or stillbirth. The bill language in its lack of honesty and transparency seeks to provide such blanket “protections” for all “pregnancy loss,” when it is more directly referring to abortions.

I ask you to please vote “NO” on HB 1131.

Thank you.

Respectfully,

Nicole D. Hayes

American Academy of Medical Ethics

HB1131 - Pregnancy Loss Prohibited Actions UNF.pdf

Uploaded by: SHARON CARRICK

Position: UNF



March 3, 2026

The Honorable Heather Bagnall, Chair
and Members of the Health Committee
Maryland House of Delegates
Annapolis, Maryland

RE: **HB 1131** - Pregnancy Loss – Prohibited Actions (Pregnancy Outcome Protection Act) – **UNFAVORABLE**

Dear Chair Bagnall and Committee Members,

There are two human beings involved in a decision to abort. From the point of viability (approximately 23 weeks), a baby can live outside the womb. The right of a woman to control her body and end a pregnancy after viability should not be an automatic mandate that the child die. **A woman's right to end a pregnancy cannot supersede the viable child's right to live.**

The 1,308 members of the Maryland Federation of Republican Women strongly oppose HB 1131 for these reasons:

- It fails to acknowledge the human right of a viable, about-to-be-born baby to be born.
- It protects sex traffickers and abusers of women and minor girls from investigation and prosecution related to a "pregnancy loss" (including self-administered abortion).
- It requires the consent of the woman to initiate an investigation. Victims are often afraid to acknowledge or request investigation of abuse or rape, especially when a family or household member is involved.
- It prohibits a health care facility or provider of abortion services from reporting suspected abuse or coercion related to a "pregnancy loss".
- It ignores the possibility that the "pregnancy loss" could be due to mail-order abortion pills ingested by trickery or coercion.
- It criminally penalizes law enforcement, Child Protective Services within the Department of Human Services, a local Department of Child Protective Services, and State and local Departments of Social Services for investigating potential criminal conduct related to a "pregnancy loss" unless they have the consent of the victim and there is "independent evidence of criminal conduct unrelated to the pregnancy or pregnancy loss".

Under HB 1131, "Pregnancy Loss" is defined as the unintentional or intentional death of a fetus or embryo during pregnancy or labor and includes a miscarriage, a stillbirth and a self-managed abortion. It further states that "Pregnancy Loss" does not include a death that occurs after a live birth. While killing a baby immediately after birth is not a protected action, it appears that deliberately ending the life of a baby during labor or while in the birth canal is legal and protected conduct under HB1131.

HB1131 is destructive of human dignity. It ties the hands of law-enforcement and Child Protective Services. It provides cover to traffickers and abusers. Please give **HB1131** an **UNFAVORABLE** report.

Sincerely,

Ella Ennis
Legislative Co-Chair
(443) 295-3989

Sharon Carrick
Legislative Co-Chair
(301) 464-1954

HB 1131_ Public Health - Pregnancy Loss - Prohibi

Uploaded by: Trudy Tibbals

Position: UNF

HB 1131: Public Health - Pregnancy Loss - Prohibited Actions (Pregnancy Outcome Protection Act): Please vote to **OPPOSE** this bill.

Dear Judiciary Committee:

I am writing to strongly urge you to **OPPOSE HB 1131**.

HB 1131 creates dangerous, overly broad protections that could hinder legitimate law enforcement investigations and endanger public safety. **Pregnancy loss investigations often arise in cases involving suspected abuse, neglect, illegal abortion, substance-related harm to a fetus, or criminal acts (e.g., assault causing fetal death). Blanket prohibitions on investigation, civil liability, or prosecution will shield criminal behavior, delay justice for victims, and prevent accountability in cases where a third party caused or contributed to the loss.**

The private right of action against investigators or officials for alleged violations **invites abusive litigation** that will impede police, prosecutors, medical examiners, and child welfare professionals from pursuing credible leads, even when evidence suggests foul play or endangerment. Pregnancy loss alone may not always justify a warrant, but tying investigators' hands through civil liability and criminal penalties for good-faith inquiries creates a needless effect that could allow dangerous situations to go unaddressed.

This bill goes too far by creating new barriers to investigation and prosecution in serious cases, potentially at the expense of protecting vulnerable women and unborn children from harm.

For these reasons, I respectfully ask you to **vote against HB 1131**.

Thank you for your attention to this serious public safety and justice matter.

