

Department of Legislative Services  
 Maryland General Assembly  
 2019 Session

FISCAL AND POLICY NOTE  
 First Reader

House Bill 247 (Delegate K. Young, *et al.*)  
 Health and Government Operations

Maryland Health Care Commission - Surgical Birth Rate - Study

This bill requires the Maryland Health Care Commission (MHCC), in consultation with the Maternal and Child Health Bureau, the Vital Statistics Administration, and interested stakeholders, to conduct a study regarding the surgical birth rate in the State. By November 1, 2020, MHCC must report its findings and recommendations to specified committees of the General Assembly. **The bill takes effect July 1, 2019.**

Fiscal Summary

**State Effect:** Special fund expenditures for MHCC increase by *at least* \$100,000 in FY 2020 only to conduct the required study. Revenues are not affected.

(in dollars)	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Revenues	\$0	\$0	\$0	\$0	\$0
SF Expenditure	100,000	0	0	0	0
Net Effect	(\$100,000)	\$0	\$0	\$0	\$0

*Note: ( ) = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease*

**Local Effect:** None.

**Small Business Effect:** None.

Analysis

**Bill Summary:** In conducting the study, MHCC must (1) examine factors contributing to the State’s surgical birth rate; (2) examine increased complications for women and babies in births by cesarean section; (3) examine increased health care costs associated with surgical births; (4) research programs that have aimed to reduce the surgical birth rate; and

(5) make recommendations regarding methods that may be implemented to reduce the surgical birth rate in the State.

**Current Law/Background:** According to the U.S. Centers for Disease Control and Prevention, in 2015, 32% of all births in the United States were via cesarean delivery; the rate in Maryland was 34.9%, the sixth highest among all states and territories. The U.S. Department of Health and Human Services' Healthy People 2020 project has an established goal of reducing the number of births delivered by cesarean section to low-risk females (full-term, singleton pregnancies with vertex presentation) to 23.9%, a 10% improvement from the baseline of 26.5% in 2007.

[According to MHCC](#), 33 of the 47 acute care hospitals in Maryland provide maternity and newborn services. In calendar 2017, there were 63,836 deliveries in Maryland, 34.2% of which were delivered via cesarean section.

**State Expenditures:** MHCC advises that it needs to hire a contractor to conduct the required study at a cost of \$200,000 in fiscal 2020. However, the Department of Legislative Services (DLS) advises that, while conducting the study necessitates contractual assistance, expenditures may also be significantly lower based on the study's scope and complexity. Therefore, DLS advises that special fund expenditures increase by *at least* \$100,000 in fiscal 2020 to hire the contractor. Other State agencies may be able to participate with existing resources; if not, general fund expenditures for the Maternal and Child Health Bureau and the Vital Statistics Administration also increase for contractual support.

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### Additional Information

**Prior Introductions:** None.

**Cross File:** SB 445 (Senator Klausmeier, *et al.*) - Finance.

**Information Source(s):** Maryland Department of Health; U.S. Centers for Disease Control and Prevention; U.S. Department of Health and Human Services; Department of Legislative Services

**Fiscal Note History:** First Reader - February 11, 2019  
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