HOUSE BILL 1051

J1, J3 4lr1994 CF SB 1059

By: Delegates White Holland, Wilkins, Boafo, Boyce, Crutchfield, Fennell, Guzzone, Harris, Hill, Kerr, R. Lewis, Mireku-North, Patterson, Phillips, Roberson, Roberts, Ruff, Taveras, Toles, Turner, Wells, Williams, Wims, and Woods Woods, Pena-Melnyk, Cullison, Alston, Bagnall, Bhandari, Chisholm, Hutchinson, S. Johnson, Kaiser, Kipke, Martinez, M. Morgan, Reilly, Rosenberg, and Szeliga

Introduced and read first time: February 7, 2024 Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 7, 2024

CHAPTER	
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1 AN ACT concerning

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Maternal Health – Assessments, Referrals, and Reporting (Maryland Maternal Health Act of 2024)

4 FOR the purpose of establishing requirements on local health departments and certain 5 health care providers and facilities regarding maternal health, including 6 requirements regarding prenatal risk assessment forms and postpartum infant and 7 maternal referral forms; prohibiting the Maryland Department of Health from providing Medical Assistance Program reimbursement to a hospital or freestanding 8 9 birthing center unless the facility complies with certain provisions of this Act; requiring the Secretary of Health, in collaboration with the Maryland Health Care 10 Commission, to develop a Maryland Report Card for Birthing Facility Maternity 11 Care; requiring the Department to conduct a certain study of incidents of severe 1213 maternal morbidity in the State hospitals and freestanding birthing centers to 14 participate in the Severe Maternal Morbidity Surveillance Program for a certain 15 purpose; and generally relating to maternal health.

16 BY repealing and reenacting, without amendments,

Article – Health – General

Section 15–101(a), (h), and (i), 19–301(a) and (f), and 19–3B–01(a) and (d)

19 Annotated Code of Maryland

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

<u>Underlining</u> indicates amendments to bill.

Strike out indicates matter stricken from the bill by amendment or deleted from the law by amendment.



	_	HOUSE BILL 1001
1	(2023	3 Replacement Volume)
2 3 4 5 6 7 8	Section Anno	to le – Health – General on 15–155, 19–310.4, and 19–3B–03.1; and 24–2401 and 24–2402 to be under the new subtitle "Subtitle 24. Report Card for Birthing Facility Maternity Care" otated Code of Maryland B Replacement Volume)
9 10		TION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, two of Maryland read as follows:
11		Article – Health – General
12	15–101.	
13	(a)	In this title the following words have the meanings indicated.
14	(h)	"Program" means the Maryland Medical Assistance Program.
15 16	(i) Program.	"Program recipient" means an individual who receives benefits under the
17	15–155.	
18 19 20 21 22	THE CENT	IN THIS SECTION, "PRENATAL RISK ASSESSMENT FORM" MEANS A DIZED FORM DEVELOPED BY THE DEPARTMENT IN ACCORDANCE WITH ERS FOR MEDICARE AND MEDICAID SERVICES GUIDELINES FOR USE BY ED HEALTH CARE PROVIDER TO EVALUATE RISK FACTORS FOR THE FA PREGNANT PATIENT.
23 24 25		A PROVIDER WHO RECEIVES REIMBURSEMENT FROM THE PROGRAM DING OBSTETRIC SERVICES TO A PATIENT SHALL COMPLETE A PRENATAL SSMENT FORM FOR THE PATIENT:
26		(1) DURING DURING THE INITIAL VISIT WITH THE PATIENT; AND
27		(2) DURING THE THIRD TRIMESTER OF THE PATIENT'S PREGNANCY.
28 29 30 31	SUBMIT TH	AFTER COMPLETING A PRENATAL RISK ASSESSMENT FORM IN INCE WITH SUBSECTION (B) OF THIS SECTION, THE PROVIDER SHALL HE FORM TO THE LOCAL HEALTH DEPARTMENT FOR THE COUNTY IN E PATIENT RESIDES.

