

written testimony Senate Bill 1059- FINAL SUBMITTE

Uploaded by: Andreea Creanga

Position: FAV



March 12, 2024

To: Honorable Pamela Beidle, Chair
Senate Finance Committee

From: Dr. Andreea Creanga
Professor and Director
Maryland Maternal Health Innovation Program
Johns Hopkins University

RE: Letter of Support for Senate Bill 1059 – Maryland Maternal Health Act of 2024

I'm writing on behalf of the **Maryland Maternal Health Innovation Program (MDMOM)**, a well-established program funded by the Health Resources and Services Administration that aims to improve maternal health across the state of Maryland. This program is a collaboration between the Johns Hopkins University, the Maryland Department of Health, and the Maryland Patient Safety Center. **Our team strongly supports Senate Bill 1059 “Maryland Maternal Health Act of 2024”.** This bill will serve as a critical accountability mechanism for several maternal health initiatives in the state of Maryland, including our on-going Severe Maternal Morbidity (SMM) Surveillance and Review project.

The timing of the bill could not be more critical. Every year, about 1,500 women in Maryland develop severe, life-threatening pregnancy complications and about 40 women die from such complications; moreover, the rate of such adverse maternal events has been increasing over time.^{1,2} Non-Hispanic Black women have a 2-3 times higher risk of developing severe pregnancy complications and dying from such conditions than non-Hispanic White women.^{2,3} **To reduce maternal mortality and morbidity in Maryland, we must understand what are the main drivers, risk factors for, and causes of adverse outcomes in the state, and act to address them in a timely fashion.**

The data from Maryland's Maternal Mortality Review program, while immensely useful for understanding why mothers die during pregnancy and postpartum, offer limited learning opportunities making it difficult to make actionable recommendations for hospitals. **Since July 2020, the MDMOM program has been conducting hospital-based SMM Surveillance and Review using specific guidance from key national professional organizations and health agencies** (e.g. the American College of Obstetricians and Gynecologists, the Society for Maternal-Fetal Medicine, the Centers for Disease Control and Prevention).^{4,5} As of March 1, 2024, 22 of Maryland's 32 birthing hospitals participate in SMM Surveillance and Review coordinated by the MDMOM program and staff in 5 additional hospitals are currently being trained to enroll in this program. SMM events are identified and reviewed as close to real-time as possible by review committees in each hospital, and de-identified data

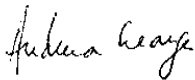
Website: mdmom.org

and recommendations from each SMM event reviewed are entered in a common, standardized electronic database maintained by the MDMOM program. Detailed hospital-specific results are shared with each participating hospital, and as a result, hospitals implement practice changes to prevent future SMM cases from occurring. Aggregate data pooled across all participating hospitals are used to develop annual data briefs to highlight the most prevalent causes and risk factors of SMM in the state.³ These data briefs are shared widely with all hospitals and made publicly available online.

This bill requires all 32 birthing hospitals in Maryland to participate in SMM Surveillance and Review program, learn from the data, and implement practice changes to aid quality improvement activities. **The MDMOM program and SMM Surveillance and Review are funded by the Health Resources and Services Administration until September 29, 2028.** We are, therefore, in a good position to assist in carrying out activities proposed in Section 2 of Senate Bill 1059 and, in partnership with the Maryland Department of Health and the Maryland Hospital Association, we look forward to sharing our results with the Health and Government Operations Committee.

Thank you for the opportunity to submit this testimony. **We are in full support of Senate Bill 1059 and eager to assist the state with the work being proposed** to improve the quality of care received by pregnant and postpartum women in Maryland. I respectfully request a favorable Committee report on Senate Bill 1059.

Sincerely,



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References

1. Reid L & Creanga AA. Severe maternal morbidity and related hospital quality measures in Maryland. *J. Perinatol.* 2018;38(8):997-1008.
2. Maryland Maternal Mortality Review. 2020 Annual Report available at: <https://phpa.health.maryland.gov/mch/Pages/mmr.aspx>.
3. MDMOM Data Brief 2, Severe Maternal Morbidity Surveillance and Review: <https://mdmom.org/sites/default/files/documents/SMM-MDMOM-Brief-April2023.pdf>
4. Wolfson C, Qian J, Chin P, Downey C, Mattingly KJ, Jones-Beatty K, Olaku J, Qureshi S, Rhule J, Silldorff D, Atlas R, Banfield A, Johnson CT, Neale D, Sheffield JS, Silverman D, McLaughlin K, Koru G, Creanga AA. Findings From Severe Maternal Morbidity Surveillance and Review in Maryland. *JAMA Netw Open.* 2022;5(11):e2244077.
5. Qian J, Wolfson C, Neale D, Johnson CT, Atlas R, Sheffield JS, Zadzielski E, Jones MM, Creanga AA. Evaluating a pilot, facility-based severe maternal morbidity surveillance and review program in Maryland—an American College of Obstetricians and Gynecologists and Society for Maternal-Fetal Medicine Rx at work. *Am J Obstet Gynecol MFM.* 2023;5(4):100888.

Website: mdmom.org

Signed SB 1059 Testimony.pdf

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Position: FAV

ARTHUR ELLIS, CPA
Legislative District 28
Charles County

DEPUTY MAJORITY LEADER

Finance Committee

Senate Chair

Joint Committee on the
Management of Public Funds

Chair, Charles, St. Mary's and Calvert
Counties' Senate Delegation



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March 13, 2024

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 to the right.

Arthur Ellis – District 28

SB 1059_PJC_FWA_FIN.pdf

Uploaded by: Ashley Woolard

Position: FAV



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SB 1059
Maternal Health – Assessments, Referrals, and Reporting
(Maryland Maternal Health Act of 2024)
Hearing of the Senate Finance Committee
March 14, 2024
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%C2%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).

Maryland Catholic Conference_FAV_SB1059.pdf

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MARYLAND
CATHOLIC
CONFERENCE

March 14, 2024

Senate Bill 1059

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

Senate Finance Committee

Position: Favorable

The Maryland Catholic Conference (MCC) is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

Senate Bill 1059 establishes requirements on local health departments and certain health care providers and facilities regarding maternal health, including requirements regarding prenatal risk assessment forms and postpartum infant and maternal referral forms; prohibiting the Maryland Department of Health from providing Medical Assistance Program reimbursement to a hospital or freestanding birthing center unless the facility complies with certain provisions of the Act.

