

SB 644_PJC_Favorable_FIN.pdf

Uploaded by: Ashley Black

Position: FAV



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SB 644

Maternal Mortality Review Program – Local Teams – Access to Information and Records

Hearing of the Senate Finance Committee

March 3, 2023

1:00 PM

SUPPORT

The Public Justice Center (PJC) is a not-for-profit civil rights and anti-poverty legal services organization which seeks to advance social justice, economic and racial equity, and fundamental human rights in Maryland. Our Health and Benefits Equity Project advocates to protect and expand access to healthcare and safety net services for Marylanders struggling to make ends meet. We support policies and practices that are designed to eliminate economic and racial inequities and enable every Marylander to attain their highest level of health. **PJC strongly supports SB 644**, which would require that a local Maternal Mortality Review (MMR) team be provided immediate access to requested information and records, including information on prenatal care maintained by a health care provider regarding a woman whose death is being reviewed by the local team.

We thank the Maryland General Assembly for passing [HB 796/SB 602 \(2019\)](#) which enabled each county to establish a local MMR team. Every woman deserves quality and culturally competent health care during pregnancy, labor and postpartum. Yet too often, pregnant and postpartum women slip through the cracks in our healthcare system, creating disparities in maternal health outcomes. These disparities persist in Maryland where maternal mortality among Black women is four times higher than the rate among White women.¹ Though Maryland's overall MMR has decreased, the racial gap is growing, according to the most recent data available from the Maryland MMR Program, as white MMR decreased by 56.7% and Black MMR decreased by only 12%.² In 2018, the most recently available data, 83% of all pregnancy-related deaths were found to be preventable.³

Understanding community-level factors is vital to preventing maternal mortality as many of our low-income rural and urban communities have significant gaps in access to comprehensive maternal healthcare, including prenatal care. SB 644, if passed, would help Maryland in furthering its mission to eliminate maternal mortality by ensuring that local

¹ [Maryland Department of Health, Annual Report Maryland Maternal Mortality Review \(2021\)](#).

² *Id.*

³ *Id.*

MMR teams can access necessary information without delays on the prenatal care received by a woman who has died. Prenatal care not only helps women prepare for the birth of a child, but it also enables providers to detect and prevent serious health complications, including maternal and infant death.⁴ This data would put local teams in a better position to make and implement recommendations on how best to ensure that all women, regardless of where they reside, have access to life-saving prenatal care in Maryland.

For these reasons, the Public Justice Center urges the committee to issue a **FAVORABLE** report for **SB 644**. If you have any questions about this testimony, please contact Ashley Black at 410-625-9409 ext. 224 or blacka@publicjustice.org.

⁴ [Jonas J. Swartz, et. al, *Expanding Prenatal Care to Unauthorized Immigrant Women and the Effects on Infant Health*, 130 *Obstetrics & Gynecology* 938 \(2017\).](#)

Sen. McCray Testimony Senate Bill 644.pdf

Uploaded by: Destiny Bell

Position: FAV

CORY V. McCRAY
Legislative District 45
Baltimore City

DEPUTY MAJORITY WHIP

Budget and Taxation Committee

Subcommittees

Chair, Health and Human Services

Vice Chair, Capital Budget

Executive Nominations Committee

Legislative Policy Committee

Joint Committee on Gaming Oversight



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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Vote Yes on Senate Bill 644

Bill Title: Maternal Mortality Review Program – Local Teams – Access to Information and Records

Hearing Date: March 3, 2023, Finance

Greetings, Chair, Vice Chair, and members of the Committee

I write to urge you to support Senate Bill 644. SB644 was created to lessen the fatal mortality rates of infants and create awareness of the issue. In approving this bill, the state health department will work in concert with the local health department. The maternal mortality review team will work to identify the root of which maternal deaths occur. This will allow the team will be able to provide recommendations to legislators and healthcare facilities to prevent these occurrences from happening in the future.

