

SENATE BILL 485

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CF 6lr3417

By: **Senators Carozza, Ready, West, and Jennings**

Introduced and read first time: February 2, 2026

Assigned to: Finance

A BILL ENTITLED

1 AN ACT concerning

2 **Public Health – Women’s Health Care Data – Report**

3 FOR the purpose of requiring the Maryland Department of Health to develop and
4 implement a standard system to collect and compile annual data on the costs of
5 prenatal care, birth, postpartum care, pregnancy care, abortion services, and
6 menopausal care in the State; establishing limitations on the data and information
7 that may be collected or reported under a certain provision of this Act; and generally
8 relating to reproductive health care data.

9 BY adding to

10 Article – Health – General

11 Section 20–217 through 20–220 to be under the new part “Part V. Women’s Health
12 Data Collection and Reporting”

13 Annotated Code of Maryland

14 (2023 Replacement Volume and 2025 Supplement)

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

17 **Article – Health – General**

18 **20–215. RESERVED.**

19 **20–216. RESERVED.**

20 **PART V. WOMEN’S HEALTH DATA COLLECTION AND REPORTING.**

21 **20–217.**

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 (I) ROUTINE OBSTETRIC AND GYNECOLOGICAL VISITS;

2 (II) PRENATAL VITAMINS AND SUPPLEMENTS;

3 (III) DIAGNOSTIC AND MONITORING SERVICES, INCLUDING
4 ULTRASOUNDS AND GENETIC TESTING; AND

5 (IV) PERINATAL MENTAL HEALTH CONDITIONS, INCLUDING
6 PERINATAL DEPRESSION;

7 (4) SUBJECT TO SUBSECTION (B) OF THIS SECTION, ABORTION,
8 INCLUDING:

9 (I) PROCEDURAL COSTS;

10 (II) COSTS ASSOCIATED WITH COMPLICATIONS OR FOLLOW-UP
11 CARE;

12 (III) PRESCRIPTION COSTS FOR ABORTION PILLS, INCLUDING
13 COSTS ASSOCIATED WITH ABORTION PILL REVERSALS;

14 (IV) COSTS OF ABORTION CARE TRAINING PROGRAMS UNDER §
15 13-4704 OF THIS ARTICLE; AND

16 (V) POST-ABORTIVE MENTAL HEALTH SYMPTOMS, INCLUDING
17 ANXIETY, DEPRESSION, OR TRAUMA-RELATED INDICATORS; AND

18 (5) MENOPAUSE-RELATED HEALTH CARE, INCLUDING:

19 (I) UTILIZATION AND ASSOCIATED COSTS OF HORMONAL AND
20 NONHORMONAL THERAPIES;

21 (II) AVAILABILITY AND ACCESSIBILITY OF EDUCATIONAL AND
22 COMMUNICATIONS RESOURCES FOR PATIENTS AND HEALTH CARE PROVIDERS; AND

23 (III) MENTAL HEALTH CONDITIONS RELATED TO
24 PERIMENOPAUSE, MENOPAUSE, AND POSTMENOPAUSE, INCLUDING DIAGNOSIS,
25 TREATMENT, AND LONG-TERM MANAGEMENT.

26 (B) DATA COLLECTED UNDER SUBSECTION (A)(4) OF THIS SECTION:

27 (1) SHALL INCLUDE ONLY AGGREGATED BUDGET AND EXPENDITURE
28 DATA; AND

(2) MAY NOT INCLUDE PROCEDURE-LEVEL DETAILS OR ANY OTHER INFORMATION PROHIBITED FROM DISCLOSURE UNDER STATE LAW.

(C) MARYLAND MEDICAL ASSISTANCE PROGRAM FUNDS USED FOR CHEMICAL OR SURGICAL ABORTION PROCEDURES SHALL BE TRACKED TO INCLUDE:

(1) THE TOTAL EXPENDITURE ALLOCATED FOR CHEMICAL ABORTIONS, INCLUDING ASSOCIATED PRESCRIPTION COSTS; AND

(2) THE TOTAL EXPENDITURE FOR SURGICAL ABORTIONS, INCLUDING PRE- AND POSTOPERATIVE CARE.

(D) (1) THE DEPARTMENT SHALL DEVELOP AND IMPLEMENT A STANDARDIZED REPORTING SYSTEM, INCLUDING FORMS OR WORKSHEETS WITH INSTRUCTIONS, FOR THE COLLECTION OF REVENUES, CHARGES, PRICES, AND UTILIZATION DATA RELATED TO WOMEN'S HEALTH CARE SERVICES FOR BUDGETARY ANALYSIS AND EXPENDITURE MONITORING.