Women of color are disproportionately affected by low maternal outcomes, with the maternal mortality rate (MMR) among Black women being 4 times higher than that of White women.¹ Maryland lags significantly in maternal-fetal medicine and improving health outcomes for women and children in the state requires increased resources, particularly for postpartum complications. High-risk pregnancies can lead to conditions such as gestational diabetes, hypertension, and eclampsia, with nearly two-thirds of severe maternal morbidity (SMM) events being preventable. Recognizing the importance of timely assessment, screening, vital sign monitoring, and follow-up on abnormal tests, recommendations aim to reduce preventable SMM events.²

While the identification and treatment of postpartum depression have improved over the years, many mothers may not experience symptoms until months after delivery. It is crucial to widely disseminate resources, especially for high-risk pregnancies, through the implementation

¹ <https://mchb.tvisdata.hrsa.gov/Narratives/View/IIBFiveYearNeedsAssessmentSummary/MD/2022>

² <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2799025>

of patient forms and referrals. The Catholic Conference is dedicated to ensuring the safety of mothers and babies. Recognizing that labor and delivery can be traumatic events, the bill introduces additional support systems to minimize the hardships that may arise after childbirth, offering resources on caring for a new infant and addressing the psychiatric and physical well-being of the mother.

For these reasons, the MCC asks for a favorable report on **SB 1059**.

Thank you for your consideration.

WDC 2024 Testimony_SB1059_FINAL.pdf

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Position: FAV



MONTGOMERY COUNTY, MARYLAND
WOMEN'S DEMOCRATIC CLUB

P.O. Box 34047, Bethesda, MD 20827

www.womensdemocraticclub.org

Senate Bill 1059 - Maternal Health – Assessments, Referrals, and Reporting (Maryland Maternal Health Act of 2024)
Senate Finance Committee - March 14, 2024
SUPPORT

Thank you for this opportunity to submit written testimony concerning an important priority of the **Montgomery County Women's Democratic Club (WDC)** for the 2024 legislative session. WDC is one of Maryland's largest and most active Democratic clubs with hundreds of politically active members, including many elected officials.

WDC urges the passage of [SB1059 Maternal Health – Assessments, Referrals, and Reporting \(Maryland Maternal Health Act of 2024\)](#). This bill establishes a standard of care for high-risk pregnancies by requiring obstetric hospitals and birthing centers to complete prenatal and postpartum risk assessment forms, and report on the number and type of referrals, resources and information provided. For high-risk pregnancies, birthing facilities must also call the birthing parent within twelve hours of discharge to evaluate the parent's status. The Maryland State Department of Health may not provide Medical Assistance Program reimbursement to a facility unless the facility complies with these requirements. This bill also requires the Department to develop a Maryland Report Card for Birthing Facility Maternity Care, include this report card on the Department's website, and annually review the criteria evaluated in the report card.

Maryland ranks 22nd in the nation in maternal mortality. [Maryland's maternal mortality rate \(MMR\)](#), although declining, remains above the healthy target of 11.4 maternal deaths per 100,000 live births with an MMR of 18.4 deaths. Furthermore, there are significant [racial disparities](#). Black non-Hispanic women have an MMR that is 2.5 times greater than White non-Hispanic women, and this disparity is growing. Maryland ranks 34th in [infant mortality](#). Black infant mortality rates are nearly double that of White non-Hispanic infants.

We ask for your support for SB1059 and strongly urge a favorable Committee report. Passage of this legislation will incentivize hospitals and other birthing facilities to improve maternal care and provide the Department of Health with data to address racial disparities.

Tazeen Ahmad
WDC President

Ginger Macomber
WDC Working Families Committee

Cynthia Rubenstein
Co-Chair, WDC Advocacy

SB 1059 - MD Mat Hlth Act of 2024 - SEN FIN 3-14-2

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Position: FAV



SENATE BILL 1059

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

**WRITTEN TESTIMONY BEFORE THE
SENATE FINANCE COMMITTEE**

For the Maryland Association of County Health Officers (MACHO)

Laurence Polsky, MD, MPH, Health Officer, Calvert County Health Department

Position: Support As Amended

March 14, 2024

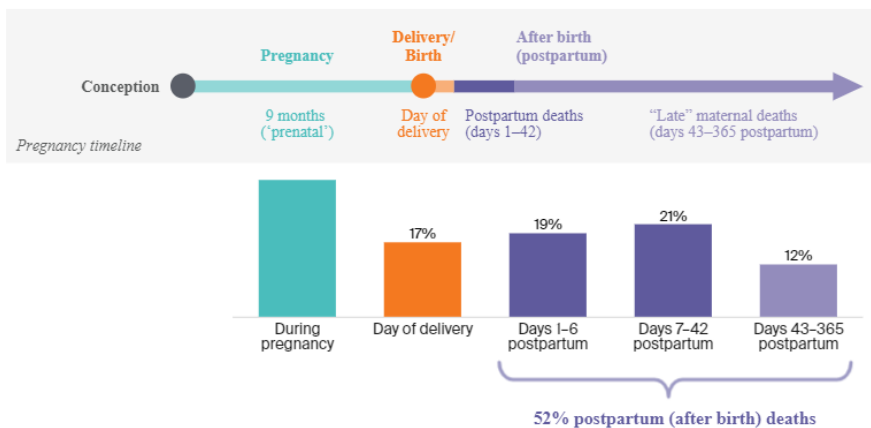
The Maryland Association of County Health Officers (MACHO) supports SB 1059 as amended by the sponsor. SB 1059 will take important steps in reducing maternal morbidity and mortality, as well as protecting babies in utero and into early childhood. This bill also lays important groundwork in reducing health disparities faced by African American mothers and their newborns. Amendments offered by the Sponsor address local health department funding concerns found in the original bill language.

The United States has the highest maternal mortality rate of any industrialized country in the world; 4-times greater than the average comparable country.¹ Just as concerning, the U.S. maternal mortality rate has increased by 50% during the past three decades.² Maryland's maternal mortality rate is equivalent to that of the nation. Compounding this unacceptably high rate, is the fact that maternal mortality for African American women in Maryland is 4-times higher than for white women.² Unsurprisingly, U.S. infant mortality rates are high relative to other economically comparable countries, and racial disparities are also seen in Maryland and across the nation.³

SB 1059 will link efforts by prenatal care providers, birthing hospitals, freestanding birthing centers, the Maternal-Child division of the Maryland Department of Health, and local health departments to better coordinate information and resources for pregnant woman and their children. The creation of electronic reporting systems and updated reporting forms will improve existing maternal health programs and pave the way for future innovations in care during both prenatal and postpartum periods.

