

DG Written Testimony_SB0676.docx.pdf

Uploaded by: Senator Gile

Position: FAV

DAWN D. GILE
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Anne Arundel County

Finance Committee

Chair

Anne Arundel County
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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Testimony in Support of SB0676 - Health Care Facilities – Hospitals and Freestanding Birthing Centers – Perinatal Care Standards

Madame Chair, Mr. Vice Chair, and fellow members of the Senate Finance Committee:

SB0676 would strengthen perinatal care standards across Maryland by requiring the Maryland Department of Health (MDH) to adopt regulations ensuring that all hospitals providing obstetrical services and freestanding birthing centers meet or exceed the Maryland Perinatal System Standards.

Background

While Maryland has long recognized the importance of perinatal care, there is currently no statutory requirement ensuring that all hospitals and freestanding birthing centers adhere to the Maryland Perinatal System Standards as a condition of licensure. These standards, developed by the MDH Perinatal Clinical Advisory Committee, reflect the latest national guidelines set by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists.

Solution

This bill ensures uniformity and accountability in maternal and neonatal care across all facilities, reducing disparities and improving health outcomes for families in Maryland. Maryland has already made significant strides in improving maternal and neonatal care, but gaps in standardized enforcement remain. By aligning hospital and birthing center regulations with the most current perinatal care guidelines, we can ensure that every mother and baby in Maryland receives the highest level of care, regardless of where they deliver. This bill is a proactive step in ensuring that all birthing facilities in our state provide consistent, high-quality care for mothers and newborns. This is about setting a clear, consistent expectation for perinatal care across the state.

We have worked closely with MDH and have adopted amendments to address concerns raised by the Department.

SB0676 as amended would:

- require the Maryland Department of Health (MDH), in coordination with the Maryland Institute for Emergency Medical Services System (MIEMSS) to adopt regulations

establishing minimum perinatal care standards that meet or exceed the Maryland Perinatal System Standards for:

- o each hospital that provides obstetrical services and
- o freestanding birthing centers.

Each hospital that provides obstetrical services and freestanding birthing centers must meet the standards as a condition of licensure.

Per the Fiscal Note, SB0676 would not require additional state resources.

For these reasons, I respectfully request a favorable report on SB0676.

SB 676 - MDH - FIN - LOSWA.docx (2).pdf

Uploaded by: Meghan Lynch

Position: FWA



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

February 18, 2025

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

RE: Senate Bill (SB) 676 - Health Care Facilities - Hospitals and Freestanding Birthing Centers - Perinatal Care Standards – Letter of Support With Amendments

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of Letter of Support with Amendments for Senate Bill (SB) 676 - Health Care Facilities - Hospitals and Freestanding Birthing Centers - Perinatal Care Standards. MDH unequivocally supports efforts to provide the highest quality of care for birthing parents, newborns, and their families. MDH understands the critical public health need of addressing maternal and infant mortality while also ensuring adequate and accessible consumer choice. MDH strongly supports efforts to ensure evidence-based care standards while preserving individual choice with the receipt of their health care services.

This bill will require the Department to adopt regulations establishing minimum perinatal care standards that meet or exceed the Maryland Perinatal System Standards (the Standards) for each hospital that provides obstetrical services. Additionally, SB 676 applies the Standards to Hospitals and Freestanding Birthing Centers as a condition of licensure. MDH presents two amendments to this bill which would require MDH to work jointly with MIEMMS on regulations and lengthens the time for implementation to allow MDH time to revisit the standards to include birthing centers and to allow the time for promulgation of regulations.

The Standards currently apply to Level I to IV birthing hospitals and this bill would require MDH to revisit the Standards to include birthing centers. The Department believes this is a valuable step towards increasing access to safe, high quality, and community-based perinatal services. The revision of the Standards is typically conducted by an ad-hoc committee led by the Chair of the State's Morbidity, Mortality, and Quality Review Committee - because there are currently no Standards for Birthing Centers, this process is expected to take longer to complete. Additionally, the Standards would need to be promulgated in regulation for designation as a Perinatal and Neonatal Referral Center. Currently, Levels III and IV are included in existing MIEMMS regulations ([COMAR 30.08.02](#)). New regulations would need to be promulgated for Levels I to IV with clarification that these are for the purpose of licensure.

Furthermore, The Office of Health Care Quality (OHCQ) is the designated State survey agency in Maryland and is authorized to conduct certification activities on behalf of the Centers for Medicare & Medicaid Services (CMS). Through State and federal authority, OHCQ conducts surveys to determine compliance with State licensure and/or federal certification regulations, which establish the minimum requirements to remain licensed and/or certified. OHCQ licenses hospitals and birthing centers. Based on the requirements of this bill, OHCQ would incorporate by reference the Maryland Perinatal System Standards into the licensing requirements for hospitals and birthing centers. Requiring compliance with clear evidence-based guidelines for prenatal care, delivery practices, and postpartum management as a condition of licensure will ensure consistent, high-quality care for birthing persons and newborns in licensed Maryland hospitals and birthing centers.

