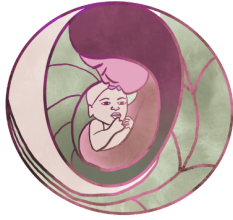


2025 Bills .pdf

Uploaded by: Caitlin Manela

Position: FAV



Fruit of the Womb, LLC
Homebirth and Healing
Caitlin Manela, CPM, LDEM, CHD, RCST®
Phone 240-997-5319 Fax 443-450-9121
5411 Mount Gilead Rd., Reisterstown, MD 21136
netsitsah@hotmail.com www.baltimorebirth.net

02/21/25

To Whom It May Concern,

My name is Caitlin Manela. I am a mother to four children born at home with a Certified Professional Midwife. I am also a Certified Professional Midwife and Licensed Direct Entry Midwife myself. Previously, I served as a birth doula for many years, both in and outside of hospitals.

I am a resident of Reisterstown, in Baltimore County, Maryland.

I am writing in urgent support of the Birth Equity Bill (HB1251) and CPM licensure renewal bill (HB838/SB854).

These bills support all Maryland residents to exercise their right to informed choice regarding the care they seek for pregnancy, birth, and the postpartum period.

We want a population of parents and babies who are safe and healthy physically and mentally. CPMs provide safe, evidence-based care for families choosing out of hospital birth. Without the option of choosing a CPM, LDEM, many families would rather forgo prenatal care and give birth unassisted. With a CPM, LDEM, families experience profound satisfaction and empowerment at a level that is often not available through hospital-based practices.

We want to maintain and expand access to our care and also to facilitate smoother transitions from home to hospital in the case of elective or emergency transfer.

For families choosing to give birth in the hospital, the ability to access information regarding each hospital's practices and outcomes will empower them to make the best choices for themselves and their babies. It will also encourage hospitals to adopt safer, evidence-based practices, including supporting doulas. As an additional benefit, these changes will ultimately save money due to fewer unnecessary interventions, including cesarean sections and other invasive procedures.

I believe opposition to these bills is rooted entirely in economic interest, as the safety of home birth with a certified professional midwife has been proven again and again, as have the benefits of doula care and truly informed choice.

I urge you to support these bills and thank you in advance for your support.

Caitlin Manela, CPM, LDEM

House Bill 1251 Support Letter.J Alexander.pdf

Uploaded by: Jennifer Alexander

Position: FAV

Dr. Jennifer Davis Alexander
6112 Bellona Ave.
Baltimore, MD 21212

The Honorable Joseline Peña-Melnyk
Chair, House Health and Government Operations Committee
House Office Building, Room 241
6 Bladen Street
Annapolis, MD 21401

February 21, 2025

Testimony in Support
House Bill 1251: Health Care Facilities and Medical Professional Liability Insurers - Obstetric Services Policies (Doula and Birth Policy Transparency Act)

Dear Chair Peña-Melnyk and Members of the Committee:

My name is Dr. Jennifer Davis Alexander, and I am a mom of 3. I am writing to express my strong support for midwifery care. As a mother of three, I have experienced firsthand the difference that compassionate, transparent, and patient-centered care can make in the birth experience.

My first two births took place in a hospital setting, where I was rushed into surgery with little explanation and met with pushback from medical doctors when asking important questions about my care. As a Black woman, I knew I needed a different experience for my third pregnancy given the well-documented disparities in Black maternal health outcomes.

I firmly believe that all women should have access to accurate data and full transparency regarding the tests and procedures performed during pregnancy. Too often, decisions are made for us without adequate explanation, leaving expectant mothers feeling powerless in one of the most sacred times of their lives. Informed consent should not be optional, it should be the standard of care.

Thank you for your time and consideration. I hope you will stand with us in advocating for a maternity care system that prioritizes respect, equity, and true informed choice.

Warm Regards,

Dr. Jennifer Davis Alexander
Mom of 3

HB1251.pdf

Uploaded by: Jessica Watts

Position: FAV

The Honorable Joseline Peña-Melnyk Chair,
House Health and Government Operations Committee House Office Building,
Taylor House Office Building, Room 21401
6 Bladen St., Annapolis, MD 21401

February 21, 2025

Testimony in support

House Bill 1251 - House Bill 1251 - Health Care Facilities and Medical Professional
Liability Insurers - Obstetric Service Policies (Doula and Birth Policy Transparency Act)

Dear Chair Peña-Melnyk and Members of the Committee,

My name is Jessica Watts and I am writing to you to ask you to support and
vote favorably on House Bill 1251.