One of the most important elements of SB 1059 is the requirement for hospitals to report high-risk postpartum patients to local health departments for case management. Half of all pregnancy-related deaths occur after the baby is born. 77% of these deaths occur during the first six weeks after delivery¹, which may be prior to a standard postpartum visit. Most pregnancy-related deaths are preventable with case management and improved links to care, including access to behavioral health services and transportation to medical appointments.

Timing of U.S. Maternal and Pregnancy-Related Deaths, 2011–2015



Data: Centers for Disease Control and Prevention Pregnancy-Related Mortality Surveillance data from: Emily E. Petersen et al., “Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017,” *Morbidity and Mortality Weekly Report* 68, no. 18 (May 10, 2019): 423–29.
Source: Roosa Tikkanen et al., *Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries* (Commonwealth Fund, Nov. 2020). <https://doi.org/10.26099/411v-9255>

Creation of a Birthing Facility Report Card under SB 1059 will help families make more informed decisions as they plan for the birth of their children. Report Cards may also help identify opportunities to provide additional resources to certain facilities as we look statewide to improve the care available to mothers and their babies.

For these reasons, the Maryland Association of County Health Officers supports SB 1059 as amended by the sponsor. For more information, please contact Ruth Maiorana, MACHO Executive Director at rmaiora1@jhu.edu or 410-937-1433. *This communication reflects the position of MACHO.*

1 <https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity-care-us-compared-10-countries>
2 https://mdmom.org/sites/default/files/documents/taskforce/9.15.21_StrategicPlan.pdf
3 <https://www.marchofdimes.org/peristats/reports/maryland/report-card>

3-14 SB 1059.pdf

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Position: FAV



TESTIMONY TO THE SENATE FINANCE COMMITTEE

SB 1059 Maternal Health—Assessments Referrals and Reporting (Maryland Maternal Health Act 2024)

POSITION: Support

BY: Linda T. Kohn, President

Date: March 14, 2024

The League of Women Voters is a nonpartisan organization that works to influence public policy through education and advocacy. The League believes that all persons should have access to the same quality healthcare without regard to their socioeconomic status or race.

Unfortunately, health outcomes for pregnant women and their infants correlate with race and socioeconomic status. Women of color and their infants have a higher risk of negative health outcomes, including death, than white women. Similarly, women who are poor and their infants have a higher risk of negative health outcomes than women who are affluent. Differences in health insurance and access to health care play a role in these disparities. However, a woman's race is the most determinative risk factor. *See Kaiser Family Foundation, Racial Disparities in Maternal and Infant Health, Samantha Artiga and Usha Range, November 1, 2022,*

Senate Bill 1059 addresses these disparities. It requires health care providers who receive reimbursements from the Maryland Medical Assistance Program to complete a prenatal risk assessment form for all of their patients regardless of race. Likewise, hospitals and free standing-birthing centers that are reimbursed by the Maryland Medical Assistance Program must provide a woman who delivered a baby after a high risk pregnancy information about the circumstances of the delivery and about any risks or complications that could occur regardless of race. The hospital or free-standing birthing center must also contact the mother within 12 hours of her discharge to evaluate how she is doing.

The health of a mother and her child should not depend upon her race or socioeconomic status. Senate Bill 1059 tries to lessen these disparities by creating uniform standards for assessing prenatal risk and by requiring that hospitals and freestanding birthing centers provide the same type of resources and information to all women who delivered a baby after a high risk pregnancy. For these reasons the League of Women Voters Maryland, which represents more than 1,500 concerned citizens throughout Maryland, strongly urges a favorable report on Senate Bill 1059.

SB 1059_Horizon Foundation_fav.pdf

Uploaded by: Nikki Highsmith Vernick

Position: FAV



BOARD OF TRUSTEES

March 14, 2024

COMMITTEE: Senate Finance Committee

BILL: SB 1059 – Maternal Health – Assessments, Referrals and Reporting (Maryland Maternal Health Act of 2024)

POSITION: Support

The Horizon Foundation is the largest independent health philanthropy in Maryland. We are committed to a Howard County free from systemic inequities, where all people can live abundant and healthy lives.

The Foundation is pleased to support SB 1059 – Maternal Health – Assessments, Referrals and Reporting (Maryland Maternal Health Act of 2024). This bill would require providers to complete a prenatal risk assessment for their pregnant patients, provide resources to birthing parents following a high-risk pregnancy and report data to local health departments. It would also require the state to study and report on the causes of maternal and infant mortality.

Our current health care system is built upon long-standing structural inequities that we have yet to solve. Many Marylanders of color lack access to quality health care and often contend with bias, prejudice and discrimination when dealing with providers that lead to delays in diagnosis and treatment and lower-value or suboptimal care. Often, particularly for Black women, this leads to maternal and infant mortality and a failure to receive respectful maternity care.

In 2019, Black mothers living in Howard County were 63% more likely to have an infant born premature and 54% more likely to have an infant with low birth weight than white mothers – key factors that contribute to infant death.ⁱ In the same year, almost 12% of Hispanic mothers and 8% of Black mothers in the county received late or no prenatal care – in the case of Hispanic mothers, that’s more than four times the percentage of White mothers.ⁱⁱ Nationally, Black women are three times more likely to die from a pregnancy-related cause than White women.ⁱⁱⁱ SB 1059 seeks to address these disparities by improving screening and coordination of care for birthing people in our state.

Over the past several years, the Foundation has been a key partner in the Howard County Health Justice Coalition to demand better policies and programs to improve maternal and

Lisa M. Pearson
CHAIR

Christopher Fortune
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Gopi Suri
SECRETARY

Mark Cissell
TREASURER

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Sharon A. Hoover

Sekou Murphy

Yvette Rooks, M.D.

Celián Valero-Colón, M.D.

David Wolf

Lanlan Xu, Ph.D

infant health. In addition to advocating for the Healthy Babies Equity Act at the state level, we are working to implement a full continuum of reproductive health services through the county's Maternity Partnership Program that expands access to prenatal and wraparound postpartum services to new mothers for up to one year after giving birth. The Maryland Maternal Health Act is an important complement to this work that would better screen and connect patients with community-based services, helping us move the needle to improve health outcomes for all birthing people and their children in our state.