OHCQ is in the final stages of the regulatory process for amendments to regulations for freestanding birthing centers (COMAR 10.05.04). These amendments are the result of significant work by MDH and key stakeholders including a lengthy informal public comment period which garnered significant informal comments. MDH intends to present these proposed amendments in the Maryland Register during or shortly after the 2025 Legislative Session. Should this bill pass, MDH is prepared to amend these regulations to incorporate the Maryland Perinatal System Standards, once the Standards are updated to include birthing centers.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Laura Herrera Scott', is written over a light blue horizontal line.

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

Attachment:
[as needed]

On page 2, line ~~12~~ 5, after “THE DEPARTMENT” insert “**, IN COORDINATION WITH THE MARYLAND INSTITUTE FOR EMERGENCY MEDICAL SERVICES SYSTEM,**”

On ~~page 3, line 11,~~ after “That” insert “**, ON OR BEFORE OCTOBER 1, 2026, THE MARYLAND DEPARTMENT OF HEALTH SHALL ADOPT REGULATIONS FOR CONSISTENCY WITH THIS ACT.**”

2025 ACNM SB 676 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FWA



Committee: Senate Finance Committee

Bill Number: Senate Bill 676 – Health Facilities – Hospitals and Freestanding Birthing Centers – Perinatal Care Standards

Hearing Date: February 18, 2025

Position: Support with Amendment

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) supports *Senate Bill 676 – Health Care Facilities – Hospitals and Freestanding Birthing Centers – Perinatal Care Standards*. The bill requires the Department of Health adopt regulations for minimum perinatal care standards as a condition of licensure.

ACNM supports robust perinatal care standards for facilities. As we understand the intent of the bill, the perinatal standards referenced are for hospitals. Therefore, these standards would not be applicable to freestanding birthing centers. We ask that the provision on freestanding birthing standards be removed because:

- Perinatal standards for hospitals are not applicable to birthing centers;
- Freestanding birthing centers already have regulations defining standards for pregnancy and perinatal care; and
- There are no freestanding birthing centers in Maryland because the financial model is not sustainable under current reimbursement policies. If Maryland adds unnecessary regulatory requirements for birthing centers, it will complicate efforts to rebuild the base of birthing centers in Maryland.

Therefore, we request the following amendment:

On page 2, strike lines 18-31.

Thank you for your consideration of our amendment. If any additional information would be helpful, please contact Robyn Elliott at relliott@policypartners.net.

UNFAVORABLE.SB676.MDRTL.LauraBogley.pdf

Uploaded by: Laura Bogley

Position: UNF



UNFAVORABLE STATEMENT

SB676/HB1380 – Health Care Facilities – Hospitals and Freestanding Birthing Centers-Perinatal Care Standards

Laura Bogley, JD
Executive Director, Maryland Right to Life, Inc.

On behalf of the Board of Directors of Maryland Right to Life, I strongly object to any legislation or policy that would legalize infanticide. While infanticide remains illegal in Maryland, it has become an all too common practice among abortion providers when their patients suffer incomplete abortions. Any attempt by the Maryland General Assembly to shield abortionists from prosecution for intentionally killing infants born alive, must be soundly rejected.

FAILED ABORTIONS CREATE CRISIS STANDARD OF CARE

With the unregulated proliferation of chemical “Do-It-Yourself” abortion pills, women are self-administering back-alley style abortions, where they suffer and bleed alone, without examination or care by a doctor. As a result are seeing more needless injuries and deaths, as well as many more failed abortions. When abortions fail, women often are instructed by their abortionists to dispose of their babies whether alive or dead. As a result, infanticide is being normalized by the abortion industry.

In 2022 democrat lawmakers introduced a bill to legalize infanticide in Maryland. The Pregnant Person’s Freedom Act dealt with abortion and attempted to prohibit the investigation of and criminal penalties related to, the death of a child in the first 30 days following birth. This bill was a shield law that would have allowed abortionists, including abortion drug manufacturers, to evade liability and prosecution, for infanticide including advising patients to kill or dispose of their babies following failed abortion attempts.

The current bill seeks to change the standards of care at hospitals and birthing centers, for treating infants within the first 30 days following birth. According to the Maryland Department of Health, the Maryland Perinatal System Standards were revised in 2018 by the Perinatal Clinical Advisory Committee in order to be consistent with the 8th edition of the Guidelines for Perinatal Care, issued in 2017 jointly by the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG).

Unfortunately, these national organizations support and in some cases promote abortion and no pro-life organizations were included in the Advisory Committee. For this reason, any recommended revisions by this Committee to the Maryland Perinatal System Standards, will be abortion-biased and breed a pro-death culture that may view infanticide as an acceptable standard of care.