This bill requires all hospitals to allow doulas, have family friendly policies for
newborn bonding, strengthen the informed consent process for interventions,
and have policies in place for communication when receiving home birth
transfers (there is currently only one hospital in the state of Maryland that is
doing this!).

Becoming a parent is one of the most transformative experiences of a person's
life; there are infinite rewards, and often, just as many challenges. My
experience becoming a mother was met with many challenges in the hospital
system; sadly, I did not realize the lack of transparency regarding hospital and
practice policies from my provider and there was no informed consent or
decision making. What I did receive plenty of was provider biases and fear
tactics. Due to this, I had to undergo three cesarean sections and will mourn the
birthing experience I never had for the rest of my life. I wish I were the only one
with this experience, but unfortunately, it is the story for so many. The families of
Maryland desperately need this bill. Thank you.

All the best,

Jessica Watts

(443) 375-0746
PHONE

713 ANNESLIE RD, BALTIMORE, MD 21212
ADDRESS

Jessica Watts

Delegate Toles Testimony for HB1251.pdf

Uploaded by: KAREN TOLES

Position: FAV



THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

Chair Pena-Melnyk, Vice Chair Bonnie Cullison, and Members of the Health and Government Operations Committee:

TESTIMONY IN SUPPORT OF HOUSE BILL 1251 – THE DOULA AND BIRTH POLICY
TRANSPARENCY ACT

House Bill 1251 is a bill to create transparency in maternal health and birth policies in Maryland healthcare facilities, to ensure that patients have a full understanding of the care they are receiving and the autonomy to make decisions about their own health care. This is especially important for Black women who experience some of the most stark inequities in care and outcomes in the maternal health space. Maryland has taken steps to address these inequities, including passing the Maryland Maternal Health Act of 2024 which codified essential data reporting for maternal health and patient-centered health care metrics. House Bill 1251 takes the next step by ensuring all patients have transparency into birth policies with the providers they choose, so they are able to safely and effectively navigate the maternal health system and advocate for the care and outcomes they want.

House Bill 1251 requires healthcare facilities in Maryland that provide obstetric care to establish several patient-centered policies that lead to better communication, better care, and better outcomes. These policies include:

- Policies to ensure that patients are able to utilize doula services and do not have the difficult decision of choosing whether their doula or their partner or family can be with them during labor and delivery. Doulas provide physical, cultural and emotional support during pregnancy, labor and after birth and consistently lead to better experiences and outcomes for patients and families. This has been especially evident for women of color. Removing obstacles to these services is essential to providing equitable maternal health care;
- Policies that prioritize newborn bonding to the benefits of all patients and families;
- Require informed consent for significant medical interventions, including cesarean section and medication to induce labor, which ensure patients have full understanding of what care they are receiving, any risks and the ability to make informed decisions on their own behalf. Effective informed consent leads to better experiences, less litigation and helps to lower the rate of unnecessary and risky interventions; and

- Policies to ensure a clear transfer and acceptance process for patients transferring into facility care from a home birth provider, which ensures that patients have a full range of maternal health options and can safely move across providers
- Additionally, HB1251 creates transparency in birth policies, and potential care restrictions, from liability insurers for health care facilities.

Having a full understanding of all these policies allows patients to choose the practitioners and providers that work for them. Transparent information and strong communication with patients are the cornerstones of making patients feel comfortable and preserving the key role they play in their own care. This bill is based largely on similar legislation passed in Colorado in 2021 as part of a comprehensive birth equity legislative package, and patients in Maryland deserve those same protections. It is a priority of the Maryland Women's Caucus, supported by the Legislative Black Caucus of Maryland, and supported by patients across the state.

I kindly urge a favorable report of House Bill 1251.