For this reason, the Foundation **SUPPORTS SB 1059 and urges a FAVORABLE report.**

Thank you for your consideration.

ⁱ Maryland Vital Records, 2019.

ⁱⁱ Maryland Vital Records, 2019.

ⁱⁱⁱ The Network for Public Health Law, 2023.

SB1059-FIN-SUPP.pdf

Uploaded by: Nina Themelis

Position: FAV



BRANDON M. SCOTT
MAYOR

Office of Government Relations
88 State Circle
Annapolis, Maryland 21401

SB1059

March 14, 2024

TO: Members of the Senate Finance Committee

FROM: Nina Themelis, Director of Mayor's Office of Government Relations

RE: SB 1059 – Maternal Health – Assessments, Referrals, and Reporting (Maryland Maternal Health Act of 2024)

POSITION: FAVORABLE

Chair Beidle, Vice Chair Klausmeier, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (SB) 1059. Among other things, the Act will increase submissions of Prenatal Risk Assessment (PRA) and Postpartum Infant and Maternal Referral (PIMR) forms, which are used to connect birthing parents and infants to needed services through care coordination provided by local health departments (LHDs). Baltimore City is aware of amendments to be introduced by the sponsor, and supports these amendments.

We are eager to support increased submission rates for the PRA and the PIMR. Since 2009, Baltimore City's B'more for Healthy Babies (BHB) initiative, led by the Baltimore City Health Department, has worked to prevent infant and maternal mortality in Baltimore City. Since BHB's founding in 2009, Baltimore City's Black-white disparity in infant mortality has decreased by 49%. BHB built out an innovative centralized intake system – the bedrock of the initiative – through which it receives referrals from hospitals after every PRA and PIMR. Through this system, BHB does outreach and provides short-term care coordination, connecting patients to needed resources and services. **Our data show that pregnant people who receive this care coordination have infants who are 2.6 times more likely to reach their first birthdays.**

Baltimore City is committed to increasing PRA and PIMR submission and to providing timely, high quality follow-up care. BHB has conducted extensive outreach to obstetric providers and birthing hospitals, resulting in 80% PRA completion in Baltimore City (compared to a 30% statewide average) and a 45% increase in PIMRs. In addition, BHB created an electronic PRA that is live in 70% of City obstetric provider offices and collaborated with Baltimore and Anne Arundel counties to pilot it in those counties, as well. |

Commented [M(1)]: We didnt get to 70% in those counties right?

PRAs and PIMRs are keys that unlock essential care coordination services for pregnant and postpartum people. Thus, the BCA respectfully requests a **favorable** report on SB 1059.

2024 WLCM SB 1059 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV

Committee: Senate Finance Committee

Bill: Senate Bill 1059 – Maternal Health – Assessments, Referrals, and Reporting (Maryland Maternal Health Act of 2024)

Hearing Date: March 14, 2024

Position: Support

The Women’s Law Center of Maryland (WLC) supports *Senate Bill 1059 – Maternal Health – Assessments, Referrals, and Reporting (Maryland Maternal Health Act of 2024)* with amendments. The legislation provides for a public health approach in addressing high rates of maternal morbidity and mortality in Maryland.

Severe maternal morbidity in Maryland has risen from 69.8 to 88.2 cases per 10,000 deliveries between 2010 and 2022 in Maryland.ⁱ The Women’s Law Center of Maryland is concerned about the impact on all communities, including Black and brown communities which have higher rates of maternal morbidity and mortality. When compared to Non-Hispanic White women in Maryland, non-Hispanic Black women face a 65% higher risk of severe maternal morbidity.ⁱⁱ

At some point during the legislative process, there was discussion of a workgroup. If this occurs, we would ask that the Woman’s Law Center of Maryland and the Maryland Network Against Domestic Violence be included.

Thanks so much for the work of the sponsor and Committee on this important bill. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net.

The Women’s Law Center of Maryland is a private, non-profit, legal services organization that serves as a leading voice for justice and fairness for women. It advocates for the rights of women through legal assistance to individuals and strategic initiatives to achieve systemic change, working to ensure physical safety, economic security, and bodily autonomy for women in Maryland.

ⁱ <https://mdmom.org/maternal-morbidity-surveillance>

ⁱⁱ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10467219/>

SB1059 Testimony.pdf

Uploaded by: Sarah Paul

Position: FAV



Statement of Maryland Rural Health Association (MRHA)

To the Senate Finance Committee

Chair: Senator Pamela Beidle

March 13, 2024

Senate Bill 1059: Maternal Health – Assessments, Referrals, and Reporting (Maryland Maternal Health Act of 2024)

POSITION: SUPPORT

Chair Beidle, Vice Chair Klausmeier, and members of the committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 1059: Maternal Health – Assessments, Referrals, and Reporting (Maryland Maternal Health Act of 2024).

Despite the extensive clinical knowledge and research that modern medicine has provided our healthcare system, a striking number of women continue to die as a result of pregnancy and childbirth. In Maryland, the maternal mortality rate in 2022 was 21.2 deaths per 100,000 births, which is only slightly less than the national rate of 23.5 deaths per 100,000 births (March of Dimes, 2023). According to a publication issued by the Centers for Disease Control and Prevention (CDC) on data from the Maternal Mortality Review Committee, over 80% of all maternal deaths were deemed preventable (Trost, et al., 2019). With the awareness of the preventability surrounding untimely maternal deaths combined with modern medicine leaves little room for justification as to why women continue to die every day due to pregnancy and childbirth complications. In efforts to effectively reduce the current maternal mortality rate, professionals need to analyze past cases in order to identify risks, disparities, and any other weaknesses current practice has on keeping mothers safe. By utilizing this form of surveillance, professionals can then apply gained insight to living women who may present with similar risks as those who have died in the past. With the enactment of SB1059, the State of Maryland will be able to continue data collection on the health of perinatal patients and will be able to alter current practice to best serve the needs of this vulnerable population. From a financial standpoint, with the compliance of the Maryland Maternal Health Act of 2024, professionals will be able to identify said risk factors and use that as a basis to create specialized treatment to prevent complications and death from occurring, which cuts down on unnecessary health costs. By investing in the preventative measures explained in the Act, it would not only save money on preventable health care costs, but also save lives of both women and children.