Together, the local health department will be able to better assess the deaths of children and infants in the community. In approving this bill,

the state will be obligated to provide necessary information to the local jurisdiction immediately. Providing data promptly increases the chances of gathering an analysis for our constituents in need of answers. It is critical to do what is best for our community. Providing methods, recommendations, and knowledge is what we need.

For these reasons, I respectfully ask for your support in approving Senate Bill 644.

Respectfully,

A handwritten signature in blue ink, appearing to read 'Cory V. McCray', with a stylized flourish at the end.

Cory V. McCray

State Senator

SB 644_MFN_FAV_LWeeldreyer.pdf

Uploaded by: Laura Weeldreyer

Position: FAV

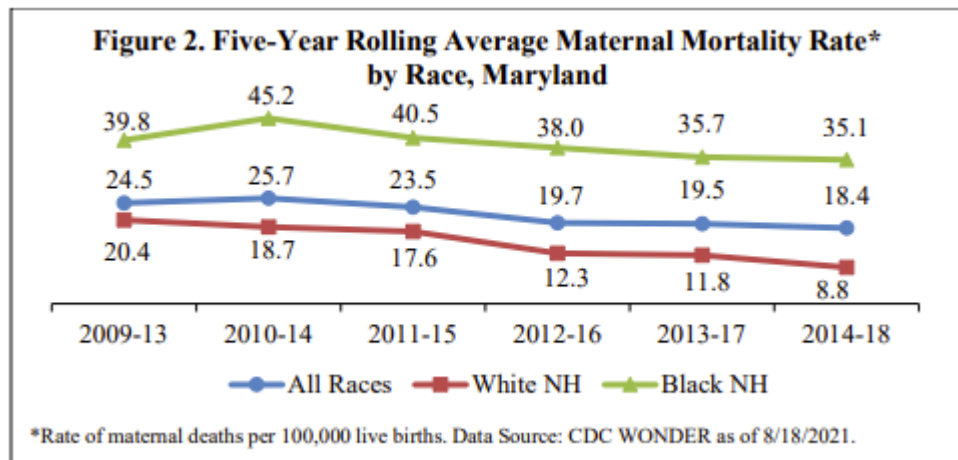


Testimony Concerning SB 644
“Maternal Mortality Review Program - Local Teams - Access to Information and Records”
Submitted to the Senate Finance Committee
March 3, 2023

Position: Favorable

Maryland Family Network (MFN) strongly supports SB 644, which would allow Local Maternal Mortality Review Teams to have immediate access to records regarding the deceased birthing individual whose death is being reviewed.

While the number of birthing individuals who die related to childbirth is quite low, the maternal mortality rate in the United States is significantly higher than most other developed nations. Furthermore, while Maryland’s Maternal Mortality Rate is decreasing, the racial disparities in maternal mortality are increasing. According to the State’s Maternal Mortality Review Program, “The 2009-2013 Black non-Hispanic MMR was 2.0 times the White non-Hispanic MMR, while the 2014-2018 Black non-Hispanic MMR was 4.0 times the White non-Hispanic MMR.”¹ These disparities are illustrated in the chart below.²



We applaud this body for passing HB 796/SB 602 in 2019 to allow the establishment of Local Maternal Mortality Review Teams in addition to the statewide Maternal Mortality Review Team. However, there have been a lot of delays for the local team getting the records for the reviews. Including “immediate access” in the statute will allow the reviews of deaths to be timelier and facilitate expediency in taking action to prevent future deaths. Another issue preventing robust case reviews is inadequate health records to allow the local review team to have a full picture of that individual’s death. SB 644’s proposed changes to ensure a local team

¹ “Maryland Maternal Mortality Review 2020 Annual Report,” Health –General Article § 13-207 at p. 6. <https://health.maryland.gov/phpa/mch/Documents/MMR/HG%20%20a7%20%2013-1207%2013-1208%20and%20%20a713-1212%20-%20Maryland%20Maternal%20Mortality%20Review%202020.pdf>

² Ibid. at p.7.



can access an individual's prenatal care records will ensure the review of the death can include the depth that is needed. In Baltimore City, in part due to the depth of the local Fetal and Infant Mortality Review case reviews, the B'more for Healthy Babies initiative has significantly reduced racial disparities in infant mortality for Black babies. By having additional data to assess the systemic issues that contributed to a birthing individual's death, we hope to decrease and ultimately eliminate racial disparities for birthing individuals as well.