Sincerely,

Trudy Tibbals

Maryland Catholic Conference_INF_HB1131.pdf

Uploaded by: Diane Arias

Position: INFO



MARYLAND
CATHOLIC
CONFERENCE

March 5, 2026

House Bill 1131

Public Health - Pregnancy Loss - Prohibited Actions (Pregnancy Outcome Protection Act)

House Judiciary and Health Committee

Position: Information

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.

House Bill 1131 prohibits individuals who experienced a pregnancy loss from being subject to investigation, civil liability, or criminal prosecution except under certain circumstances; establishing a private right of action for a violation of a certain prohibition against investigations of pregnancy loss; providing that an incidence of pregnancy loss does not constitute probable cause to issue a certain search warrant, except under certain circumstances.

This legislation recognizes the serious concerns that arise when pregnancy outcomes are treated as grounds for criminal investigation. Criminalizing pregnant women for actions allegedly intended to harm their unborn child can undermine trust in the medical system. When patients fear legal consequences, they may be less likely to seek medical care, disclose relevant information, or engage openly with healthcare providers. The possibility of law enforcement involvement can erode the confidential patient–practitioner relationship and, in extreme cases, lead to women being treated as suspects rather than patients during moments of medical crisis.

For Maryland families, 1 in every 144 pregnancies ends in stillbirth, and families are 6.5 times more likely to lose a baby to stillbirth than to SIDS.¹ Grieving a stillbirth is a unique and devastating loss, as parents return home with empty arms. Supporting families after stillbirth is also an issue of equity. According to the CDC, stillbirth disproportionately affects Black mothers, low-income mothers, and those with higher-risk pregnancies due to pre-existing medical conditions and health disparities. In Maryland, Black mothers experience stillbirth at twice the

¹ <https://countthekicks.org/2023/04/maryland-launch/>

rate of White and Hispanic mothers.² Maryland currently allows families to request a Certificate of Birth Resulting in Stillbirth alongside a death certificate, providing some acknowledgment of their loss.

Life begins at conception, and every unique and irreplaceable human life deserves protection. Many women struggle with fertility, and for those who conceive, pregnancy is often accompanied by profound gratitude and recognition of life's inherent value. Any form of coercion or force that compels a woman to ingest abortion-inducing medication is immoral. With the availability of abortion pills, such as mifepristone and misoprostol, through online orders, the risks outlined in this legislation become even more pressing. This ease of access makes it alarmingly possible for women, particularly victims of domestic violence, to be coerced into unwanted abortions. If a woman ingests these medications against her will, she has only 72 hours to receive a prescribed abortion pill reversal treatment using progesterone, which could potentially save her pregnancy.³

Public policy must carefully balance the protection of women from unjust criminalization with the protection of unborn life, while also guarding against coercion and affirming the dignity of every human person.

For these reasons, the Maryland Catholic Conference asks for this information to be considered on **HB 1131**.

Thank you for your consideration.

²https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Infant%20Mortality/InfantMortalityAnnualReport_2021_Final.pdf#:~:text=In%202021%2C%20there%20were%20200%20deaths%20among,infants%20born%20to%20non%2D%20Hispanic%20Asian%20or

³ <https://abortionpillreversal.com/abortion-pill-reversal/faq>

2026-03-05 - HB 1131 (Public Health - Pregnancy Lo

Uploaded by: Jer Welter

Position: INFO

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Chief of Staff

STATE OF MARYLAND
OFFICE OF THE ATTORNEY GENERAL
OFFICE OF THE SOLICITOR GENERAL
CRIMINAL APPEALS DIVISION

ANTHONY G. BROWN
Attorney General

March 5, 2026

TO: The Honorable J. Sandy Bartlett
Chair, Judiciary Committee

FROM: Jer Welter
Principal Deputy Solicitor General, Office of the Attorney General,
Office of the Solicitor General, Criminal Appeals Division

RE: House Bill 1131 – Public Health – Pregnancy Loss – Prohibited Actions
(Pregnancy Outcome Protection Act) – **Letter of Concern**¹

The Office of the Attorney General writes to express concern regarding **House Bill 1131**. With certain exceptions, the bill would generally prohibit law enforcement, child welfare agencies, and other investigating entities, from investigating, criminally prosecuting, or subjecting to civil liability individuals who experience “pregnancy loss,” as defined by the bill.² It would also generally prohibit healthcare providers from reporting incidents of pregnancy loss, and would protect healthcare providers from “investigation, criminal penalty, or civil liability” for “supporting a patient who is experiencing a pregnancy loss or after a pregnancy loss.”

The Office of the Attorney General commends the bill’s overall purpose to support the right to reproductive freedom guaranteed by Article 48 of the Maryland Declaration of Rights. Nevertheless, the bill as written raises several policy concerns.

