



HOUSE BILL 1051

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

**WRITTEN TESTIMONY BEFORE THE
HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE
For the Maryland Association of County Health Officers (MACHO)**

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Position: Support As Amended

March 6, 2024

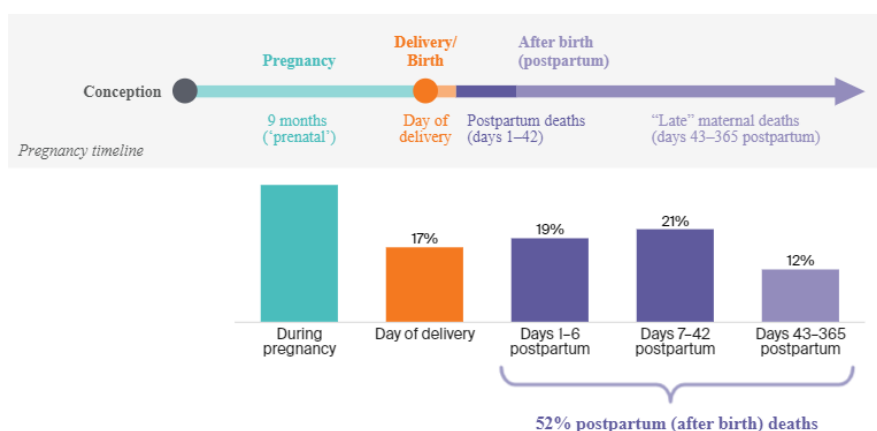
The Maryland Association of County Health Officers (MACHO) supports HB 1051 as amended by the sponsor. HB 1051 will take important steps in reducing maternal morbidity and mortality, as well as protecting babies in utero and into early childhood. This bill also lays important groundwork in reducing health 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

HB 1051 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 HB 1051 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 HB 1051 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 HB 1051 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>