*On behalf of the Maryland Rural Health Association,
Jonathan Dayton, MS, NREMT, CNE, Executive Director*

jdayton@mdruralhealth.org

March of Dimes. (2023). 2023 march of dimes report card for Maryland. <https://www.marchofdimes.org/peristats/reports/maryland/report-card>

Trost, S., Beauregard, J., Chandra, G., Njie, F., Berry, J., Harvey, A., & Goodman, D. A. (2019). Pregnancy-related deaths: Data from maternal mortality review committees in 36 US states, 2017–2019. Centers for Disease Control and Prevention. <https://www.cdc.gov/reproductivehealth/maternal-mortality/docs/pdf/Pregnancy-Related-Deaths-Data-MMRCs-2017-2019-H.pdf>

2024 Legislation SB 1059 - Maternal Health – Asses

Uploaded by: Theresa Lee

Position: FAV



2024 SESSION
POSITION PAPER

BILL NO: SB 1059

COMMITTEE: Senate Finance Committee

POSITION: Support

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

BILL ANALYSIS

SB 1059 establishes requirements on local health departments and obstetrics service health care providers and facilities regarding maternal health, including requirements regarding prenatal risk assessment forms and postpartum infant and maternal referral forms. The bill prohibits the Maryland Department of Health (Department) from providing Medical Assistance Program reimbursement to a hospital or freestanding birthing center unless the facility complies with a completing a prenatal risk assessment form. Additionally, the bill requires the Secretary of Health, in collaboration with the Maryland Health Care Commission, to develop a Maryland Report Card for Birthing Facility Maternity Care. The bill also requires the Department to conduct a study of incidents of severe maternal morbidity in the State.

POSITION AND RATIONALE

The Maryland Health Care Commission (MHCC) supports *SB 1059*.

Under *SB 1059* the Health Secretary, in collaboration with the MHCC, must develop a Maryland report card for birthing facility maternity care (hospitals or freestanding birthing centers) and collect the necessary information to complete an annual report card for each birthing facility in the state. The report card must include the following information for each birthing facility:

- (1) the number of vaginal deliveries performed;
- (2) the number of cesarean deliveries performed;
- (3) the rate of complications and the total number of complications experienced by a patient receiving obstetric care for:
 - (i) a vaginal delivery at the birthing facility, including maternal hemorrhage, laceration, infection, or any other complication as required by the Secretary; or

- (ii) a cesarean delivery at the birthing facility, including maternal hemorrhage, infection, operative complication, or any other complication as required by the Secretary; and
- (4) qualitative measures based on patient input regarding the patient’s receipt of respectful obstetric care. Lastly, the report card score shall be balanced for the risks associated with the level of acuity care provided for obstetric patients served by the birthing facility.

The Maryland Health Care Commission (MHCC) is mandated to establish and maintain a provider performance evaluation system that facilitates quality improvement and enables consumers to make informed health care decisions. To that end, the MHCC maintains the Maryland Quality Reporting website, a comprehensive resource for consumers to evaluate and compare the performance of hospitals, nursing homes, home health agencies, hospice and several other provider types.

The hospital component of the Quality Reporting website displays information on services provided by all Maryland acute general hospitals including maternity services. Users of the site can identify hospitals that provide birthing services and assess their performance on a limited number of patient safety and quality metrics. Expansion of our maternity data collection and reporting system is a priority for 2024 and 2025 and *SB 1059* aligns well with MHCC's plans for expansion of the website.

In summary, the Commission supports *SB 1059* and believes our Quality Reporting website can serve as the platform for presenting meaningful quality and performance data on the facilities that provide critical maternity services to women across the state. We believe the Report Card can be developed with the Commission’s existing resources and incorporated in our quality measurement and reporting functions in 2024 and 2025 (i.e., phase 1). After the development of the electronic prenatal and postpartum data collection tools, we would like to work with the MDH to determine if the resulting database can be used to develop additional facility performance information (i.e., phase 2).

For the stated reasons above, we ask for a favorable report on *SB 1059*.



LBCMD Priority Support Letter - SB 1059.pdf

Uploaded by: Ufuoma Agarin

Position: FAV



LEGISLATIVE BLACK CAUCUS OF MARYLAND, INC.

The Maryland House of Delegates, 6 Bladen Street, Room 300, Annapolis, Maryland 21401
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March 14, 2024

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Chairwoman Pamela Beidle,
Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

Dear Chairwoman Beidle and Members of the Finance Committee:

The Legislative Black Caucus of Maryland offers strong favorable support for **Senate Bill 1059 – Maternal Health – Assessments, Referrals, and Reporting (Maryland Maternal Health Act of 2024)**, a bill that establishes requirements for hospitals to conduct risk assessments regarding maternal, prenatal, and postpartum infant health. It also establishes a Maryland Report Card for Birthing Facility Maternal Care to be used for determining the quality of care received at a hospital or birthing center. **This bill is on the 2024 legislative priority agenda of the Black Caucus.**

In the United States, Black women are 3 times more likely to die during and after childbirth compared to women of other races and ethnicities. Longstanding racism and misogynoir in healthcare have led to Black women's physical pain during and after pregnancy being dismissed or ignored altogether.

Maryland continues to see similar issues with how race and racism affect maternal mortality. Between 2010 and 2018, Black women had a significantly higher pregnancy-related death rate (30.2%) contrasted with white counterparts (11.4%). Additionally, for Black women in Maryland who survive pregnancy and childbirth, their children are 1.4 times more likely to be born prematurely (13.1 babies per 100,000) and are 1.5 times more likely to die post-birth (9.2 babies per 100,000).

Senate Bill 1059 will require all hospitals and freestanding birthing centers across Maryland to implement risk assessments for maternal, prenatal, and postpartum infant health. It will also require the Secretary of Health and the Maryland Health Care Commission to develop a scoring system to determine the quality of care that Black mothers and babies receive at these facilities. For these reasons, the Legislative Black Caucus of Maryland supports **Senate Bill 1059** and asks that you vote favorably on this bill.

Legislative Black Caucus of Maryland

SB1059_MDH_FWA

Uploaded by: Jason Caplan

Position: FWA



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

March 14, 2024

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East, Miller Senate Office Building
Annapolis, Maryland 21401

**RE: Senate Bill 1059 – Maternal Health – Assessments, Referrals, and Reporting
(Maryland Maternal Health Act of 2024)**

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of support with amendments for Senate Bill (SB) 1059 - Maternal Health – Assessments, Referrals, and Reporting (Maryland Maternal Health Act of 2024).