1. The bill’s criminal and civil liability provisions create unwarranted potential liability for law enforcement and healthcare providers that will inhibit legitimate investigations and prosecutions.

Our primary concern is that the bill creates a civil cause of action against law enforcement and other investigators who conduct inquiries in alleged violation of the bill’s broad

¹ This letter is a statement of the Office of the Attorney General’s policy position on the referenced pending legislation. For legal or constitutional analysis of the bill, Members of the House and Senate should consult with the Office of Counsel to the General Assembly.

² The bill defines “pregnancy loss” to mean “the unintentional or intentional death of a fetus or embryo during pregnancy or labor,” including a miscarriage, stillbirth or “self-managed abortion,” and excludes from the definition “a death that occurs after a live birth.”

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Hon. J. Sandy Bartlett, Chair, Judiciary Committee

Page 2

prohibition on investigating individuals who experience a pregnancy loss. It also imposes criminal penalties on law enforcement, healthcare providers, and others who “knowingly and willfully” violate the bill, with enhanced penalties—including imprisonment—for violations involving “false pretenses or deception.” Imposing both civil and criminal liability on law enforcement and medical professionals is an extraordinary step.

We are particularly concerned that the threat of criminal and civil liability will have the effect of deterring legitimate investigations and prosecutions that the bill purports to allow. Although the bill defines “pregnancy loss” to exclude “a death that occurs after a live birth” and limits criminal liability to “knowing and willful” violations, the practical effect of the liability provisions will be to create a chilling effect against law enforcement conducting investigations to determine *whether* a perinatal death was a stillbirth, a post-birth death from natural causes, or a post-birth homicide. It will likewise have a chilling effect against healthcare providers making reports to law enforcement, even when a report is necessary to prompt legitimate investigations.

2. The bill creates other impediments to initiating legitimate investigations.

Relatedly, the bill creates major circularity problems that would make legitimate investigations nearly impossible to start. It would require law enforcement to have “independent evidence of criminal conduct unrelated to the pregnancy or pregnancy loss” before opening an investigation or obtaining a search warrant concerning an ostensible pregnancy loss. Evidence unrelated to the pregnancy loss, however, would rarely be relevant to such an investigation—and if such evidence existed, an investigation would normally be how police discover it. But the bill prohibits opening an investigation unless law enforcement has the evidence already. Likewise, law enforcement would need the incident to be reported to them to begin an investigation, but the bill threatens healthcare providers with criminal liability for reporting a pregnancy loss to law enforcement—thus effectively preventing investigations before they begin.

In most cases where a law enforcement investigation might occur, as noted, the question of *whether* an incident is in fact a pregnancy loss, as defined, or is a homicide would ordinarily be the core question to be answered by an investigation. Without already possessing the required “independent evidence,” law enforcement who discover a dead newborn in a home seemingly would have to uncritically accept (on pain of civil and criminal liability) a claim that the death was a result of pregnancy loss. It is unreasonable to require law enforcement to accept such a claim without investigation—just as it would not be reasonable to accept without any further investigation the discovery of a deceased adult in a home where a resident asserts that the decedent died naturally of a heart attack.

3. Several of the bill’s other provisions are unclear.

Finally, other provisions of the bill are unclear. For example, the bill authorizes “a civil action against the investigating entity” without addressing what remedies would be available or how the state and local tort claims acts and immunity doctrines—such as prosecutorial immunity—would apply. In the criminal liability sections, the bill does not identify who would investigate or prosecute violations—an important omission, given that many potential defendants would

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Hon. J. Sandy Bartlett, Chair, Judiciary Committee

Page 3

themselves be law enforcement agencies or personnel. Similarly, the bill prohibits “reporting” by healthcare providers but does not specify to whom reporting would be barred.

The bill also relies on several undefined terms, including “related to the pregnancy loss,” “independent evidence,” “clear evidence,” “external abuse or coercion,” and “supporting a patient who is experiencing a pregnancy loss.” It makes the prohibitions on healthcare providers “subject to generally accepted medical standards,” without explaining what that standard entails. Finally, the bill’s broad shield from liability for healthcare providers appears so sweeping that it could potentially limit accountability for unconsented or negligently performed pregnancy terminations.

The Office of the Attorney General thanks the Judiciary Committee for this opportunity to share its concerns regarding **House Bill 1131**. We would welcome the opportunity to work with the sponsors to address these concerns and strengthen reproductive freedom without exposing law enforcement and other investigators to liability or inhibiting legitimate investigations.

cc: Del. Lesley J. Lopez
Members, Health Committee