MFN urges this committee to issue a favorable report on SB 644 to increase local Maternal Morality Review Teams' effectiveness and ultimately better prevent the deaths of birthing individuals across Maryland.

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Position: FAV



**2023 SESSION
POSITION PAPER**

BILL: SB 644 – Maternal Mortality Review Program – Local Teams – Access to Information and Records

COMMITTEE: Senate Finance Committee

POSITION: Letter of Support

BILL ANALYSIS: SB 644 would require that local Maternal Mortality Review Teams be provided immediate access to all information and records, including information on prenatal care maintained by health care providers regarding a woman whose death is being reviewed by that local team.

POSITION RATIONALE: The Maryland Association of County Health Officers (MACHO) supports SB 644. Maternal mortality is a significant health challenge in Maryland. The national maternal mortality rate (MMR) was 17.4 maternal deaths per 100,000 live births in 2018, the last year for which national data are available. In previous years, the Maryland MMR had consistently been higher than the national rate. For the period of 2009 to 2013, the MD MMR was 7% higher than the national rate. In the last decade, the MD rate fell below the national rate. However, both the US and MD rates remain above the Healthy People 2020 objective MICH-5 target of 11.4 maternal deaths per 100,000 live births.

In the US in 2018, Black non-Hispanic women had an MMR 2.5 times greater than White non-Hispanic women, a disparity that has persisted since the 1940s. In Maryland, the disparities are increasingly worrisome. The 2009-2013 Black non-Hispanic MMR was 2 times the White non-Hispanic MMR, while the 2014-2018 Black non-Hispanic MMR was 4 times the White non-Hispanic MMR. Given this racial disparity, it appears that the recent decrease in the MD MMR is a result of the decrease in the White non-Hispanic MMR. Recent data from the University of Maryland indicate that the adverse effect of the COVID-19 pandemic on MMR disproportionately affected African American mothers, further worsening already unacceptable disparities.

Addressing the root causes of these horrifying statistics requires immediate and comprehensive access to the electronic medical records (EMR) of the affected women so that the relevant state mandated review boards can analyze and address the medical, economic, and social factors contributing to maternal deaths in childbirth. This bill gives the local Maternal Mortality Review boards faster and more comprehensive access to EMR data that can save lives.

For these reasons, the Maryland Association of County Health Officers submits this letter of support for SB 644. For more information, please contact Ruth Maiorana, MACHO Executive Director at rmaioral@jhu.edu or 410-937-1433.

SB0644 - FIN - FAV.pdf

Uploaded by: Nina Themelis

Position: FAV



BRANDON M. SCOTT
Mayor

*Office of Government Relations
88 State Circle*

SB0644

March 3, 2023

TO: Members of the Finance Committee

FROM: Nina Themelis, Interim Director of Mayor's Office of Government Relations

RE: Senate Bill 644 – Maternal Mortality Review Program - Local Teams - Access to Information and Records

POSITION: SUPPORT

Chair Griffith, Vice-Chair Klausmeier, and Members of the Committee, please be advised that the Baltimore City Administration (BCA) **supports** Senate Bill (SB) 644.

In an effort to prevent maternal mortality, SB 644 requires that upon request of the chair of a local maternal mortality review (MMR) team, the local team is to be provided immediate access to requested information, including prenatal care records and all records maintained by any State or local government agency. Maternal mortality review teams work to identify maternal deaths, determine if and how the deaths could have been prevented, and make recommendations to legislators and health care facilities on ways to prevent future maternal deaths.¹ These teams' work is key to reducing maternal deaths in our state.

