HB 1357

Department of Legislative Services

Maryland General Assembly
2025 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 1357 (Delegate Reilly, *et al.*)
Health and Government Operations

Public Health - Reproductive Health Care Data - Report

This bill requires the Maryland Department of Health (MDH) to collect and compile data annually regarding the cost of birth, postpartum care, pregnancy care, and abortion, as specified, to (1) better understand the financial impact of these services on individuals, providers, and the State; (2) inform public policy decisions related to maternal and reproductive health care; and (3) promote transparency and accountability in health care spending while safeguarding the privacy and dignity of all individuals. MDH is not required to collect or report data that would violate federal or State privacy laws. By December 1, 2025, and annually thereafter, MDH must submit a comprehensive report with specified data and analysis to the General Assembly and make the report publicly available on its website. **The bill takes effect June 1, 2025.**

Fiscal Summary

State Effect: No effect in FY 2025. MDH general fund expenditures increase by $155,300 in FY 2026 for personnel, as discussed below. Future years reflect ongoing personnel costs for one permanent position and elimination of one part-time contractual position in FY 2026. Revenues are not affected.

(in dollars)	FY 2026	FY 2027	FY 2028	FY 2029	FY 2030
Revenues	$0	$0	$0	$0	$0
GF Expenditure	155,300	96,900	101,200	105,800	110,300
Net Effect	($155,300)	($96,900)	($101,200)	($105,800)	($110,300)

Note: () = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

Local Effect: None.

Small Business Effect: Minimal.

Analysis

Bill Summary:

Data Collection

MDH must collect and compile data annually regarding the cost of:

- delivery, including (1) standard delivery costs; (2) costs of complications, including emergency interventions; and (3) neonatal care, if applicable;
- postpartum care, including (1) follow-up medical visits and (2) costs associated with addressing postpartum mental health conditions, including postpartum depression;
- pregnancy care, including (1) routine obstetric and gynecological visits; (2) prenatal vitamins and supplements; and (3) diagnostic and monitoring services, including ultrasounds and genetic testing; and
- abortion, including (1) procedural costs; (2) costs associated with complications or follow-up care; (3) prescription costs for abortion pills, including costs associated with abortion pill reversals; and (4) costs of abortion care training programs.

MDH must also track Maryland Medicaid funds used for chemical or surgical abortion procedures, including (1) the total expenditure allocated for chemical abortions, including associated prescription costs and (2) the total expenditure for surgical abortions, including pre- and post-operative care.

MDH must develop a standardized system, including forms and worksheets, to collect consistent data from each licensed hospital, health care provider, and any other entity that provides delivery, postpartum care, pregnancy care, or abortion services. These entities must comply with MDH data submission requirements and anonymize and de-identify patient data as necessary.

Annual Report

The annual report must include, for the immediately preceding fiscal year (1) aggregated cost data for delivery, abortion, postpartum care, and pregnancy care; (2) comparative data by region within the State; (3) analysis of trends in the costs of each category of care over time; and (4) recommendations, if any, for improving cost efficiency. The report may not include any personally identifiable information and must comply with all federal and State privacy laws.

Current Law: For more information on the status of abortion laws on the State and federal levels, please see **Appendix – Legal Developments Regarding Abortion**.

State Expenditures: Under the bill, MDH must (1) develop a standardized system to collect consistent data from each licensed hospital, health care provider, and any other entity; (2) collect and compile data annually regarding the cost of birth, postpartum care, pregnancy care, and abortion, as specified; (3) track Maryland Medicaid funds used for chemical or surgical abortion procedures; and (4) submit (and post on the MDH website) a comprehensive report by December 1, 2025, and annually thereafter. Given the scope of the report, MDH requires additional resources.

Thus, MDH general fund expenditures increase by at least $155,278 in fiscal 2026. This estimate reflects the cost of hiring two health policy analysts (one permanent and one six-month contractual) effective July 1, 2025, to ensure completion of the report by December 1, 2025. It includes salaries, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Positions	2.0
Salaries and Fringe Benefits	$140,540
Operating Expenses	14,738
Total FY 2026 State Expenditures	**$155,278**

Future year expenditures reflect a full salary for the permanent position with annual increases and employee turnover as well as annual increases in ongoing operating expenses.

This estimate does not include any health insurance costs that could be incurred for specified contractual employees under the State's implementation of the federal Patient Protection and Affordable Care Act.

The contractual position is assumed to terminate December 31, 2025, following submission of the first annual report. To the extent additional contractual support is needed in future years, general fund expenditures increase by an additional amount.