- 1 (D) ON OR BEFORE OCTOBER 1 EACH YEAR, EACH LOCAL HEALTH
 2 DEPARTMENT SHALL SUBMIT TO THE DEPARTMENT A REPORT THAT INCLUDES THE
 3 NUMBER AND TYPE OF REFERRALS MADE TO PATIENTS THAT WERE BASED ON THE
 4 INFORMATION FROM THE PRENATAL RISK ASSESSMENT FORM COMPLETED IN
 5 ACCORDANCE WITH SUBSECTION (B) OF THIS SECTION.
- 6 (E) THE DEPARTMENT SHALL ESTABLISH A PROCESS FOR A PROVIDER TO SUBMIT A PRENATAL RISK ASSESSMENT FORM ELECTRONICALLY.
- 8 19–301.
- 9 (a) In this subtitle the following words have the meanings indicated.
- 10 (f) "Hospital" means an institution that:
- 11 (1) Has a group of at least 5 physicians who are organized as a medical staff for the institution;
- 13 (2) Maintains facilities to provide, under the supervision of the medical staff, diagnostic and treatment services for 2 or more unrelated individuals; and
- 15 (3) Admits or retains the individuals for overnight care.
- 16 **19–310.4.**
- 17 (A) IF A NEWBORN IS DELIVERED IN A HOSPITAL FOLLOWING A HIGH-RISK 18 PREGNANCY, THE HOSPITAL SHALL:
- 19 (1) COMPLETE A POSTPARTUM INFANT AND MATERNAL REFERRAL 20 FORM AND SUBMIT THE FORM TO THE LOCAL HEALTH DEPARTMENT FOR THE 21 COUNTY IN WHICH THE BIRTHING PARENT RESIDES;
- 22 (2) PROVIDE TO THE BIRTHING PARENT RESOURCES AND INFORMATION SPECIFIC TO THE CIRCUMSTANCES OF THE BIRTHING PARENT, 24 INCLUDING INFORMATION REGARDING THE RISKS, SIGNS, PREVENTIVE MEASURES, 25 AND TREATMENT NEEDS FOR POSTPARTUM COMPLICATIONS, INCLUDING CARDIOVASCULAR CONDITIONS CHRONIC DISEASE SUBSTANCE MISUSE AND
- 26 CARDIOVASCULAR CONDITIONS, CHRONIC DISEASE, SUBSTANCE MISUSE, AND
- 27 MENTAL HEALTH CONDITIONS; AND
- 28 (3) CALL THE BIRTHING PARENT WITHIN 12 AT LEAST 24, BUT NOT
- 29 LATER THAN 48, HOURS AFTER DISCHARGING THE PARENT TO EVALUATE THE
- 30 PARENT'S STATUS AND, AS NECESSARY, PROVIDE INFORMATION ABOUT
- 31 POSTPARTUM COMPLICATIONS.