In 2019, the Baltimore City Health Department worked to pass legislation to allow health departments in local jurisdictions in Maryland to convene local MMR teams in order to address the crisis of maternal mortality. The legislation passed was a compromise that required local teams to obtain summary medical record information about each case of maternal death from the Maryland State Maternal Mortality Review Committee, operated by the Maryland Department of Health (MDH), rather than accessing and abstracting the medical records independently. In 2021, Baltimore City launched its local MMR team. The team has experienced difficulty obtaining the summary medical record information from MDH, leading to delayed reviews and cancelled meetings. In addition, when summary medical record information is received from MDH, these documents have critical gaps in information regarding counseling and medical interventions received, leaving the local team with unanswered questions at each review that prevent the team from making effective recommendations. This legislation would amend the existing local MMR

¹ Maryland Department of Health. (n.d.). Maternal Mortality Review (MMR) Program. Retrieved from <https://health.maryland.gov/phpa/mch/pages/mmr.aspx>

team legislation to require that health care providers provide access to medical records associated with each case to the local MMR team upon request, enabling local teams to access and abstract the records independently.

Although there may be concern that passage of this legislation would be duplicative and result in an inundation of records requests for health care providers, there are a dozen or fewer maternal deaths in Baltimore City each year and fewer in other jurisdictions. The increase in records requests that would result from this legislation would be nominal and would provide the local team with a wealth of benefits in achieving its purpose. It may also be argued that there is nothing in the original statute that prevents local teams from requesting medical records. While this is true, there is also nothing in the original statute that would compel a provider to provide the local team access to medical records upon request. Without passage of this legislation, health care providers would be highly unlikely to share records due to patient privacy concerns.

Expanding access to medical records for local MMR teams would support teams in doing the very important work of understanding the factors contributing to maternal deaths, identifying systems gaps, recommending strategies to prevent future maternal deaths, and working with community partners to implement and evaluate those strategies. We urge legislators to support this legislation to protect the well-being of mothers in our local community and statewide.

For these reasons, we request a **favorable** report on SB 644.

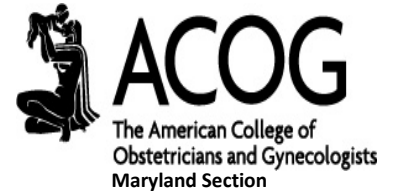
SB0644_LOI_MedChi, MDACOG_MMR Program - Local Tea

Uploaded by: Pam Kasemeyer

Position: INFO



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Baltimore, MD 21201-5516
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www.medchi.org



TO: The Honorable Melony Griffith, Chair
Members, Senate Finance Committee
The Honorable Cory V. McCray

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
Andrew G. Vetter
Christine K. Krone
410-244-7000

DATE: March 3, 2023

RE: **O**LETTER OF INFORMATION – Senate Bill 644 – *Maternal Mortality Review Program – Local Teams – Access to Information and Records*

On behalf of the Maryland State Medical Society and the Maryland Section of the American College of Obstetricians and Gynecologists, we submit this **letter of information** for Senate Bill 644.

Senate Bill 644 requires that a local maternal mortality review team, on request of the Chair and as necessary to carry out the local team’s purpose and duties, be provided immediate access to specified information and records, including information on prenatal care maintained by a health care provider regarding a woman whose death is being reviewed by the local team.

The above-named parties support the work of local review teams and were actively involved in the passage of legislation in 2019 that created their authority to review and address maternal mortality at the local level. The current provisions of the statute require a data use agreement between the local team and the Maryland Department of Health. This provision, which is struck from the law under Senate Bill 644, was enacted to ensure there was not duplicative review of medical records and relevant data which could lead to conflicting conclusions. The State Maternal Mortality Review Program (MMR) is charged with reviewing all relevant records and information regarding all maternal deaths that occur within 1 year of delivery. The purpose of the data use agreement was to ensure that both the State and local teams were utilizing the same records, data, and analysis of relevant information that is the charge of the State program.

