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SB 1059
Maternal Health – Assessments, Referrals, and Reporting
(Maryland Maternal Health Act of 2024)
Hearing of the Senate Finance Committee
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1:00 PM

FAVORABLE WITH AMENDMENTS

The Public Justice Center (PJC) is a not-for-profit civil rights and anti-poverty legal services organization which seeks to advance social justice, economic and racial equity, and fundamental human rights in Maryland. Our Health and Benefits Equity Project advocates to protect and expand access to healthcare and safety net services for Marylanders struggling to make ends meet. We support policies and practices that are designed to eliminate economic and racial inequities and enable every Marylander to attain their highest level of health.

The PJC strongly supports SB 1059 with the amendments made to the House cross filed bill, HB 1051. SB 1059 would establish requirements for local health departments and certain health care providers and facilities to complete prenatal risk assessment forms and postpartum infant and maternal referral forms. It would also require the Maryland Department of Health (MDH), in collaboration with the Maryland Health Care Commission, to develop a Maryland Report Card for Birthing Facility Maternity Care. Finally, SB 1059 would require MDH, the Maryland Hospital Association and local health departments to study Severe Maternal Morbidity (SMM) in the State and make recommendations to reduce incidents of SMM.

There are significant and persistent racial disparities in Maryland’s maternal mortality rate, and many of these deaths are preventable.

In 2021 in the United States, 1,205 birthing people died due to pregnancy and delivery-related complications.¹ Maternal mortality is not only an issue of health equity but is also an issue of race equity as Black birthing people died at a rate that was 2.6 times higher than the rate for white birthing people. This disparity is one that has continued for over seven decades in the United States with little change.² The racial disparity in maternal

¹ Hoyert, Donna L., *Maternal Mortality Rates in United States, 2021* (March 16, 2023), <https://stacks.cdc.gov/view/cdc/124678>.

² Maryland Department of Health, *Maryland Maternal Mortality Review Annual Report* (2020), <https://health.maryland.gov/phpa/mch/Documents/MMR/HG%20%C2%A7%20C2%A7%2013-1207%2013-1208%20and%20%C2%A713-1212%20-%20Maryland%20Maternal%20Mortality%20Review%202020.pdf>.

mortality persists in Maryland where the Black maternal mortality rate (MMR) is four times higher than the white MMR, according to the 2021 Maryland Maternal Mortality Review Report.³ Although Maryland's overall MMR has decreased, the racial gap is growing, according to the most recent data available from the Maryland Maternal Mortality Review Program, as white MMR decreased by 56.7% and Black MMR decreased by only 12%.⁴ Among Maryland's 18 pregnancy-related deaths, 15 (83%) were found to be preventable. While there are many more near misses than deaths, these numbers are not insignificant.

SB 1059 would promote continuity in care by connecting birthing parents and families to needed resources.

Maryland is home to a wide variety of community-based organizations that help birthing people navigate pregnancy and postpartum needs and complications, like chronic illnesses and mental health conditions, through patient-centered support. This includes home visiting and community-based doula programs. Research supports that community-based programs that focus on addressing social determinants of health have a positive impact on birth outcomes and have the potential to reduce mortality and morbidity, particularly among low-income birthing people. SB 1059, if passed, would enable physicians and local health departments to partner in improving wellness by connecting families to resources that can address treatment needs and social determinants of health, like access to food, housing and utility assistance.

SB 1059 promotes transparency and informed decision making in maternal health care.

Understanding the maternal morbidity and mortality landscape in Maryland is necessary to enable policymakers and advocates to develop maternal health reforms that reduce health disparities and preventable complications. Of particular concern is Maryland cesarean rate which sat at the 9th highest in the country at 34.3% in 2021.⁵ This is well above the Healthy People 2020 goal of 24.7%.⁶ Alarming, the rate of cesareans for Black birthing people was higher than the state rate and Healthy People 2020 goal at 39.5% for the 2020-2022 average.⁷ To advance health equity and improve birth outcomes, SB 1059 would require much needed study and data collection on maternal morbidity. By requiring MDH to publish a public report card for birthing facility maternity care, SB 1059 would support informed decision making among patients and families in choosing a quality birthing facility that meets their unique needs. It would also help our State hold birthing facilities publicly accountable for their performance in the pregnancy-related care they provide.

For these reasons, the Public Justice Center urges the committee to issue a **FAVORABLE** report for **SB 1059 with the amendments made to the cross filed bill, HB 1051**. Thank you for your consideration of our testimony. If you have any questions about this testimony, please contact Ashley Woolard at 410-625-9409 x 224 or woolarda@publicjustice.org.

³ *Id.*

⁴ *Id.*

⁵ <https://www.cdc.gov/nchs/pressroom/states/maryland/md.htm>.

⁶ Office of Disease Prevention & Health Promotion, Maternal, infant and Child Health, <https://wayback.archive-it.org/5774/20220414032744/https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives> (last visited March 4, 2024).

⁷ March of Dimes, *Delivery Method Data for Maryland*, <https://www.marchofdimes.org/peristats/data?reg=99&top=8&stop=356&lev=1&slev=1&obj=1&sreg=24&creg> (last visited March 4, 2024).