- 1 (B) ON OR BEFORE MAY OCTOBER 1 EACH YEAR, EACH LOCAL HEALTH DEPARTMENT SHALL SUBMIT TO THE DEPARTMENT A REPORT THAT INCLUDES THE NUMBER AND TYPE OF REFERRALS MADE BASED ON THE REFERRAL FORMS SUBMITTED TO THE LOCAL HEALTH DEPARTMENT IN ACCORDANCE WITH SUBSECTION (A)(1) OF THIS SECTION.
- 6 (C) THE DEPARTMENT MAY NOT PROVIDE MEDICAL ASSISTANCE
 7 PROGRAM REIMBURSEMENT TO A HOSPITAL FOR SERVICES RELATED TO THE
 8 DELIVERY OF A NEWBORN FOLLOWING A HIGH-RISK PREGNANCY UNLESS THE
 9 HOSPITAL COMPLIES WITH SUBSECTION (A)(1) OF THIS SECTION.
- 10 19–3B–01.
- 11 (a) In this subtitle the following words have the meanings indicated.
- 12 (d) (1) "Freestanding birthing center" means a facility that provides nurse 13 midwife services under Title 8, Subtitle 6 of the Health Occupations Article.
- 14 (2) "Freestanding birthing center" does not include:
- 15 (i) A hospital regulated under Subtitle 2 of this title; or
- 16 (ii) The private residence of the mother.
- 17 **19–3B–03.1.**
- 18 (A) IF A NEWBORN IS DELIVERED IN A FREESTANDING BIRTHING CENTER 19 FOLLOWING A HIGH-RISK PREGNANCY, THE FREESTANDING BIRTHING CENTER 20 SHALL:
- 21 (1) COMPLETE A POSTPARTUM INFANT AND MATERNAL REFERRAL 22 FORM AND SUBMIT THE FORM TO THE LOCAL HEALTH DEPARTMENT FOR THE 23 COUNTY IN WHICH THE BIRTHING PARENT RESIDES;
- 24**(2) PROVIDE** TO THE **BIRTHING PARENT RESOURCES AND** 25INFORMATION SPECIFIC TO THE CIRCUMSTANCES OF THE BIRTHING PARENT, INCLUDING INFORMATION REGARDING THE RISKS, SIGNS, PREVENTIVE MEASURES, 26AND TREATMENT NEEDS FOR POSTPARTUM COMPLICATIONS, INCLUDING 27 28 CARDIOVASCULAR CONDITIONS, CHRONIC DISEASE, SUBSTANCE MISUSE, AND MENTAL HEALTH CONDITIONS; AND 29
- 30 (3) CALL THE BIRTHING PARENT WITHIN 12 AT LEAST 24, BUT NOT
 31 LATER THAN 48, HOURS AFTER DISCHARGING THE PARENT TO EVALUATE THE
 32 PARENT'S STATUS AND, AS NECESSARY, PROVIDE INFORMATION ABOUT
 33 POSTPARTUM COMPLICATIONS.

- 1 (B) ON OR BEFORE MAY OCTOBER 1 EACH YEAR, EACH LOCAL HEALTH
- 2 DEPARTMENT SHALL SUBMIT TO THE DEPARTMENT A REPORT THAT INCLUDES THE
- 3 NUMBER AND TYPE OF REFERRALS MADE BASED ON THE REFERRAL FORMS
- 4 SUBMITTED TO THE LOCAL HEALTH DEPARTMENT IN ACCORDANCE WITH
- 5 SUBSECTION (A)(1) OF THIS SECTION.
- 6 (C) THE DEPARTMENT MAY NOT PROVIDE MEDICAL ASSISTANCE
- 7 PROGRAM REIMBURSEMENT TO A FREESTANDING BIRTHING CENTER FOR SERVICES
- 8 RELATED TO THE DELIVERY OF A NEWBORN FOLLOWING A HIGH-RISK PREGNANCY
- 9 UNLESS THE FREESTANDING BIRTHING CENTER COMPLIES WITH SUBSECTION (A)(1)
- 10 OF THIS SECTION.
- 11 SUBTITLE 24. REPORT CARD FOR BIRTHING FACILITY MATERNITY CARE.
- 12 **24–2401.**
- 13 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANING
- 14 INDICATED.
- 15 (B) "BIRTHING FACILITY" MEANS A FREESTANDING BIRTHING CENTER OR
- 16 A HOSPITAL THAT PROVIDES OBSTETRIC CARE.
- 17 (C) "FREESTANDING BIRTHING CENTER" HAS THE MEANING STATED IN §
- 18 **19–3B–01** OF THIS ARTICLE.
- 19 (D) "HOSPITAL" HAS THE MEANING STATED IN § 19–301 OF THIS ARTICLE.
- 20 (E) "REPORT CARD" MEANS THE MARYLAND REPORT CARD FOR BIRTHING
- 21 FACILITY MATERNITY CARE DEVELOPED UNDER § 24–2402 OF THIS SUBTITLE.
- 22 **24–2402.**
- 23 (A) SUBJECT TO SUBSECTIONS (B) AND (C) OF THIS SECTION, THE
- 24 SECRETARY, IN COLLABORATION WITH THE MARYLAND HEALTH CARE
- 25 COMMISSION, SHALL:
- 26 (1) DEVELOP A MARYLAND REPORT CARD FOR BIRTHING FACILITY
- 27 MATERNITY CARE; AND
- 28 (2) COLLECT THE NECESSARY INFORMATION TO COMPLETE AN
- 29 ANNUAL REPORT CARD FOR EACH BIRTHING FACILITY IN THE STATE.

