

# SENATE BILL 1059

J1, J3

4lr2537  
CF HB 1051

---

By: **Senator Ellis**

Introduced and read first time: February 2, 2024

Assigned to: Finance

---

## A BILL ENTITLED

1 AN ACT concerning

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

4 FOR the purpose of establishing requirements on local health departments and certain  
5 health care providers and facilities regarding maternal health, including  
6 requirements regarding prenatal risk assessment forms and postpartum infant and  
7 maternal referral forms; prohibiting the Maryland Department of Health from  
8 providing Medical Assistance Program reimbursement to a hospital or freestanding  
9 birthing center unless the facility complies with certain provisions of this Act;  
10 requiring the Secretary of Health, in collaboration with the Maryland Health Care  
11 Commission, to develop a Maryland Report Card for Birthing Facility Maternity  
12 Care; requiring the Department to conduct a certain study of incidents of severe  
13 maternal morbidity in the State; and generally relating to maternal health.

14 BY repealing and reenacting, without amendments,  
15 Article – Health – General  
16 Section 15–101(a), (h), and (i), 19–301(a) and (f), and 19–3B–01(a) and (d)  
17 Annotated Code of Maryland  
18 (2023 Replacement Volume)

19 BY adding to  
20 Article – Health – General  
21 Section 15–155, 19–310.4, and 19–3B–03.1; and 24–2401 and 24–2402 to be under  
22 the new subtitle “Subtitle 24. Report Card for Birthing Facility Maternity  
23 Care”  
24 Annotated Code of Maryland  
25 (2023 Replacement Volume)

26 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,  
27 That the Laws of Maryland read as follows:

---

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 **Article – Health – General**

2 15–101.

3 (a) In this title the following words have the meanings indicated.

4 (h) “Program” means the Maryland Medical Assistance Program.

5 (i) “Program recipient” means an individual who receives benefits under the  
6 Program.7 **15–155.**

8 **(A) IN THIS SECTION, “PRENATAL RISK ASSESSMENT FORM” MEANS A**  
9 **STANDARDIZED FORM DEVELOPED BY THE DEPARTMENT IN ACCORDANCE WITH**  
10 **THE CENTERS FOR MEDICARE AND MEDICAID SERVICES GUIDELINES FOR USE BY**  
11 **A LICENSED HEALTH CARE PROVIDER TO EVALUATE RISK FACTORS FOR THE**  
12 **HEALTH OF A PREGNANT PATIENT.**

13 **(B) A PROVIDER WHO RECEIVES REIMBURSEMENT FROM THE PROGRAM**  
14 **FOR PROVIDING OBSTETRIC SERVICES TO A PATIENT SHALL COMPLETE A PRENATAL**  
15 **RISK ASSESSMENT FORM FOR THE PATIENT:**

16 **(1) DURING THE INITIAL VISIT WITH THE PATIENT; AND**17 **(2) DURING THE THIRD TRIMESTER OF THE PATIENT’S PREGNANCY.**

18 **(C) AFTER COMPLETING A PRENATAL RISK ASSESSMENT FORM IN**  
19 **ACCORDANCE WITH SUBSECTION (B) OF THIS SECTION, THE PROVIDER SHALL**  
20 **SUBMIT THE FORM TO THE LOCAL HEALTH DEPARTMENT FOR THE COUNTY IN**  
21 **WHICH THE PATIENT RESIDES.**

22 **(D) ON OR BEFORE OCTOBER 1 EACH YEAR, EACH LOCAL HEALTH**  
23 **DEPARTMENT SHALL SUBMIT TO THE DEPARTMENT A REPORT THAT INCLUDES THE**  
24 **NUMBER AND TYPE OF REFERRALS MADE TO PATIENTS THAT WERE BASED ON THE**  
25 **INFORMATION FROM THE PRENATAL RISK ASSESSMENT FORM COMPLETED IN**  
26 **ACCORDANCE WITH SUBSECTION (B) OF THIS SECTION.**

27 **(E) THE DEPARTMENT SHALL ESTABLISH A PROCESS FOR A PROVIDER TO**  
28 **SUBMIT A PRENATAL RISK ASSESSMENT FORM ELECTRONICALLY.**

29 19–301.

30 (a) In this subtitle the following words have the meanings indicated.

1 (f) "Hospital" means an institution that:

2 (1) Has a group of at least 5 physicians who are organized as a medical  
3 staff for the institution;

4 (2) Maintains facilities to provide, under the supervision of the medical  
5 staff, diagnostic and treatment services for 2 or more unrelated individuals; and

6 (3) Admits or retains the individuals for overnight care.

