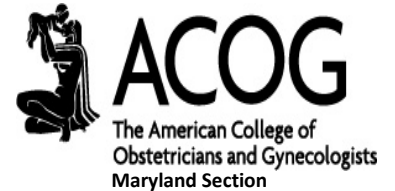




*The Maryland State Medical Society*  
1211 Cathedral Street  
Baltimore, MD 21201-5516  
410.539.0872  
Fax: 410.547.0915  
1.800.492.1056  
www.medchi.org



TO: The Honorable Joseline A. Pena-Melnyk, Chair  
Members, House Health and Government Operations Committee  
The Honorable Stephanie Smith

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

DATE: March 7, 2023

RE: **LETTER OF INFORMATION** – House Bill 876 – *Maternal Mortality Review Program – Local Teams – Access to Information and Records*

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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 House Bill 876.

House Bill 876 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 House Bill 876, 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. House Bill 876 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 House Bill 876 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.