



HB1109 - Health - Abortion - Ultrasound and Waiting Period

Presented to Hon. Shane Pendergrass and Members of the Health & Government Operations Committee

March 19, 2021 1:30 pm

POSITION: OPPOSE

NARAL Pro-Choice Maryland **urges the Health and Government Operations Committee an unfavorable report on HB1109** – Health – Abortion – Ultrasound and Waiting Period, sponsored by Delegate Barrie Ciliberti.

Our organization is an advocate for reproductive health, rights, and justice. As part of our efforts to protect reproductive freedom for all Marylanders, we work to ensure every individual has the right to decide if, when, and how to form their families, and to parent in good health, in safety, and with dignity. We honor pregnancy in all its complexity, advocate for those who wish to bear healthy children, and fight against reproductive coercion. As such, we support safe access to abortion care without unnecessary hurdles and bureaucracy, and oppose this legislation which seeks to impose a 24-hour waiting period on patients, force providers to conduct ultrasounds, and restrict access to only patients residing within a 100 mile radius of the abortion care provider.

The ability to access abortion care without delay is essential to bodily autonomy and dignified medical decision-making. Not only do waiting periods lack benefits for women, but they actively create obstacles for individuals seeking care. When women are faced with pregnancy decision-making, they rely on their providers for factual, unbiased information about all options, and trust their providers to help them through the process. Mandatory waiting periods intrude on the patient-provider relationship.

Mandatory waiting periods and travel restrictions are patronizing to individuals 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 persons. Rarely do waiting periods influence individuals' decisions. A 2013 study on the impact of [Utah's 72-hour waiting period](#) found that 86% of participants came back for their abortion. Most participants 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 knew what they wanted to do, they felt that they couldn't move on until they had the procedure.¹ The waiting period did not play a major role in changing patients' decisions, but rather just prolonged the experience.

For patients facing complicated medical situations, abortion care may be an urgently necessary medical intervention. A 24-hour waiting period adds a bureaucratic check to an otherwise efficient procedure. Even for those without health risks or pregnancy complications, abortion care is a time-sensitive issue. Considering that the cost of an abortion procedure increases based on weeks of pregnancy, a waiting period potentially puts the procedure out of reach for low- and middle-income individuals.

Waiting periods 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 women in rural areas as they force individuals to make two trips or find somewhere to stay overnight. This increases expenses, as women have to pay more for transportation, lodging, and potentially childcare, and may have to take off from work an extra day or two. This puts low-income women at a heightened disadvantage. The legislation also offers no reason as to why there should be a restriction on accessing abortion care to only those residing within a 100 mile radius of the abortion care provider.

Lastly, mandatory ultrasounds provide an undue burden on those seeking an abortion. According to the American College of Obstetricians and Gynecologists (ACOG), [ultrasounds should only be conducted for medical purposes.](#)ⁱⁱ Patients who do not seek an ultrasound should not be forced to receive one when they are making their own healthcare decisions. Attempting to mandate ultrasounds does not come from any medical reasoning and solely attempts to increase hurdles for those already making difficult decisions.

We believe that mandatory waiting periods, forced ultrasounds, and travel restrictions for abortion care belittle women's bodily autonomy and demonstrate that the state does not trust women to make their own health care decisions. Waiting periods and travel restrictions specifically place a specific burden on vulnerable populations, including low-income women and women from rural parts of the state. **For these reasons, NARAL Pro-Choice Maryland urges an unfavorable committee report on HB1109.**