SB 1059 establishes requirements for local health departments, health care providers, and facilities regarding maternal health, including requirements regarding prenatal risk assessment (PRA) forms and postpartum infant and maternal referral (PIMR) forms. SB 1059 also prohibits the Department from providing Medical Assistance Program reimbursement to a hospital or freestanding birthing center unless the facility complies with certain provisions of this Act. The Secretary of Health, in collaboration with the Maryland Health Care Commission, is required to develop a Maryland Report Card for Birthing Facility Maternity Care. Lastly, the Department must conduct a study on the incidents of severe maternal morbidity in the State.

The 2016-2018 Black non-Hispanic Maryland maternal mortality rate (MMR) was 2.8 times higher than the White non-Hispanic MMR.¹ Similar disparities are observed for severe maternal morbidity (SMM).¹ Based on the most recent state hospitalization data, the SMM rate for non-Hispanic Black people was almost twice that of non-Hispanic White birthing people.² Maryland's MMR remains above national and international targets despite its 2022 Census Bureau ranking as the sixth wealthiest state in the nation by median household income. There are also racial and regional disparities in MMR that fall more heavily on non-Hispanic Black women and those living in the Baltimore-metro area and on the Eastern Shore.

¹ Maryland - 2020 Annual Report – Maryland Maternal Mortality Review.
<https://health.maryland.gov/phpa/mch/Documents/MMR/HG%20%C2%A7%C2%A7%2013-1207%2013-1208%20and%20%C2%A713-1212%20-%20Maryland%20Maternal%20Mortality%20Review%202020.pdf>

² Findings From Severe Maternal Morbidity Surveillance and Review in Maryland.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9709651>

The Department supports SB 1059, and has made it a strategic priority to reduce maternal morbidity and mortality and to eliminate the racial disparities in those two outcomes. We have been actively working with the sponsors on this legislation to develop amendments that will assist with administration and remove duplication. We are fully supportive of the bill as amended in the House of Delegates.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Laura Herrera Scott", is placed over a faint outline of the state of Maryland.

Laura Herrera Scott, M.D., M.P.H.
Secretary

MMCOA Comments in Support of SB1059 - Maryland Mat

Uploaded by: Joseph Winn

Position: FWA



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Senate Bill 1059 - Maternal Health - Assessments, Referrals, and Reporting (Maryland Maternal Health Act of 2024)

Favorable with Amendments

**Senate Finance Committee
March 14, 2024**

The Maryland Managed Care Organization Association (MMCOA), which is comprised of all nine MCOs that serve Medicaid, is pleased to support, with amendments, Senate Bill 1059 - Maternal Health - Assessments, Referrals, and Reporting (Maryland Maternal Health Act of 2024).

Senate Bill 1059 would expand upon the work being done by the Maryland Department of Health, local health departments, health systems, clinicians, MCOs and advocates to improve maternal health outcomes. The bill would increase resources for new birthing parents and increase collaboration in data sharing and reporting. The sponsors of this legislation have led a collaborative stakeholder engagement process and the bill before the committee today represents that collaboration.

Maryland's MCOs play a vital role in the care coordination and financing of births in the state with nearly forty percent of births in Maryland financed by Medicaid. Care coordination, clinical support to new moms, onsite intervention, transportation services, and home health services are among the various services MCOs provide to birthing parents. Senate Bill 1059 would enhance care coordination by increasing data sharing and reporting, increasing the likelihood of successful interventions that promote healthy outcomes.

Maryland has made significant investments to improve maternal health outcomes. Senate Bill 1059 provides additional tools to build and expand current efforts towards eliminating disparities. MMCOA urges a favorable report on the bill.

Thank you for the opportunity to provide testimony on this important legislation.

Please contact Joe Winn, Executive Director of MMCOA, with any questions regarding this testimony at jwinn@marylandmco.org.

SB1059_FWA_MedChi, MDAAP, MDACOG_Maternal Health -

Uploaded by: Pam Kasemeyer

Position: FWA



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TO: The Honorable Pamela Beidle, Chair
Members, Senate Finance Committee
The Honorable Arthur Ellis

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
Andrew G. Vetter
Christine K. Krone
410-244-7000

DATE: March 14, 2024

RE: **SUPPORT WITH AMENDMENT** – Senate Bill 1059 – *Maternal Health – Assessments, Referrals, and Reporting (Maryland Maternal Health Act of 2024)*

On behalf of The Maryland State Medical Society, the Maryland Chapter of the American Academy of Pediatrics, and the Maryland Section of The American College of Obstetricians and Gynecologists, we submit this letter of **support** for Senate Bill 1059.

Addressing maternal and child health has been a priority of the General Assembly for several years. However, there remains work to be done if the State is to create a framework of care, support services, and needed family resources that optimizes birth outcomes as well as maternal and child health following delivery. Senate Bill 1059, with the noted amendments offered by the sponsor, addresses prenatal risk assessments, postpartum infant and maternal referral, outreach and resource identification by local health departments, outcome evaluations; report cards for hospitals and birthing centers, and a commitment to continue to address maternal morbidity, and other relevant issues through the MDMOM initiative.

Delegate White Holland, the bill’s primary sponsor, should be commended for convening a broad stakeholder group to work through the various issues reflected in the bill, as introduced, to reach consensus, prior to the hearing. While all stakeholders were supportive of the bill’s objectives, the mechanisms and framework needed to achieve those objectives required significant dialogue amongst the stakeholders. To that end, the sponsor’s amended version addresses the majority of issues raised by stakeholders. The above-named organizations support the bill’s objectives, the amendments offered by the sponsor, and look forward to working with the sponsor, stakeholders, and the members of the Health and Government Operations Committee to identify any final amendments necessary to ensure passage of Senate Bill 1059, which effectively addresses the notable objective of enhancing maternal and child health outcomes. A favorable report, with the adoption of the consensus amendments identified by the Bill sponsor and stakeholders, is requested.

2024 ACNM SB 1059 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FWA



Committee:	Senate Finance Committee
Bill:	Senate Bill 1059 – Maternal Health – Assessments, Referrals, and Reporting (Maryland Maternal Health Act of 2024)
Hearing Date:	March 14, 2024
Position:	Support with Amendments

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) supports *Senate Bill 1059 – Maternal Health – Assessments, Referrals, and Reporting (Maryland Maternal Health Act of 2024)* with amendments. The bill strengthens the public health infrastructure approach to reducing maternal morbidity and mortality rates.

