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Joint Committee on the
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Chair, Charles, St. Mary's and Calvert
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Testimony of Senator Arthur Ellis in Support of Senate Bill 1059: Maternal Health - Assessments, Referrals, and Reporting (Maryland Maternal Health Act of 2024)

Good Afternoon Chair Beidle, Vice Chair Klausmeier and fellow members of the Finance Committee. I am Senator Arthur Ellis, representing Maryland's 28th Legislative District, Charles County. I am here this afternoon to present Senate Bill 1059, Maternal Health -- Assessments, Referrals, and Reporting (Maryland Maternal Health Act of 2024). This bill is cross filed with House Bill 1051, sponsored by Delegate White Holland, and was unanimously voted out of the Public Health and Minority Disparities Subcommittee on March 13th.

Maternal deaths and serious postpartum health incidents is a public health crisis that continues to disproportionately affect women of color statewide and nationally. SB 1059 seeks to accomplish the following:

- Require the Maryland Department of Health to make the Maryland Prenatal Risk Assessment Form (PRA) and Postpartum Infant and Maternal Referral Form (PIMR) electronic;
- Require all birthing hospitals to participate in the PIMR;
- Convenes a workgroup to outline workflow recommendations to improve care coordination at the local level;
- Report out the number and types of referrals at the local level;
- Follow up with discharged patients within 24-48 hours;
- Provides resources to patients post discharge;

- Creates a report card for birthing facilities in Maryland that includes key quantitative and qualitative measures by race and age; and
- Requires all birthing hospitals in the state of Maryland to participate in the surveillance of severe maternal morbidity (SMM).

This bill presents a significant opportunity for the legislature to bolster existing efforts within the Maryland Department of Health, strengthen care coordination in the community, and equip our communities with the information they need during pregnancy and postpartum periods.

SB 1059 is a legislative priority of the Legislative Black Caucus of Maryland and the Women's Caucus.

The Issue

Fortunately, Maryland has made some improvements in maternal health moving from a D to a C- according to the [March of Dimes](#) Annual Report Card. Despite these improvements, we must do more to improve the landscape that supports maternal health. From 2018-2021, the [Centers for Disease Control and Prevention](#) reported that Maryland experienced 59 maternal deaths and the maternal mortality rate in Maryland was 21.2 per 100,000 live births. Among these deaths, racial health disparities persist.

In Maryland, Black women are [three-times](#) more likely to die from a pregnancy related cause than their white counterparts. The [March of Dimes](#) also reports that Maryland had 17.3% of birthing people receive inadequate prenatal care and 30% low-risk cesarean births for first-time moms, all higher than the national average. In 2023, the Maryland Maternal Health Innovation Program ([MDMOM](#)) released key findings from a pilot SMM surveillance program indicating that 374 of SMM were identified among 13 hospitals from July 2020-December 2022.

Obstetric hemorrhage was listed as the primary cause for over half of SMM events.

When examining socio-demographic characteristics of SMM patients, [findings](#) from MDMOM Surveillance and Review Pilot Program also indicated that racial disparities were significant. SMM events were highest among Black patients at 46.3%, a third by white patients (33.2%), 11.5% of Hispanic patients, and 4.6% among Asian patients. SMM rates were highest for Black patients at 135.0 per 10,000 deliveries, which is more than double than white patients. This study also revealed that SMM events pose a great risk to Black mothers in Maryland with 32% of these events likely preventable.

Addressing these disparities requires a multi-pronged approach that includes components outlined in this bill. SB 1059 seeks to update and streamline referrals, improve care coordination and linkages to community-based services, bolster efforts through MDMOM to better study and monitor SMM, and develop an annual report card on maternal care facilities with key indicators. Overall, this bill provides a foundation for future improvements to the maternal health landscape and ensures Maryland moms and their families receive respectful care and support across the care continuum.

Sponsor Amendments

Delegate White Holland organized a workgroup with a diverse range of stakeholders that put forth a series of amendments. These amendments are considered friendly and are being presented as sponsor amendments. The amendments seek to accomplish the following:

- Removes a second completion of the PRA Form;
- Creates a workgroup to determine workflows for referrals;
- Updates language related to the resources provided upon discharge to the patient;

- Updates the timing of when a birthing parent is contacted after discharge;
- Removes reimbursement requirements;
- Ensures updates on types and numbers of referrals are shared on or before October 1 annually;
- Includes rates and disaggregated data by race and age for the report card;
- Updates the timing of enactment for forms and reporting; and
- Requires hospitals to participate in the SMM Surveillance and Review program through MDMOM.

All of these amendments address the fiscal note and will be explained further in the testimony of the sponsor panel witnesses. Overall, the primary aspects of the bill are resolved and are a result of collaboration.

The Opportunity

Maternal deaths and severe maternal morbidity events continue to pose a serious threat to women in our state. The four primary components of the Maryland Maternal Health Act will build upon existing resources, better connect moms to care during pregnancy and postpartum, and position our state to take further action in the future.

Thank you to Chair Beidle and Vice Chair Klausmeier for the opportunity to present Senate Bill 1059, and I ask for a favorable report.

Yours in Service,

A handwritten signature in cursive script that reads "Arthur Ellis" with a small "AB" monogram at the end.

Arthur Ellis – District 28