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1	(B) THE REPORT CARD SHALL INCLUDE THE FOLLOWING INFORMATION
2	FOR EACH BIRTHING FACILITY, DISAGGREGATED BY RACE AND AGE IN ACCORDANCE
3	WITH BEST PRACTICES FOR DATA SUPPRESSION:
4	(1) THE NUMBER AND RATE OF VAGINAL DELIVERIES PERFORMED;
5	(2) THE NUMBER AND RATE OF CESAREAN DELIVERIES PERFORMED
6	(3) THE AGE-ADJUSTED RATE OF COMPLICATIONS AND THE TOTAL
7	NUMBER OF COMPLICATIONS EXPERIENCED BY A PATIENT RECEIVING OBSTETRIC
8	CARE FOR:
9	(I) A VAGINAL DELIVERY AT THE BIRTHING FACILITY
10	INCLUDING MATERNAL HEMORRHAGE, LACERATION, INFECTION, OR ANY OTHER
11	COMPLICATION AS REQUIRED BY THE SECRETARY; OR
	·
12	(II) A CESAREAN DELIVERY AT THE BIRTHING FACILITY
13	INCLUDING MATERNAL HEMORRHAGE, INFECTION, OPERATIVE COMPLICATION, OR
14	ANY OTHER COMPLICATION AS REQUIRED BY THE SECRETARY; AND
15	(4) QUALITATIVE MEASURES BASED ON PATIENT INPUT REGARDING
16	THE PATIENT'S RECEIPT OF RESPECTFUL OBSTETRIC CARE.
17	(C) THE REPORT CARD SCORE SHALL BE BALANCED FOR THE RISKS
18	ASSOCIATED WITH THE LEVEL OF ACUITY CARE PROVIDED FOR OBSTETRIC
19	PATIENTS SERVED BY THE BIRTHING FACILITY.
20	(D) THE DEPARTMENT SHALL INCLUDE THE MOST RECENT REPORT CARD
21	ON THE DEPARTMENT'S WEBSITE.
22	(E) (1) AT LEAST ANNUALLY ONCE EVERY 3 YEARS, THE SECRETARY
23	SHALL:
24	(I) REVIEW THE CRITERIA EVALUATED IN THE REPORT CARD
25	AND
26	(II) REVISE THE COMPLICATIONS OR OTHER FACTORS TO BE

THE SECRETARY SHALL CONSIDER EXPERT GUIDANCE WHEN

30 SECTION 2. AND BE IT FURTHER ENACTED, That:

REVIEWING THE CRITERIA EVALUATED IN THE REPORT CARD.

INCLUDED IN THE REPORT CARD.

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1	(a) The Maryland Department of Health, in collaboration with the Maryland
2	Hospital Association and local health departments, shall study the incidents of Severe
3	Maternal Morbidity (SMM) in the State Each hospital and freestanding birthing center
4	shall participate in the Severe Maternal Morbidity Surveillance and Review Program to:
5	(1) identify the contextual drivers and trends in the , risk factors associated
6	with individuals experiencing, and causes of SMM; and
O	with marviadan experiencing, and educed of printing, and
7	(2) study quality improvement efforts of hospitals and freestanding
8	birthing centers regarding SMM based on the reviews; and
9	(3) make recommendations to reduce the incidents prevalence of SMM in
10	the State.
11	(b) On or before December 1, 2025, the Department Severe Maternal Morbidity
12	Surveillance and Review Program shall report the findings and recommendations from the
13	study conducted under subsection (a) of this section to the Governor and, in accordance
14	with § 2–1257 of the State Government Article, the General Assembly.
15	SECTION 3. AND BE IT FURTHER ENACTED, That Section 1 of this Act shall take
16	effect July 1, 2025.
10	enect outy 1, 2020.
17	SECTION 4. AND BE IT FURTHER ENACTED, That Section 2 of this Act shall take
18	effect October 1, 2024.
19	SECTION 3. 5. AND BE IT FURTHER ENACTED, That, except as provided in
20	Sections 3 and 4, this Act shall take effect October July 1, 2024.
	Approved:
	11pp1010a.
	Governor.
	Speaker of the House of Delegates.
	President of the Senate.