2025 HB1251 Testimony Kirra Brandon.pdf

Uploaded by: Kirra Brandon

Position: FAV

The Honorable Joseline Pena-Melnyk
Chair, House Health and Government Operations Committee
House Office Building, Rm. 241
11 Bladen St
Annapolis, MD 21401

Re: House Bill 1251

Dear Chair Pena-Melnyk and Members of the Committee,

I am writing in support of HB 1251. My name is Kirra Brandon. I am a practicing physician in Maryland and the mother of 5 daughters.

For me, HB1251 speaks to the desire for true informed consent and clear, thorough, unbiased communication between healthcare providers and patients. I have been on both sides of that equation and understand how critically important it is for both patients and healthcare providers. When patients are given all of the information and allowed to make their own choices within the framework of their own values everyone wins.

ACOG recognizes that physicians have an ethical obligation to engage in informed consent based on the fundamental bioethics principle of respect for autonomy. Informed consent is shared-decision making, and extends far beyond a signed piece of paper. Too often and frequently unintentionally, providers do not engage in this process fully. In my own journey to motherhood I heard "this is just how we do it" (when I questioned about alternatives to a particular test), "if I need to do it I'm just doing it" (when I expressed a wish to not have a vacuum assisted or forceps assisted delivery). I know that I am not an exception because I hear from other women all of the time about similar experiences. This bill puts into law what physicians already have an ethical obligation to do, and hopefully will remind all of us to have these important patient-centered conversations and put the decisions back in the hands of the patient, where they truly belong.

I urge you to support HB 1251. This is an excellent way to encourage communication between hospitals, providers and consumers and improve outcomes for all.

Sincerely,

Kirra Brandon MD

2025 HB1251 testimony MFSB.pdf

Uploaded by: Kirra Brandon

Position: FAV

The Honorable Joseline Pena-Melnyk
Chair, House Health and Government Operations Committee
House Office Building, Rm. 241
11 Bladen St
Annapolis, MD 21401

Re: House Bill 1251

Dear Chair Pena-Melnyk and Members of the Committee:

Maryland Families for Safe Birth is submitting testimony in support of HB1251. HB1251 proposes several statutory changes that improve transparency and communication between health care facilities, providers and patients.

Maryland Families for Safe Birth is a grassroots, consumer-driven organization, dedicated to improving access to evidence based, culturally sensitive maternity care for all Maryland families. We have an active membership of over 1700 Maryland families. Our organization frequently hears from frustrated families who want more transparency of institutional policies and clearer communication from their healthcare providers. Consumers cannot make informed decisions about their healthcare if they are not given access to accurate, clear and unbiased information.

There are four main components of HB1251. First, a requirement that a birthing person be allowed to have a doula as well as a family member or other support person at their birth. Second, making labor and delivery policies more readily accessible. Third, requiring hospitals to develop a policy for accepting transfers from out of hospital care. Fourth, strengthening language around informed consent so that the decisions are truly in the hands of person affected most, the person giving birth.

ACOG, in committee opinion 766, states that "continuous one on one support provided by support personnel, such as a doula, is associated with improved outcomes for women in labor."

Ultimately, improved outcomes and patient satisfaction are the real goals of this bill. The collective changes outlined in HB1251 are a definite move in the right direction.

We urge you to support this bill. Let's work together to improve maternity care for Maryland families.

Sincerely,

Maryland Families for Safe Birth

Kirra Brandon MD
Evie Fielding
Jennifer Chaffee
Ashley Baxter

HB1251- FAVORABLE.pdf

Uploaded by: Paige Barocca

Position: FAV



Moonstone Midwifery

Paige Barocca, LDEM, CPM

www.moonstone-midwifery.com

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Fax: (443)853-3775

Paige@moonstone-midwifery.com

The Honorable Joseline Pena-Melnyk Chair,
House Health and Government Operations Committee
Taylor House Office Building, Room 241
6 Bladen St., Annapolis, MD 21401

February 21st, 2025.

Re: House Bill 1251 Health Occupations – Doula and Birth Policy Transparency Act

Position: Favorable

Dear Madam Chair Beidle and Members of the Committee:

My Name is Paige Barocca, and I am a Licensed Direct Entry Midwife (LDEM) in Baltimore, Maryland, on the Direct Entry Midwifery Advisory Committee at the Board of Nursing, and a member of the Association of Independent Midwives of Maryland. I am writing today to ask you to vote favorably on HB1251, a bill that will increase transparency around hospital policies for Maryland families and improve home birth transfer communication.

