

Department of Legislative Services
Maryland General Assembly
2024 Session

FISCAL AND POLICY NOTE
Third Reader - Revised

Senate Bill 1059

(Senator Ellis)

Finance

Health and Government Operations

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

This bill codifies the current requirement that a provider who receives reimbursement from Medicaid for obstetric services complete a “prenatal risk assessment form” for a patient and submit the form to the local health department (LHD). A “birthing facility” where an infant is born must complete a postpartum infant and maternal referral form; submit the form to the LHD; and provide the birthing parent with specified resources, information, and follow-up. Each birthing facility must also participate in the Severe Maternal Morbidity (SMM) Surveillance and Review Program. The Secretary of Health must develop a Maryland Report Card for Birthing Facility Maternity Care for each birthing facility in the State. The SMM Surveillance and Review Program must report specified findings and recommendations to the General Assembly by December 1, 2025. **The bill generally takes effect July 1, 2025; provisions regarding participation in the SMM Surveillance and Review Program take effect October 1, 2024.**

Fiscal Summary

State Effect: The Maryland Department of Health (MDH) can implement the bill’s requirements using existing budgeted resources. Revenues are not affected.

Local Effect: LHDs can likely collect specified information from birthing facilities with existing budgeted resources. Revenues are not affected.

Small Business Effect: None.

Analysis

Bill Summary:

Prenatal Risk Assessment

“Prenatal risk assessment form” means a standardized form developed by MDH in accordance with Centers for Medicare and Medicaid Services guidelines for use by a licensed health care provider to evaluate risk factors for the health of a pregnant patient.

A provider who receives reimbursement from Medicaid for obstetric services must complete a prenatal risk assessment form for the patient during the initial visit of the patient’s pregnancy. After completing a prenatal risk assessment form, the provider must submit the form to the LHD for the county in which the patient resides. MDH must establish a process for a provider to submit a prenatal risk assessment form electronically.

By October 1 each year, each LHD must submit a report to MDH that includes the number and type of referrals made to patients based on the information from the prenatal risk assessment form.

High-risk Pregnancy Requirements at Delivery

If a newborn is delivered in a hospital or a freestanding birthing center following a high-risk pregnancy, the hospital or freestanding birther center must (1) complete a postpartum infant and maternal referral form and submit the form to the LHD for the county in which the birthing parent resides; (2) provide birthing parent resources and information specific to their circumstances, including information regarding the risks, signs, preventative measures, and treatment needs for postpartum complications, including cardiovascular conditions, chronic disease, substance misuse, and mental health conditions; and (3) call the birthing parent at least 24 hours, but not longer than 48 hours, after discharging the parent to evaluate the parent’s status and, as necessary, provide information about postpartum complications.

By October 1 each year, each LHD must submit to MDH a report that includes the number and type of referrals made based on the postpartum infant and maternal referral forms submitted to the LHD.

Maryland Report Card for Birthing Facility Maternity Care

“Birthing facility” means a freestanding birthing center or a hospital that provides obstetric care.

The Secretary of Health, in collaboration with the Maryland Health Care Commission, must develop a Maryland Report Card for Birthing Facility Maternity Care 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, disaggregated by race and age in accordance with best practices for data suppression:

- the number and rate of vaginal deliveries performed;
- the number and rate of cesarean deliveries performed;
- the age-adjusted rate of complications and the total number of complications experienced by a patient receiving obstetric care for (1) a vaginal delivery at the birthing facility, including maternal hemorrhage, laceration, infection, or any other complication as required by the Secretary or (2) a cesarean delivery at the birthing facility, including maternal hemorrhage, infection, operative complication, or any other complication as required by the Secretary; and
- qualitative measures based on patient input regarding the patient's receipt of respectful obstetric care.

The report card score must be balanced for the risks associated with the level of acuity care provided for obstetric patients served by the birthing facility.

MDH must include the most recent report card for each birthing facility on the department's website. At least once every three years, the Secretary must review the criteria evaluated in the report card and revise the complications or other factors to be included in the report card. The Secretary must consider expert guidance when reviewing the criteria evaluated in the report card.

Required Report

Uncodified language requires each birthing facility to participate in the SMM Surveillance and Review Program to (1) identify the contextual drivers, risk factors, and causes of SMM; (2) study quality improvement efforts of birthing facilities regarding SMM based on the reviews; and (3) make recommendations to reduce the prevalence of SMM in the State. By December 1, 2025, the SMM Surveillance and Review Program must report the findings and recommendations of the study to the General Assembly.

Current Law:

Medicaid Coverage

Maryland Medicaid covers pregnant women with incomes up to 138% of the federal poverty level (FPL). Pregnant women with incomes between 138% and 264% FPL may also qualify based on their pregnancy under the Sixth Omnibus Budget Reconciliation

Act of 1986 category. Effective July 1, 2023, Medicaid provides coverage to noncitizen pregnant women who would be eligible for Medicaid but for their immigration status.

Under Maryland regulations (COMAR [10.67.04.08](#)), a Medicaid managed care organization must ensure access to prenatal care for pregnant women and postpartum care for postpartum women by (1) scheduling an appointment for the first prenatal visit and seeing the woman within 10 days of request; (2) scheduling an appointment for a postpartum woman and seeing the woman within 10 days of request; (3) arranging for an adequate network of providers including obstetricians, gynecologists, perinatologists, neonatologists, anesthesiologists, and advanced practice nurses who are capable of addressing complex maternal and infant health issues; and (4) linking a pregnant woman with a pediatric provider before delivery.

Prenatal providers must (1) complete a prenatal risk assessment at the first prenatal visit and (2) within 10 days of completing the prenatal risk assessment, forward this assessment to the LHD in the jurisdiction in which the pregnant enrollee lives. Medicaid currently reimburses providers for this assessment at a rate of \$40. In calendar 2022, Medicaid provided reimbursement for 32,189 births.

Maryland Maternal Mortality Review Program

Chapter 74 of 2000 established Maryland's Maternal Mortality Review Program to (1) identify maternal death cases; (2) review medical records and other relevant data; (3) determine preventability of death; (4) develop recommendations for the prevention of maternal deaths; and (5) disseminate findings and recommendations. Maternal mortality reviews are conducted by a committee of clinical experts, the Maternal Mortality Review Committee. The program must submit an annual report on findings, recommendations, and program actions to the Governor and the General Assembly. The most recent [report](#) was submitted in November 2021.

Additional Comments: MDH advises that there are currently no freestanding birthing centers in the State.

The Maryland Maternal Health Innovation ([MDMOM](#)) Program is a collaboration between Johns Hopkins University, MDH, and the Maryland Patient Safety Center, aimed to improve maternal health across the State by coordinating innovation in the areas of maternal health data, hospital and home visiting, training, and resource availability. In July 2020, MDMOM launched a hospital-based pilot program in six birthing hospitals in the State to test processes for [SMM surveillance and review](#) in the State. According to MDMOM, 20 of the 32 birthing hospitals in Maryland voluntarily participate in SMM surveillance and review.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: HB 1051 (Delegate White Holland, *et al.*) - Health and Government Operations.

Information Source(s): Maryland Association of County Health Officers; Maryland Department of Health; Department of Legislative Services

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