The deletion of the data use agreement and substitution of the word “immediate” raise a number of questions, including, but not limited to, what does “immediate” mean in terms of timeframe. For example, does it mean the data is to be provided prior to the review by the State MMR, which could result in duplicative reviews and conflicting findings. Further, the State MMR often has its own challenges in receiving requested records and data, therefore raising the question of whether “immediate” is realistic or achievable. Senate Bill 644 also requires the provision of prenatal data even though that data is not relevant or requested/received by the State in all maternal death cases.

While the goal of Senate Bill 644 appears to be assisting local teams with their work, without further clarification of the provisions reflected in the legislation, there could be significant unintended consequences to both the State and local programs.

6 - SB 644- FIN - MDH - LOI.docx.pdf

Uploaded by: State of Maryland (MD)

Position: INFO



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

March 3, 2023

The Honorable Melony Griffith
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: SB 644 - Maternal Mortality Review Program – Local Teams – Access to Information and Records - Letter of Information

Dear Chair Griffith and Committee Members:

The Maryland Department of Health (MDH) is submitting this letter of information for Senate Bill (SB) 644 - Maternal Mortality Review Program – Local Teams – Access to Information and Records. SB 644 requires that local maternal mortality review programs be provided immediate access to all information and records related to pregnancy-associated deaths being reviewed by the local review team.

Maryland's maternal mortality rate in the most recent five-year average data is 12 percent below the national rate.¹ While the U.S. MMR continued to increase, the Maryland rate has decreased slightly. It remains important to continue to facilitate an understanding of the drivers of maternal mortality and complications of pregnancy and better understand the associated disparities.

The Maryland Maternal Mortality Review (MMR) Program (the MMR Program) is charged with reviewing pregnancy-associated deaths² of birthing individuals in Maryland and providing recommendations for the prevention of future deaths.³ The MMR Program is currently working to better align with national best practices for multi-disciplinary, comprehensive case reviews as established by the Centers for Disease Control and Prevention (CDC).⁴

The MMR Program values the work of local MMR teams and encourages local coordination in records requests with state efforts. Currently, Baltimore City is the only jurisdiction with a local MMR team. MDH established a data use agreement (DUA), per CDC best practices, with Baltimore City's team in 2021, and has shared de-identified case data for deaths that occurred in 2016-2018 and will continue to share this data as it becomes available. MDH notes that the MMR Program is a medical review committee, as defined under §1-401 of the Health Occupations Article. Under this statute, the proceedings, records, and files of a medical review committee are confidential. MDH is currently

¹ Health-General Article, §§ 13-1207—13-1208 and §13-1212, Annotated Code of Maryland - 2020 Annual Report – Maryland Maternal Mortality Review; https://dlslibrary.state.md.us/publications/Exec/MDH/MMRP/HG13-1212_2020.pdf

² A pregnancy-associated death is defined by the Centers for Disease Control and Prevention (CDC) as “the death of a woman while pregnant or within one year or 365 days of pregnancy conclusion, irrespective of the duration and site of the pregnancy, regardless of the cause of death.”

³ Health-General Article, §13-1201 through §13-1207, Annotated Code of Maryland

⁴ Centers for Disease Control and Prevention. (2022, September 19). *Enhancing reviews and surveillance to eliminate maternal mortality (erase MM)*. Centers for Disease Control and Prevention. Retrieved February 15, 2023, from <https://www.cdc.gov/reproductivehealth/maternal-mortality/erase-mm/index.html>

amending the DUA with the Baltimore City Health Department to facilitate expediting local MMR teams' records requests from providers and health care facilities, to the extent allowed by law.

If you have any questions please contact Megan Peters, Acting Director, Office of Governmental Affairs, at megan.peters@maryland.gov or (410) 260-3190.

Sincerely,

A handwritten signature in blue ink, appearing to read "LH Scott", is positioned above the typed name.

Laura Herrera Scott, M.D, M.P.H.

Secretary