As a midwife, I am most interested in the part of this bill that requires hospitals to have a policy in place for receiving out-of hospital transfers. In the entire state of Maryland, there is just one hospital (University of Maryland St. Joseph Medical Center) that has a written policy in place for receiving home birth transfers. They also have regularly scheduled meetings with the local midwives and their staff to discuss recent transfers and how we can improve - on both ends. This open communication has made a world of difference in the quality of care my clients receive in the event of a transfer. This integration of out-of-hospital midwives is crucial for the safety of our clients who choose home birth.

Meanwhile, all LDEMs have written transfer policy agreements that we sign during our initial licensing application. Our local hospitals have nothing to match this transfer agreement. This means that while we are upholding the law following the established guidelines to transfer care, receiving hospitals may turn away our clients, refuse our records, or treat them with hostility if they simply need higher level care or requesting an epidural. It is not uncommon for my clients to choose to drive past several hospitals to go to the one that will treat them with human decency, especially at a time when they already feel defeated for having a change in their birth plans.



Moonstone Midwifery

Paige Barocca, LDEM, CPM

www.moonstone-midwifery.com

Phone: (443)907-3705

Fax: (443)853-3775

Paige@moonstone-midwifery.com

Maternity care in the United States is in crisis. The integration of midwives within our healthcare system, along with the accountability of transparency around hospital policies, may help combat our devastating maternal mortality rate and improve the overall satisfaction of childbirth experiences. A favorable vote for HB1251 is the first step for Maryland to fix our broken healthcare system.

Thank you for your consideration.

Warmly,

Paige Barocca

6707 Queens Ferry Rd.

Baltimore, MD 21239

District 43B

FAV HB1251.pdf

Uploaded by: Shawna Sherrell

Position: FAV

FAV HB1251

Dear Health and Government Operations Committee:

I am writing as a Maryland resident in support of HB1251: Health Care Facilities and Medical Professional Liability Insurers - Obstetric Services Policies (Doula and Birth Policy Transparency Act).

Transparency in healthcare data allows expecting families to be informed consumers and choose providers that align with their needs. In addition, having doulas in hospital settings improves birth outcomes for mothers and babies.

Sincerely,
Shawna Sherrell
District 5
ssherrell570@gmail.com

HB1251_FWA_MDACOG_Health Care Fac. & Med. Prof. Li

Uploaded by: Christine Krone

Position: FWA



Maryland Section

House Health and Government Operations Committee
February 25, 2025

House Bill 1251 – *Health Care Facilities and Medical Professional Liability Insurers – Obstetric Services Policies (Doula and Birth Policy Transparency Act)*

POSITION: SUPPORT ONLY IF AMENDED

The American College of Obstetricians and Gynecologists, Maryland Section (MDACOG), which represents the Maryland physicians who serve the obstetrical and gynecological needs of Maryland women and their families, supports House Bill 1251 only if the legislation is amended.

House Bill 1251 establishes requirements for obstetric policies, mandating that hospitals and freestanding ambulatory care facilities providing obstetric care adopt and submit policies to the Maryland Department of Health (MDH). These policies must address doula access, newborn bonding, informed consent for medical interventions, and patient transfers, including from home birth settings. Additionally, upon request, insurers that issue or deliver medical professional liability insurance must provide MDH with information on their coverage of obstetric services, including policies related to vaginal birth after cesarean.

MDACOG recognizes the valuable role that doulas play in providing physical, emotional, and informational support throughout pregnancy, labor, delivery, and postpartum recovery. Research indicates that doula support can enhance birthing experiences, improve communication between patients and healthcare teams, and, in some cases, reduce the likelihood of medical interventions, including cesarean birthⁱ.

However, while MDACOG is supportive of the role doulas play in patient care, we urge caution in the details of legislation governing doula-hospital relationships. Doulas are not medical providers and should complement – not replace – the role of obstetricians, nurses, and other healthcare professionals. Policies must ensure that hospital-based standards of care, patient safety protocols, and scope of practice limitations are upheld, while fostering collaborative relationships between doulas and medical teams. For these reasons we urge a favorable vote, but only if the legislation is amended.

