

SENATE BILL 348

J1, J3

6lr2497

By: **Senator Jackson**

Introduced and read first time: January 23, 2026

Assigned to: Finance

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: February 25, 2026

CHAPTER _____

1 AN ACT concerning

2 **Hospitals and Freestanding Birthing Centers – High–Risk Pregnancies –**
3 **Communication After Discharge**

4 FOR the purpose of altering the ~~time period~~ requirement that a hospital or freestanding
5 birthing center contact the birth parent after the delivery of a newborn following a
6 high–risk pregnancy ~~in which a hospital or freestanding birthing center must call~~
7 ~~the birthing parent to evaluate the birthing parent’s status and, as necessary,~~
8 ~~provide certain information~~ for a certain purpose to remove the requirement that the
9 contact be made through a call; and generally relating to hospitals and freestanding
10 birthing centers and high–risk pregnancies.

11 BY repealing and reenacting, with amendments,
12 Article – Health – General
13 Section 19–310.5 and 19–3B–03.1
14 Annotated Code of Maryland
15 (2023 Replacement Volume and 2025 Supplement)

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

18 **Article – Health – General**

19 19–310.5.

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 (a) If a newborn is delivered in a hospital following a high-risk pregnancy, the
2 hospital shall:

3 (1) Complete a postpartum infant and maternal referral form and submit
4 the form to the local health department for the county in which the birthing parent resides;

5 (2) Provide to the birthing parent resources and information specific to the
6 circumstances of the birthing parent, including information regarding the risks, signs,
7 preventive measures, and treatment needs for postpartum complications, including
8 cardiovascular conditions, chronic disease, substance misuse, and mental health
9 conditions; and

10 (3) ~~Call~~ CONTACT the birthing parent at least 24, but not later than ~~48~~
11 ~~72~~, hours after discharging the parent to evaluate the parent's status and, as necessary,
12 provide information about postpartum complications.

13 (b) On or before October 1 each year, each local health department shall submit
14 to the Department a report that includes the number and type of referrals made based on
15 the referral forms submitted to the local health department in accordance with subsection
16 (a)(1) of this section.

17 19-3B-03.1.

18 (a) If a newborn is delivered in a freestanding birthing center following a
19 high-risk pregnancy, the freestanding birthing center shall:

20 (1) Complete a postpartum infant and maternal referral form and submit
21 the form to the local health department for the county in which the birthing parent resides;

22 (2) Provide to the birthing parent resources and information specific to the
23 circumstances of the birthing parent, including information regarding the risks, signs,
24 preventive measures, and treatment needs for postpartum complications, including
25 cardiovascular conditions, chronic disease, substance misuse, and mental health
26 conditions; and

27 (3) ~~Call~~ CONTACT the birthing parent at least 24, but not later than ~~48~~
28 ~~72~~, hours after discharging the parent to evaluate the parent's status and, as necessary,
29 provide information about postpartum complications.

30 (b) On or before October 1 each year, each local health department shall submit
31 to the Department a report that includes the number and type of referrals made based on
32 the referral forms submitted to the local health department in accordance with subsection
33 (a)(1) of this section.

34 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
35 October 1, 2026.