Small Business Effect: Small business health care providers and other entities that provide delivery, abortion, postpartum care, and pregnancy care services must comply with the bill's reporting requirements.

Additional Information

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

Designated Cross File: SB 965 (Senator Carozza, *et al.*) - Finance.

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

Fiscal Note History: First Reader - February 26, 2025
js/jc

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Appendix – Legal Developments Regarding Abortion

Status of Federal Abortion Law

In June 2022, the U.S. Supreme Court overturned precedent regarding abortion access in *Dobbs v. Jackson Women's Health Organization*. Before this decision, abortions prior to viability were constitutionally protected based on *Roe v. Wade* and *Planned Parenthood of Southeastern Pennsylvania v. Casey*. The petitioners in *Dobbs* sought to overturn the invalidation of Mississippi's Gestational Age Act, which prohibited abortions after 15 weeks gestation except for medical emergencies or severe fetal abnormalities. The U.S. Supreme Court upheld the Mississippi law by overturning *Roe* and *Casey*, holding that there is no constitutionally protected right to an abortion as it is not a right explicitly granted by the Constitution or a right "deeply rooted" in the country's history and tradition. The *Dobbs* decision leaves states to decide how to regulate abortion access, resulting in a patchwork of state laws with varying degrees of access to abortion care.

Maryland Abortion Law

Roe and *Casey* were codified in Maryland law before the *Dobbs* decision, thereby limiting its impact in the State. Section 20-209 of the Health-General Article prohibits the State from interfering with an abortion conducted (1) before viability or (2) at any point, if the procedure is necessary to protect the health or life of the woman in cases of fetal defect, deformity, or abnormality. The Maryland Department of Health may also adopt regulations consistent with established clinical practice if they are necessary and the least intrusive method to protect the life and health of the woman.

Chapter 56 of 2022 expanded beyond physicians the types of health care providers who may provide abortions to include nurse practitioners, nurse-midwives, licensed certified midwives, physician assistants, and other qualified licensed health care providers. The Act also established the Abortion Care Clinical Training Program to (1) ensure there are enough health care professionals to provide abortion services in the State and (2) require health insurers and Maryland Medicaid to cover abortion services without a deductible, coinsurance, copayment, or other cost-sharing requirement. Chapters 248 and 249 of 2023 require certain health insurers that provide labor and delivery coverage to also cover abortion care services, with limited exceptions.

Chapters 244 and 245 of 2023 proposed a constitutional amendment to (1) establish an individual's fundamental right to reproductive freedom, including but not limited to the ability to make and effectuate decisions to prevent, continue, or end one's own pregnancy and (2) prohibit the State from directly or indirectly denying, burdening, or abridging the

right unless justified by a compelling State interest achieved by the least restrictive means. In November 2024, Maryland voters approved this constitutional amendment through a ballot referendum.

Maryland Shield Laws

Chapters 248 and 249 generally prohibit the disclosure of mifepristone data or the diagnosis, procedure, medication, or related codes for abortion care and other sensitive health services (including reproductive health services other than abortion care) by a health information exchange, electronic health network, or health care provider. The Acts also define "legally protected health care" to mean all reproductive health services, medications, and supplies related to the provision of abortion care and other sensitive health services as determined by the Secretary of Health based on the recommendation of the Protected Health Care Commission.

Chapters 246 and 247 of 2023 generally (1) establish additional protections for information related to "legally protected health care" when that information is sought by another state; (2) prohibit a health occupations board from taking specified disciplinary actions related to the provision of legally protected health care; (3) prohibit a medical professional liability insurer from taking "adverse actions" against a practitioner related to the practice of legally protected health care; and (4) prohibit specified State entities, agents, and employees from participating in any interstate investigation seeking to impose specified liabilities or sanctions against a person for activity related to legally protected health care (with limited exception). Data related to legally protected health care is also generally protected from other states.

State Actions Following the Dobbs Decision

As of January 2025, 41 states have some type of abortion ban in place with limited exceptions. Twelve states (Alabama, Arkansas, Idaho, Indiana, Kentucky, Louisiana, Mississippi, Oklahoma, South Dakota, Tennessee, Texas, and West Virginia) have implemented total abortion bans. Twenty-nine states have abortion restrictions based on gestational duration, including 7 states that ban abortion at or before 18 weeks gestation and 22 states that ban abortion at some point after 18 weeks. All 41 states have an exception for a threat to the mother's life; 22 states have exceptions for a threat to the physical health of the mother; and 13 states have exceptions for a threat to the general health of the mother. Several states also have limited exceptions for rape (10 states), incest (9 states), or lethal fetal anomalies (12 states).