(2) UNIFORM REPORTING REQUIREMENTS UNDER THIS SUBSECTION SHALL ALLOW THE DEPARTMENT TO IDENTIFY STATEWIDE AND REGIONAL TRENDS IN THE COST, PRICE, AVAILABILITY, AND UTILIZATION OF WOMEN'S MEDICAL, SURGICAL, REPRODUCTIVE, DIAGNOSTIC, PRENATAL, POSTPARTUM, MENOPAUSAL, AND OTHER HEALTH CARE SERVICES.

(E) THE FOLLOWING ENTITIES SHALL USE THE REPORTING SYSTEM DEVELOPED UNDER SUBSECTION (D) OF THIS SECTION TO REPORT APPLICABLE DATA DESCRIBED UNDER SUBSECTION (A) OF THIS SECTION TO THE DEPARTMENT:

(1) EACH HOSPITAL LICENSED UNDER TITLE 19, SUBTITLE 3 OF THIS ARTICLE;

(2) EACH HEALTH CARE PROVIDER LICENSED UNDER THE HEALTH OCCUPATIONS ARTICLE; AND

(3) ANY OTHER ENTITY THAT PROVIDES A SERVICE DESCRIBED UNDER SUBSECTION (A) OF THIS SECTION.

20-219.

(A) THE DEPARTMENT IS NOT REQUIRED TO COLLECT OR REPORT DATA THAT WOULD VIOLATE FEDERAL OR STATE PRIVACY LAWS, INCLUDING §§ 4-301 THROUGH 4-309 OF THIS ARTICLE.

(B) AN ENTITY LISTED UNDER § 20–218(E) OF THIS SUBTITLE SHALL:

(1) COMPLY WITH THE DEPARTMENT’S DATA SUBMISSION REQUIREMENTS; AND

(2) ANONYMIZE AND DE-IDENTIFY PATIENT DATA AS NECESSARY TO COMPLY WITH APPLICABLE FEDERAL AND STATE PRIVACY LAWS.

(C) (1) DATA COLLECTED UNDER § 20–218(A) OF THIS SUBTITLE SHALL BE LIMITED TO THE INFORMATION NECESSARY TO ASSESS THE COSTS OF SERVICES FOR EACH CATEGORY OF CARE DESCRIBED IN § 20–218(A) OF THIS SUBTITLE.

(2) THE DEPARTMENT OR ANY ENTITY LISTED UNDER § 20–218(E) OF THIS SUBTITLE MAY NOT COLLECT OR REPORT PERSONAL HEALTH INFORMATION OR ANY OTHER IDENTIFIABLE PATIENT DATA IN COMPLYING WITH § 20–218 OF THIS SUBTITLE.

(D) NOTWITHSTANDING § 20–218 OF THIS SUBTITLE, THIS SUBTITLE MAY NOT BE CONSTRUED TO AUTHORIZE OR REQUIRE THE COLLECTION OR DISCLOSURE OF INDIVIDUALLY IDENTIFIABLE PATIENT INFORMATION OR ANY OTHER DATA THAT MAY COMPROMISE PATIENT PRIVACY OR CONFIDENTIALITY.

20–220.

(A) ON OR BEFORE DECEMBER 1 EACH YEAR, BEGINNING IN 2026, THE DEPARTMENT SHALL SUBMIT A COMPREHENSIVE REPORT TO THE GENERAL ASSEMBLY, IN ACCORDANCE WITH § 2–1257 OF THE STATE GOVERNMENT ARTICLE, AND MAKE THE REPORT PUBLICLY AVAILABLE ON ITS WEBSITE.

(B) THE REPORT SHALL INCLUDE THE FOLLOWING INFORMATION FOR THE IMMEDIATELY PRECEDING FISCAL YEAR:

(1) AGGREGATED COST DATA FOR EACH CATEGORY OF CARE DESCRIBED UNDER § 20–218(A) OF THIS SUBTITLE;

(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.

(C) THE REPORT:

**(1) MAY NOT INCLUDE ANY PERSONALLY IDENTIFIABLE
INFORMATION; AND**

**(2) SHALL COMPLY WITH ALL APPLICABLE FEDERAL AND STATE
PRIVACY LAWS, INCLUDING THE FEDERAL HEALTH INSURANCE PORTABILITY AND
ACCOUNTABILITY ACT.**

**SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect June
1, 2026.**