For more information call:

Christine K. Krone
J. Steven Wise
Danna L. Kauffman
410-244-7000

ⁱ American College of Obstetricians and Gynecologists. (2014, Reaffirmed 2021). **Safe prevention of the primary cesarean delivery.** *Obstetric Care Consensus, No. 1. Obstetrics & Gynecology*, 123(3), 693–711.
<https://doi.org/10.1097/01.AOG.0000444441.04111.1d>

HB 1251 Doula and Birth Transparency Act- SWA.pdf

Uploaded by: Natasha Mehu

Position: FWA



Maryland
Hospital Association

**House Bill 1251 - Health Care Facilities and Medical Professional Liability Insurers –
Obstetric Services Policies (Doula and Birth Policy Transparency Act)**

Position: *Support with Amendments*

February 25, 2025

House Health & Government Operations 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 with amendments of House Bill 1251.

HB 1251 requires hospitals to adopt policies that will allow every birthing parent to have a certified doula present during birth and to seek informed consent from the birthing parent before any significant medical intervention. Furthermore, the bill requires hospitals to adopt, and to share with the Department of Health, policies on receiving patients (and their medical records) who are receiving services from other providers in a home birth setting.

Hospitals seek to provide birthing parents with high quality care in a safe, supportive environment. To that end, policies are already in place around who may be in the delivery room, informed consent for medical interventions, and coordination with the patients' care team. Generally, patients may choose who joins them during birth including a certified doula, so long as there is no interference with or obstruction of medical care. In certain circumstances, like COVID-19, the number of people may need to be limited. Hospitals also already obtain informed consent from the patient before any medical intervention, except for in emergency situations where any delays in care could be life threatening for either the parent or the child.

As we understand from conversations with licensed direct-entry midwives (LDEMs), the intent behind this bill is to ensure that birthing parents are aware of hospital policies, can have the support of their certified doulas, and that there are clear policies that make the transfer of care between midwives and hospitals as seamless as possible. While we fully support this intent, we believe the language can be amended to better reflect it without being duplicative or overly prescriptive, enabling integrative approaches to care that are reasonable and effective.

We have been closely working with LDEMs to discuss these concerns with the bill and hope to continue to do so. For these reasons, we request a favorable with amendments report on HB 1251.

For more information, please contact:

Natasha Mehu, Vice President, Government Affairs & Policy

Nmehu@mhaonline.org

2025 ACNM HB 1251 House Side.pdf

Uploaded by: Robyn Elliott

Position: FWA



Committee: House Health and Government Operations Committee

Bill Number: House Bill 1251 - Health Care Facilities and Medical Professional Liability Insurers - Obstetric Services Policies (Doula and Birth Policy Transparency Act)

Hearing Date: February 25, 2025

Position: Support with Amendments

The Maryland Affiliate of the American College of Nurse-Midwives (ACNM) supports *House Bill 1251 – Health Care Facilities and Medical Professional Liability Insurers – Obstetric Services Policies (Doula and Birth Policy Transparency Act)* with amendments. The bill’s focus is to ensure healthcare facilities are honoring a consumer’s decisions about their birthing experience. We particularly want to highlight the importance of facilities: 1) ensuring pregnant individuals can access doula services; and 2) prioritizing the newborn’s bonding with family.

We would request two amendments:

- 1) Consideration of Medical Emergencies: On page 2 in lines 18-20, the bill requires informed consent before any serious medical interventions such as caesarean sections. We wanted to highlight the need for an exception in medical emergencies where the patient is not able to provide consent.
- 2) Focusing the bill on requirements for hospitals. Most of the bill’s requirements are only pertinent in hospital settings, yet the bill requires the Department of Health to promulgate regulations for both hospitals and birthing centers. There are currently no birthing centers in the State of Maryland. To address this issue, ACNM has been working with the Department of Health and other stakeholders for four-years in updating licensure requirements for birthing centers. We believe this bill could unintentionally impose requirements that are only appropriate for hospitals on birthing centers, so we ask for birthing centers to be removed from the bill.

We ask for a favorable report with our recommended amendments. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net.