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## **HB 1112- Public Health - Maternal and Child Mortality – Perinatal Hospice Services**

HB1112 directs the MD Department of Health to develop a list of perinatal hospice programs available in the State and nationally that is organized geographically and publish on its website an information sheet on perinatal hospice programs, as well as a list of program availability.

The services required under the bill are needed to assist parents who are experiencing a most tragic event in their life – receiving news that their unborn child is diagnosed with a life-limiting diagnosis, which is defined as a condition diagnosed before birth that will, with reasonable certainty, result in the death of the unborn child within 3 months after birth. The bill is proactive, as the time of receiving such news is not the time to begin a search for availability of services to assist the family during their time of need.

Perinatal hospice services may assist the mother in the hospital or at home with counseling, medical care, specialists, clergy, and social workers who would create a comfortable and supportive environment to assist the mother and family during their crisis. Hospice can provide a compassionate environment and help to protect the mental health of families experiencing such a tragic event. This bill would empower those families with information of resources available to them during their time of need.

Currently, there are 300 perinatal hospice programs nationwide, and 9 reported in Maryland. Seven states (AZ, IN, KS, MN, NE, OK, and WI) have passed similar legislation. Based on the statistics of infant mortality in the State, hundreds of Marylanders could be assisted by the requirements of this bill.

By publishing this information on their website, the Maryland Department of Health would be the single source for vital information, as they should be.

Furthermore, the bill does not require a physician to notify a patient of the availability of hospice services, but only states that they MAY share such information.

There is an amendment which strikes all of the language regarding data storage and the only requirements that remain under this bill, if the amendment is adopted, are those beginning with Subtitle 20, Section 20-2001.

The bill is supported by the Board of Nursing, the March of Dimes, Hospice agencies, and parents. I am willing to work with any parties to amend the bill as necessary. The fiscal note indicates that the MD Department of Health can handle the requirements of the bill with existing budgeted resources.

I ask for a favorable report. Thank you.