



**2024 SESSION
POSITION PAPER**

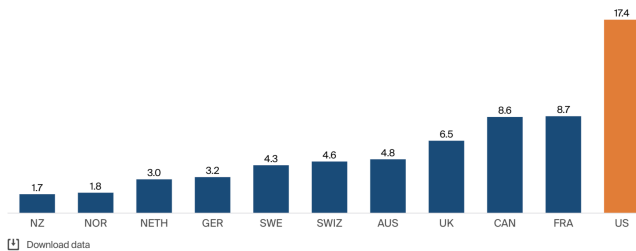
BILL: SB 1059 - Maternal Health – Assessments, Referrals, and Reporting (Maryland Maternal Health Act of 2024)
COMMITTEE: House – Health and Government Operations Committee
POSITION: Letter of Support As Amended
BILL ANALYSIS: SB 1059 would require local health departments, health care providers, and facilities to take certain actions to improve maternal health related to prenatal risk assessment forms and postpartum infant and maternal referral forms; require the Secretary of Health, in collaboration with the Maryland Health Care Commission, to develop a Maryland Report Card for Birthing Facility Maternity Care; and require hospitals and freestanding birthing centers to participate in the Severe Maternal Morbidity Surveillance program.

POSITION RATIONALE: The Maryland Association of County Health Officers (MACHO) supports SB 1059 as amended by the Senate 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

Maternal Mortality Ratios in Selected Countries, 2018 or Latest Year

Deaths per 100,000 live births



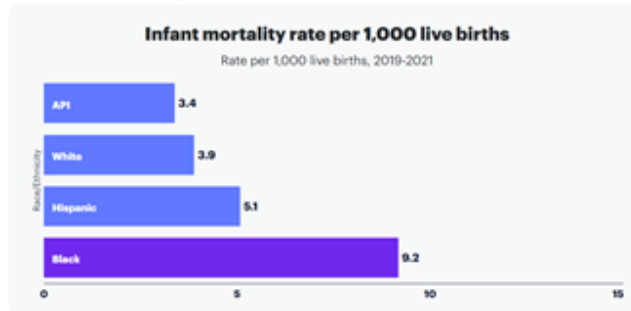
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Notes: The maternal mortality ratio is defined by the World Health Organization as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to 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/10.26099/411v-9255>

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



Notes: API = Asian/Pacific Islander; AAI = 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.

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SB 1059

House HGO

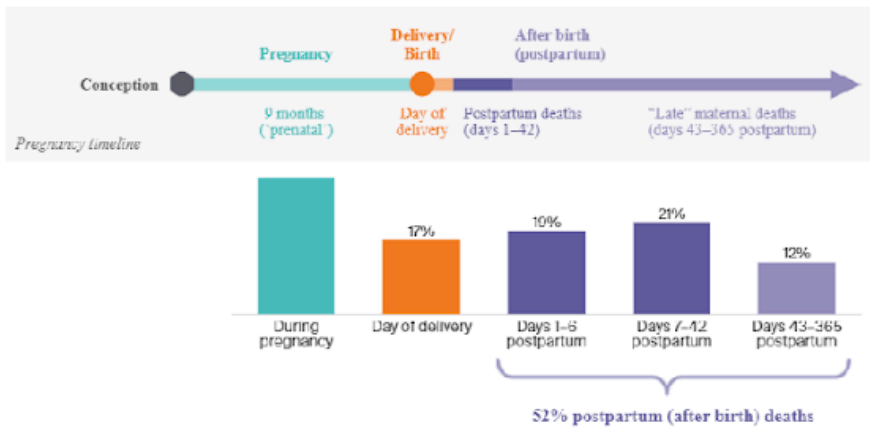
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One of the most important elements of SB 1059 is the requirement for hospitals to report high-risk postpartum patients to local health departments for case management. Half of all pregnancy-related deaths occur after the baby is born. 77% of these 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 B. 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. 18 (May 10, 2019): 423–29.

Source: Ecosia Tikkanen et al., *Maternal Mortality and Morbidity Care in the United States: Compared to 10 Other Developed Countries* (Commonwealth Fund, Nov. 2020) <https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-morbidity-care-us-compared-10-countries>

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 Senate 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-morbidity-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>