current Maryland laws regulating abortions is enclosed for your information. As we noted at page 4 of that opinion, the Supreme Court held in Doe v. Bolton that "The hospital requirement of the Georgia law, because it fails to exclude the first trimester of pregnancy...is also invalid." While the current Maryland law, like the Georgia law, does not exclude the first trimester, the requirement of House Bill 1065 that all abortions performed after the twentieth week of pregnancy may be performed only in a hospital does, of course, exclude the first trimester and, thus, does not fall squarely within the holding in Doe v. Bolton. We would be remiss, however, if we did not point out that the Supreme Court also discussed in its opinion in Doe v. Bolton the possibility that Georgia might constitutionally "adopt standards for licensing all facilities where abortions may be performed [after the end of the first trimester] so long as its standards are legitimately related to the objective the State seeks to accomplish"; 410 U.S. at 195. The Court went on to refer to the mass of data introduced by those challenging the Georgia law, purporting to demonstrate that certain facilities other than hospitals are entirely adequate to perform abortions if they possess certain basic staffing and service qualifications. The Court pointedly observed that:

> "The State, on the other hand, has not presented persuasive data to show that only hospitals meet its acknowledged interest in insuring the quality of the operation and the full protection of the patient. We feel compelled to agree with appellants that the State must show more than it has in order to prove that only the full resources of a licensed hospital, rather than those of some other appropriately licensed institution, satisfy these health interests." Id.

Should the "hospital only" requirement of House Bill 1065 be challenged in court, we cannot state with certainty that the State would be able to present the type of persuasive data which Georgia was not able to present sufficient to justify this requirement beyond the twentieth week of pregnancy. We should also add that House Bill 1065's "hospital only" requirement does not come into play until after the twentieth week of pregnancy, a point in time somewhat later than the end of the first trimester. For purposes of our review of this legislation, however, we must assume that such data would be forthcoming and that the "hospital only" requirement is constitutionally defensible. We are certainly in no position to conduct the kind of factual inquiry called for as a part of our present review of House Bill 1065.

The second sentence of subsection (a) provides that the medical record of any patient upon whom an abortion