Maryland has significant room for improvement in maternal mortality and morbidity rates. In 2023, the rate of preterm births was 10.3% in Maryland as compared to 10.2% nationally. Black births were 1.4 times more likely than all other birth to be pre-term.¹ These numbers reflect the need for systemic improvement in our health care system with a particular focus on addressing the health disparities for pregnant people in Black and brown communities.

ACNM supports this legislation because it utilizes public health data to guide systemic change:

- By creating a report card for hospitals and freestanding birthing centers, consumers and their providers will be able to make more informed decisions about where to seek labor and delivery care. Public health researchers will also have more data to evaluate potential strategies to improve health outcomes for pregnancy and newborn care; and
- Through promoting widespread use of the prenatal risk assessment form and postpartum infant mortality and referral form, the legislation will enable local health departments and providers to work with patients in coordinating care and wrap-around services for high-risk pregnancies. This approach will ensure more

pregnant and postpartum individuals have support to address health issues as well as underlying determinants of health.

ACNM requests two amendments to this legislation:

- 1) On page 2 in line 17, strike “(2) DURING THE THIRD TRIMESTER OF THE PATIENT’S PREGNANCY” as it would be duplicative for providers to fill out a risk assessment form during the third trimester and at birth.
- 2) On page 4, strike lines 27-31. This amendment would remove the requirement that birthing centers to submit report card language to participate in Medicaid. While we support the report card requirement, we are concerned about creating additional barriers to the establishment of freestanding birthing centers in the state. There are currently no birthing centers in Maryland, with the closure of the last freestanding birth center in Anne Arundel County in 2023.

At some point, there was consideration of a workgroup. Whether that occurs formally or informally, ACNM would like to participate.

We urge for a favorable vote, and we are committed to working with the sponsor and stakeholders and developing amendments that enable this legislation to improve the lives of pregnant individuals and families across Maryland. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net.

ⁱ <https://www.marchofdimes.org/peristats/reports/maryland/report-card>

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Uploaded by: State of Maryland (MD)

Position: FWA



SENATE BILL 1059

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

WRITTEN TESTIMONY BEFORE THE SENATE FINANCE COMMITTEE

For the Maryland Association of County Health Officers (MACHO)

Laurence Polsky, MD, MPH, Health Officer, Calvert County Health Department

Position: Support/Testify

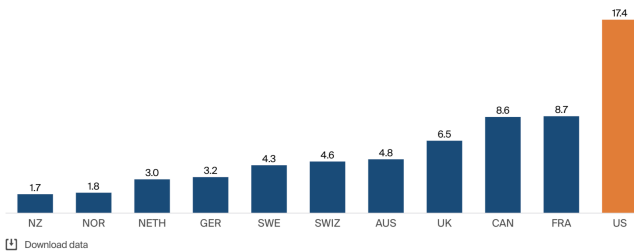
March 14, 2024

The Maryland Association of County Health Officers (MACHO) supports SB 1059. SB 1059 will take important steps in reducing maternal morbidity and mortality, as well as protecting babies in utero and into early childhood. This bill also lays important groundwork in reducing health disparities faced by African American mothers and their newborns. Amendments offered by the Sponsor address local health department funding concerns found in the original bill language.

The United States has the highest maternal mortality rate of any industrialized country in the world; 4-times greater than the average comparable country.¹ Just as concerning, the U.S. maternal mortality rate has increased by 50% during the past three decades.² Maryland’s maternal mortality rate is equivalent to that of the nation. Compounding this unacceptably high rate, is the fact that maternal mortality for African American women in Maryland is 4-times higher than for white women.² Unsurprisingly, U.S. infant mortality rates are high relative to other economically comparable countries, and racial disparities are also seen in Maryland and across the nation.³

Maternal Mortality Ratios in Selected Countries, 2018 or Latest Year

Deaths per 100,000 live births

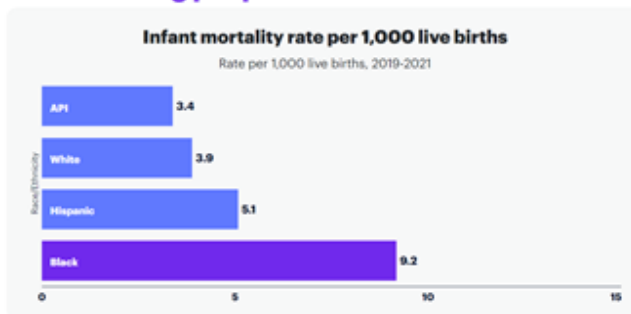


Notes: The maternal mortality ratio is defined by the World Health Organization as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

Data: OECD Health Data 2020, showing data for 2018 except 2017 for Switzerland and the UK; 2016 for New Zealand; 2012 for France.

Source: Roosa Tikkanen et al., *Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries* (Commonwealth Fund, Nov. 2020). <https://doi.org/10.26099/411x-9255>

The infant mortality rate among babies born to Black birthing people is 1.5x the state rate



Notes: API = Asian/Pacific Islander; AIAN = American Indian/Alaska Native.

Source: National Center for Health Statistics, Period-Linked Birth/Infant Death data, 2019-2021.

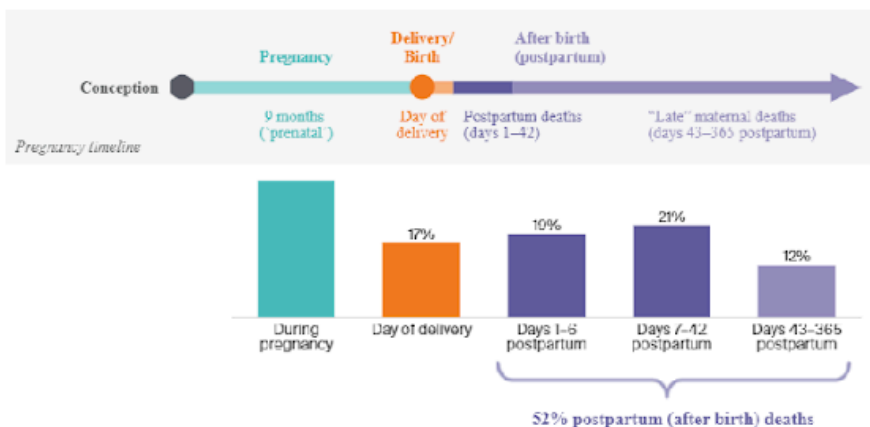
SB 1059 will link efforts by prenatal care providers, birthing hospitals, freestanding birthing centers, the Maternal-Child division of the Maryland Department of Health, and local health departments to better coordinate information and resources for pregnant woman and their children. The creation of electronic reporting systems and updated reporting forms will improve existing maternal health programs and pave the way for future innovations in care during both prenatal and postpartum periods.

