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Budget and Taxation Committee



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The Honorable Chair Beidle
The Honorable Vice Chair Hayes
Finance Committee
Senate of Maryland

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SB0854: Health Occupations - Licensed Direct-Entry Midwives - Revisions

Chair Beidle, Vice Chair Hayes, and esteemed members of the Finance Committee, Senate Bill 854 is a bill to update and extend the **Licensed Direct-Entry Midwife (LDEM) Practice Act**, which was originally passed back in 2015 after years of stakeholder input and negotiations. Since that time, LDEMs have become the primary providers of home birth and out-of-institution maternal health care in the State.

Patients choosing home birth and midwifery care out-of-hospital have been steadily growing in popularity over the last two decades, with a major jump with the onset of the COVID-19 pandemic in 2020. A 2022 NIH study saw that the number of planned home births in the United States increased by more than 23% between 2019 and 2020, and that growing demand is reflected in Maryland. The **Board of Nursing (BON)** reports the number of patients receiving home birth care from a Maryland LDEM grew from 59 in the first annual LDEM Report in 2017 to 613 in the 2024 report, an increase of almost 1000% since the establishment of licensure. Patients in Maryland want home birth as an option, and LDEM is the primary provider of those services, and the **ONLY** maternal health provider specifically trained to provide home birth care.

SB854 is essential to continuing support for those patients by extending the sunset on the LDEM Practice Act, to ensure that patients can continue to access care from their LDEM beyond the sunset date on July 1, 2025, including patients who are currently under LDEM care who are not planning to deliver until later in the year. SB854 extends that sunset by 5-years to July 1, 2030, consistent with other licensed health practitioner acts in the State.

SB854 also makes other common-sense changes to the LDEM practice act to better reflect the practical realities of serving home birth patients, making the regulation of LDEMs more consistent with other licensed midwives in Maryland, providing more flexibility in scope and transfer practices to better serve Maryland patients.

Bill Summary:

1. Removes notice requirements to private practice pediatricians that labor is imminent to better reflect LDEM's immediate care of newborns after delivery and be more consistent with required hospital transfers of newborns should an emergency arise.
2. Removes duplicative notice to private practice pediatricians at both the 24-hour and 72-hour post-delivery mark, again to be more consistent with LDEM scope of practice for newborn care and allows patients time to schedule initial appointments with their pediatrician when appropriate.
3. Moves certain patient conditions from total denial of LDEM care or immediate transfer, to consult and determine whether risks support patient transfer to accurately reflect patient risk and maintain continuity of care for patients.
 - a. This includes consulting requirements for LDEMs treating:
 - i. Patients experiencing anemia;
 - ii. Patients outside of the standard BMI range who do not have other comorbidities; and
 - iii. Patients whose fetus is at risk of certain congenital anomalies.
 - b. All of these conditions would still receive special consideration and risk evaluation under the bill.
 - c. In these cases, in lieu of blanket denial of LDEM care, a consult with a health care practitioner will be required to determine whether immediate transfer is necessary and in the patient's best interest.
4. Removes requirements that each LDEM share their general, practice-level transfer plan, which is filed with the BON and with individual hospitals. It is suggested this communication occur at the required patient-specific transfer plan level, as designated hospitals are driven by patient choice and location, not the LDEM's practice.
5. Makes BON's disciplinary and enforcement authority over LDEMs consistent with other midwives licensed and regulated by BON; and
6. Makes LDEM reporting requirements consistent with other midwives licensed and regulated by BON.

The LDEM community, including members of the Direct-Entry Midwifery Advisory Committee have been working closely with representatives from the MD Hospital Association, the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, the American College of Nurse Midwives, and maternal health patient advocates to educate and adjust the requirements in the bill to create the best and most efficient environment for home birth services, and I am committed to working with them and this committee to pass this essential bill and maintain safe and effective maternal health options for Maryland patients and families.

I urge the Committee to give Senate Bill 854 a favorable report.

Sincerely,

A handwritten signature in blue ink that reads "Karen Lewis Young". The signature is written in a cursive style with a large, looping "Y" at the end.

Senator Karen Lewis Young