



HB1151 – Health – Abortion – 24-Hour Waiting Period

Presented to Hon. Shane E. Pendergrass and
Members of the House Health and Government Operations Committee
March 8, 2019 1:00 pm

POSITION: OPPOSE

NARAL Pro-Choice Maryland **urges the Health and Government Operations Committee an unfavorable report on HB1151 – Health – Abortion – 24-Hour Waiting Period**, sponsored by Delegate Daniel Cox.

Our organization is an advocate for reproductive health, rights, and justice. As such, we support fair access to abortion care without hurdles and bureaucracy. The goal of HB1151 is to impose a 24-hour waiting period on patients between the time they request an abortion and when the procedure can be performed. The ability to access abortion care without delay is essential to women’s health and dignity. Abortion is a safe, common, legal medical procedure. Not only do waiting periods lack benefits for women, they create obstacles for individuals seeking care. When women are faced with pregnancy decision-making, they rely on medical care providers for factual information about all options, and trust their providers to help them through the process of making an informed decision. Mandatory waiting periods intrude on the patient-provider relationship.

Mandatory waiting periods are patronizing to women seeking abortion care. It is not the duty – nor should it be the interest – of the state to enter the decision-making process of pregnant individuals. Rarely do waiting periods influence patients’ decisions. In one study of Tennessee’s waiting period in 1980, 77% of abortion patients found no benefit, and 59% experienced one or more problems because of the wait. In a 2013 study of the impact of Utah’s 72-hour waiting period, researchers found that 86% of patients came back for their abortion. Most of these patients reported that they were not conflicted about their decision when they sought care, characterizing the waiting requirement as unnecessary. A common report among participants of the study was that even though they were firm in their decisions, they felt that they could not move on until they actually had the procedure.¹ The waiting period did not play a major role in changing women’s decisions, but rather just prolonged the experience.

A mandatory waiting period would disproportionately impact individuals in the more rural parts of our state. For Marylanders living in the DC-area, Baltimore, and Annapolis, there are many nearby clinics that offer abortion care. However, for women living in Southern Maryland, Western Maryland, and the Eastern Shore, they may have to travel greater distances in order to access care. Waiting periods disproportionately burden these patients and their families as they may be forced to make two long-distance trips or stay overnight. This incurs extra expenses, by paying more for transportation, lodging, and potentially childcare, while losing income from missing work – which all puts low-income women at a heightened disadvantage.

We believe that mandatory waiting periods for abortion care belittle women’s autonomy and demonstrate that the state does not trust women to make their own sexual and reproductive healthcare decisions in consultation with medical care providers. **For these reasons, NARAL Pro-Choice Maryland urges an unfavorable report on HB1151.** Thank you for your time and consideration

¹ Roberts, S. C., Turok, D. K., Belusa, E., Combellick, S., & Upadhyay, U. D. (2016). Utahs 72-Hour Waiting Period for Abortion: Experiences Among a Clinic-Based Sample of Women. *Perspectives on Sexual and Reproductive Health*, 48(4), 179-187. doi:10.1363/48e8216