7 **19-310.4.**

8 (A) **IF A NEWBORN IS DELIVERED IN A HOSPITAL FOLLOWING A HIGH-RISK**  
9 **PREGNANCY, THE HOSPITAL SHALL:**

10 (1) **COMPLETE A POSTPARTUM INFANT AND MATERNAL REFERRAL**  
11 **FORM AND SUBMIT THE FORM TO THE LOCAL HEALTH DEPARTMENT FOR THE**  
12 **COUNTY IN WHICH THE BIRTHING PARENT RESIDES;**

13 (2) **PROVIDE TO THE BIRTHING PARENT RESOURCES AND**  
14 **INFORMATION SPECIFIC TO THE CIRCUMSTANCES OF THE BIRTHING PARENT,**  
15 **INCLUDING INFORMATION REGARDING THE RISKS, SIGNS, PREVENTIVE MEASURES,**  
16 **AND TREATMENT NEEDS FOR POSTPARTUM COMPLICATIONS, INCLUDING**  
17 **CARDIOVASCULAR CONDITIONS, CHRONIC DISEASE, AND MENTAL HEALTH**  
18 **CONDITIONS; AND**

19 (3) **CALL THE BIRTHING PARENT WITHIN 12 HOURS AFTER**  
20 **DISCHARGING THE PARENT TO EVALUATE THE PARENT'S STATUS AND, AS**  
21 **NECESSARY, PROVIDE INFORMATION ABOUT POSTPARTUM COMPLICATIONS.**

22 (B) **ON OR BEFORE MAY 1 EACH YEAR, EACH LOCAL HEALTH DEPARTMENT**  
23 **SHALL SUBMIT TO THE DEPARTMENT A REPORT THAT INCLUDES THE NUMBER AND**  
24 **TYPE OF REFERRALS MADE BASED ON THE REFERRAL FORMS SUBMITTED TO THE**  
25 **LOCAL HEALTH DEPARTMENT IN ACCORDANCE WITH SUBSECTION (A)(1) OF THIS**  
26 **SECTION.**

27 (C) **THE DEPARTMENT MAY NOT PROVIDE MEDICAL ASSISTANCE**  
28 **PROGRAM REIMBURSEMENT TO A HOSPITAL FOR SERVICES RELATED TO THE**  
29 **DELIVERY OF A NEWBORN FOLLOWING A HIGH-RISK PREGNANCY UNLESS THE**  
30 **HOSPITAL COMPLIES WITH SUBSECTION (A)(1) OF THIS SECTION.**

31 **19-3B-01.**

32 (a) In this subtitle the following words have the meanings indicated.

1 (d) (1) “Freestanding birthing center” means a facility that provides nurse  
2 midwife services under Title 8, Subtitle 6 of the Health Occupations Article.

3 (2) “Freestanding birthing center” does not include:

4 (i) A hospital regulated under Subtitle 2 of this title; or

5 (ii) The private residence of the mother.

6 **19-3B-03.1.**

7 (A) IF A NEWBORN IS DELIVERED IN A FREESTANDING BIRTHING CENTER  
8 FOLLOWING A HIGH-RISK PREGNANCY, THE FREESTANDING BIRTHING CENTER  
9 SHALL:

10 (1) COMPLETE A POSTPARTUM INFANT AND MATERNAL REFERRAL  
11 FORM AND SUBMIT THE FORM TO THE LOCAL HEALTH DEPARTMENT FOR THE  
12 COUNTY IN WHICH THE BIRTHING PARENT RESIDES;

13 (2) PROVIDE TO THE BIRTHING PARENT RESOURCES AND  
14 INFORMATION SPECIFIC TO THE CIRCUMSTANCES OF THE BIRTHING PARENT,  
15 INCLUDING INFORMATION REGARDING THE RISKS, SIGNS, PREVENTIVE MEASURES,  
16 AND TREATMENT NEEDS FOR POSTPARTUM COMPLICATIONS, INCLUDING  
17 CARDIOVASCULAR CONDITIONS, CHRONIC DISEASE, AND MENTAL HEALTH  
18 CONDITIONS; AND

19 (3) CALL THE BIRTHING PARENT WITHIN 12 HOURS AFTER  
20 DISCHARGING THE PARENT TO EVALUATE THE PARENT’S STATUS AND, AS  
21 NECESSARY, PROVIDE INFORMATION ABOUT POSTPARTUM COMPLICATIONS.

22 (B) ON OR BEFORE MAY 1 EACH YEAR, EACH LOCAL HEALTH DEPARTMENT  
23 SHALL SUBMIT TO THE DEPARTMENT A REPORT THAT INCLUDES THE NUMBER AND  
24 TYPE OF REFERRALS MADE BASED ON THE REFERRAL FORMS SUBMITTED TO THE  
25 LOCAL HEALTH DEPARTMENT IN ACCORDANCE WITH SUBSECTION (A)(1) OF THIS  
26 SECTION.

27 (C) THE DEPARTMENT MAY NOT PROVIDE MEDICAL ASSISTANCE  
28 PROGRAM REIMBURSEMENT TO A FREESTANDING BIRTHING CENTER FOR SERVICES  
29 RELATED TO THE DELIVERY OF A NEWBORN FOLLOWING A HIGH-RISK PREGNANCY  
30 UNLESS THE FREESTANDING BIRTHING CENTER COMPLIES WITH SUBSECTION (A)(1)  
31 OF THIS SECTION.