615 North Wolfe Street, Room E 2530 // Baltimore, Maryland 21205 // 410-937-1433

SB 1059
Senate FIN
MACHO S/T
March 14, 2024
Page 2

One of the most important elements of SB 1059 is the requirement for hospitals to report high-risk postpartum patients to local health departments for case management. Half of all pregnancy-related deaths occur after the baby is born. 77% of these deaths occur during the first six weeks after delivery¹, which may be prior to a standard postpartum visit. Most pregnancy-related deaths are preventable with case management and improved links to care, including access to behavioral health services and transportation to medical appointments.

Timing of U.S. Maternal and Pregnancy-Related Deaths, 2011–2015



Data: Centers for Disease Control and Prevention Pregnancy Related Mortality Surveillance data from Emily E. Peterson et al., "Vital Signs: Pregnancy Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017," *Morbidity and Mortality Weekly Report* 68, no. 13 (May 10, 2019): 423–29.

Source: Reena Tikkanen et al., *Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries* (Commonwealth Fund, Nov. 2020) <https://doi.org/10.26907/110-9733>

Creation of a Birthing Facility Report Card under SB 1059 will help families make more informed decisions as they plan for the birth of their children. Report Cards may also help identify opportunities to provide additional resources to certain facilities as we look statewide to improve the care available to mothers and their babies.

For these reasons, the Maryland Association of County Health Officers supports SB 1059. For more information, please contact Ruth Maiorana, MACHO Executive Director at рмаiora1@jhu.edu or 410-937-1433. *This communication reflects the position of MACHO.*

- 1 <https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity-care-us-compared-10-countries>
- 2 https://mdmom.org/sites/default/files/documents/taskforce/9.15.21_StrategicPlan.pdf
- 3 <https://www.marchofdimes.org/peristats/reports/marvland/report-card>

SB1059_MaternalHealthAct2024_Support.pdf

Uploaded by: Traci LaValle

Position: FWA



Maryland
Hospital Association

Senate Bill 1059 - Maternal Health – Assessments, Referrals, and Reporting (Maryland Maternal Health Act of 2024)

Position: *Support with Amendments*

March 14, 2024

Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 1059 as amended by the sponsor's amendments.

Maryland hospitals are placing a significant emphasis on collaborative efforts to counteract elevated maternal morbidity and mortality rates, as well as longstanding disparities. This includes implementing system-wide equity plans to ensure equitable access to health care for people before, during, and after pregnancy.

The independent reviews of a representative sample of cases of maternal morbidity, proposed under SB 1059, will bring additional clarity to the drivers of maternal morbidity and mortality and add to our understanding of what is needed to reduce the disparities in maternal health and foster good outcomes for all birthing parents. What we know now is that many factors influence maternal health outcomes, including the age, health and environment of the mother before pregnancy, post-partum support, and the trust and relationship with doctors and caregivers throughout the perinatal period.

The requirements of the bill build on existing programs and upgrade existing processes. We are fortunate that the MDMOM program has created the infrastructure to do the severe maternal morbidity reviews, and MHA is pleased to support and amplify that work. The bill mentions specific forms completed by hospitals and physicians in the pre-natal and post-partum period that refer high- risk patients to local health departments to connect families to local resources specific to the family's needs. We appreciate the planning underway to simplify and modernize the process. It is critical that the workflow redesign include hospitals, practices, Medicaid Managed Care Organizations and local health officers to ensure feasible workflows. As the state plans for the next in the Maryland Model, strengthening the ways in which hospitals, local health departments, MCOs and community organizations work together will be beneficial.

For these reasons, we respectfully request a *favorable* report on SB 1059 as amended by the sponsor's amendments.

For more information, please contact:

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Opposition Statement SB1059

Maternal Health – Assessments, Referrals, and Reporting
(Maryland Maternal Health Act of 2024)
Deborah Brocato, Legislative Consultant
Maryland Right to Life

On behalf of our over 200,000 followers across the state, Maryland Right to Life respectfully objects to SB1059. We oppose requirements that would include referring the pregnant patients to facilities that promote and provide abortions. We oppose any appropriations from this bill being used to fund the abortion industry. Maryland Right to Life requests an amendment excluding abortion purposes from this bill.

The bill requires a report that includes the number and type of referrals made to the pregnant woman and providing information describing risks, signs and preventive measures and treatment for various conditions. In Maryland, abortion is considered and used as a treatment for many treatable conditions. The bill allows that if the Department of Health determines a facility has not complied with the requirements of the report, the Department of Health may choose not to reimburse those facilities. These facilities should not be penalized for not referring to entities that promote and provide abortions.

Abortion is not healthcare. Pregnancy is not a disease. While many women experience complications during pregnancy, these conditions are treatable, pregnant women should not feel pressured to abort her child simply because her pregnancy requires more care. Maryland Right to Life will continue to object to state-sponsored abortion. The fact that 85% of OB/Gyn's in a representative national survey do not perform abortions reveals that abortion is not an essential part of women's healthcare. Women have better options for comprehensive healthcare. **Reporting and funds from this bill should be prioritized to fund health and family planning services which have the objective of saving the lives of both mother and children, including programs for improving maternal health and birth and delivery outcomes, well baby care, and parenting classes.**

Funding restrictions are constitutional. The Supreme Court of the United States, in *Dobbs v. Jackson Women's Health* (2022), overturned *Roe v. Wade* (1973) and held that there is no right to abortion found in the Constitution of the United States. As early as 1980 the Supreme Court affirmed in *Harris v. McRae*, that *Roe* had created a limitation on government, not a government funding entitlement. The Court held that government may distinguish between abortion and other procedures in funding decisions and that there is "no limitation on the authority of the State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds." The 2023 Marist poll once again showed that 60% of Americans, both pro-life and pro-abortion, oppose tax-payer funded abortion.

Without an amendment excluding abortion purposes from this bill, Maryland Right to Life requests an unfavorable report on SB1059.