32 **SUBTITLE 24. REPORT CARD FOR BIRTHING FACILITY MATERNITY CARE.**

1 24-2401.

2 (A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANING  
3 INDICATED.

4 (B) "BIRTHING FACILITY" MEANS A FREESTANDING BIRTHING CENTER OR  
5 A HOSPITAL THAT PROVIDES OBSTETRIC CARE.

6 (C) "FREESTANDING BIRTHING CENTER" HAS THE MEANING STATED IN §  
7 19-3B-01 OF THIS ARTICLE.

8 (D) "HOSPITAL" HAS THE MEANING STATED IN § 19-301 OF THIS ARTICLE.

9 (E) "REPORT CARD" MEANS THE MARYLAND REPORT CARD FOR BIRTHING  
10 FACILITY MATERNITY CARE DEVELOPED UNDER § 24-2402 OF THIS SUBTITLE.

11 24-2402.

12 (A) SUBJECT TO SUBSECTIONS (B) AND (C) OF THIS SECTION, THE  
13 SECRETARY, IN COLLABORATION WITH THE MARYLAND HEALTH CARE  
14 COMMISSION, SHALL:

15 (1) DEVELOP A MARYLAND REPORT CARD FOR BIRTHING FACILITY  
16 MATERNITY CARE; AND

17 (2) COLLECT THE NECESSARY INFORMATION TO COMPLETE AN  
18 ANNUAL REPORT CARD FOR EACH BIRTHING FACILITY IN THE STATE.

19 (B) THE REPORT CARD SHALL INCLUDE THE FOLLOWING INFORMATION  
20 FOR EACH BIRTHING FACILITY:

21 (1) THE NUMBER OF VAGINAL DELIVERIES PERFORMED;

22 (2) THE NUMBER OF CESAREAN DELIVERIES PERFORMED;

23 (3) THE RATE OF COMPLICATIONS AND THE TOTAL NUMBER OF  
24 COMPLICATIONS EXPERIENCED BY A PATIENT RECEIVING OBSTETRIC CARE FOR:

25 (I) A VAGINAL DELIVERY AT THE BIRTHING FACILITY,  
26 INCLUDING MATERNAL HEMORRHAGE, LACERATION, INFECTION, OR ANY OTHER  
27 COMPLICATION AS REQUIRED BY THE SECRETARY; OR

1                   **(II) A CESAREAN DELIVERY AT THE BIRTHING FACILITY,**  
2 **INCLUDING MATERNAL HEMORRHAGE, INFECTION, OPERATIVE COMPLICATION, OR**  
3 **ANY OTHER COMPLICATION AS REQUIRED BY THE SECRETARY; AND**

4                   **(4) QUALITATIVE MEASURES BASED ON PATIENT INPUT REGARDING**  
5 **THE PATIENT'S RECEIPT OF RESPECTFUL OBSTETRIC CARE.**

6                   **(C) THE REPORT CARD SCORE SHALL BE BALANCED FOR THE RISKS**  
7 **ASSOCIATED WITH THE LEVEL OF ACUITY CARE PROVIDED FOR OBSTETRIC**  
8 **PATIENTS SERVED BY THE BIRTHING FACILITY.**

9                   **(D) THE DEPARTMENT SHALL INCLUDE THE MOST RECENT REPORT CARD**  
10 **ON THE DEPARTMENT'S WEBSITE.**

11                   **(E) (1) AT LEAST ANNUALLY, THE SECRETARY SHALL:**

12                                   **(I) REVIEW THE CRITERIA EVALUATED IN THE REPORT CARD;**  
13 **AND**

14                                   **(II) REVISE THE COMPLICATIONS OR OTHER FACTORS TO BE**  
15 **INCLUDED IN THE REPORT CARD.**

16                                   **(2) THE SECRETARY SHALL CONSIDER EXPERT GUIDANCE WHEN**  
17 **REVIEWING THE CRITERIA EVALUATED IN THE REPORT CARD.**

18                   SECTION 2. AND BE IT FURTHER ENACTED, That:

19                   (a) The Maryland Department of Health, in collaboration with the Maryland  
20 Hospital Association and local health departments, shall study the incidents of Severe  
21 Maternal Morbidity (SMM) in the State to:

22                                   (1) identify the contextual drivers and trends in the risk factors associated  
23 with individuals experiencing SMM; and

24                                   (2) make recommendations to reduce the incidents of SMM in the State.

25                   (b) On or before December 1, 2025, the Department shall report the findings and  
26 recommendations from the study conducted under subsection (a) of this section to the  
27 Governor and, in accordance with § 2-1257 of the State Government Article, the General  
28 Assembly.

29                   SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect  
30 October 1, 2024.