INFANTICIDE IS NOT ACCEPTABLE STANDARD OF CARE

Infanticide is never an acceptable response to a failed abortion. Instead, Maryland Right to Life supports adoption of the **Born Alive Infants Protection Act**, to require hospitals and birthing centers to provide life saving care to an infant born despite an attempted abortion.

Infanticide, is never an acceptable standard for treating ill or unwanted infants, including those born with disabilities or terminal disease. Instead, parents must be provided the option to utilize perinatal hospice services.

When an unborn child is diagnosed before birth with a life-limiting or life-threatening condition, many obstetric health professionals now believe that the best course of action is to terminate the pregnancy.

Parents in this situation are often not given the support and information that they need to make a truly informed decision about what to do, and indeed that sometimes they are almost coerced into immediate termination of these pregnancies.

Health professionals may also speak passively of “inducing the pregnancy” without giving clear details of what this would involve and without explaining that this is really an abortion. They also fail to advise that abortion for fetal disability is particularly traumatic and can be psychologically damaging for women.

In many cases parents are not being allowed to make their own, truly informed decisions. They can be pressured to decide when they have just been told devastating news and are not yet able to think clearly. They are sometimes not told all the alternatives. They are usually not fully informed about the risks and benefits of these alternatives. Nor are they given the ongoing support that they need to make a truly informed decision.

Instead of termination, some hospitals and centers only offer routine care – that is, care that is appropriate for a normal pregnancy. Others offer routine care minus. For example, they do not bother to provide regular scans and other tests in these pregnancies. However, routine care and routine care minus are not appropriate for these pregnancies.

IMPROVING STANDARDS FOR PERINATAL CARE

The state must improve upon the current practice and standards of perinatal care, starting with including pro-life perspectives from organizations like the American College of Pediatricians and the American Association of Pro-Life Obstetricians and Gynecologists.

The alternative to termination and infanticide must be perinatal palliative care, also referred to as perinatal hospice.

Perinatal palliative care is designed to affirm the existence of this child and to maximise the opportunities to experience and parent him or her. For example, there should be not less but



more scans, so that the parents and all their family and friends can see and experience this child.

There is the hope that the child might be born alive and perhaps for a very short time that the parents might be able to see their child breathe, to hold and to love their baby, to take photographs and collect other keepsakes such as a lock of their child's hair or the child's footprints and handprints in plaster of Paris moulds, and even to bathe or breastfeed him or her.

If perinatal palliative care is offered, experience has taught that a significant number of parents will choose this, and ultimately that very few will regret their choice. Perinatal palliative care must be offered as the alternative to terminating the pregnancy or normalizing infanticide.

For these reasons, we urge your unfavorable report to consider amendments to the bill to adopt a more fair and inclusive process for revising the Maryland Perinatal Systems Standards.

SOURCE:

Continuing the Pregnancy When the Unborn Child has a Life-Limiting Condition, Chisholm Health Ethics Bulletin, Autumn 2012, citing *A Gift of Time* by Byron Calhoun colleagues.

Maryland Catholic Conference_INF_SB676.pdf

Uploaded by: Diane Arias

Position: INFO



February 18, 2025

Senate Bill 676
Health Care Facilities - Hospitals and Freestanding Birthing Centers - Perinatal
Care Standards
Senate Finance Committee

Position: Information

The Maryland Catholic Conference (MCC) is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

Senate Bill 676 requires the Maryland Department of Health to adopt regulations establishing minimum perinatal care standards meet or exceed the Maryland Perinatal System Standards for each hospital that provides obstetrical services; and requiring each hospital that provides obstetrical services and freestanding birthing centers, as a condition of licensure, to comply with certain minimum perinatal care standards.

Establishing perinatal care standards is essential to safeguarding the health and safety of both mothers and babies throughout pregnancy, labor, and delivery. Childbirth is a complex medical process that requires proper oversight and timely interventions. Complications such as breech positioning, umbilical cord entanglement, or preexisting maternal health conditions can quickly escalate, making it critical for both hospitals and freestanding birthing centers to have clear, standardized protocols in place. By implementing consistent perinatal care standards, healthcare facilities can ensure that staff are adequately trained and prepared to manage complications, improving outcomes for both mothers and newborns. Women of color experience significantly higher rates of severe maternal morbidity (SMM) and establishing these standards can help reduce these disparities by ensuring equitable, high-quality care for all patients.

Minimum perinatal care requirements also help reduce infant and maternal mortality rates, prevent unnecessary labor inductions, and lower premature birth rates.¹ Ensuring that all birthing facilities follow evidence-based care protocols is essential to improving maternal and infant health outcomes and creating safer birth experiences for all families. Every life is a miracle and deserves the highest level of care and protection. As Scripture reminds us, “*Before I formed you in the womb I knew you, and before you were born I consecrated you*” (Jeremiah 1:5).² This profound truth underscores the responsibility to uphold the dignity of life by ensuring minimum care standards that safeguard the health and well-being of both mothers and their babies. By establishing and maintaining these standards, we affirm the sanctity of life and provide the necessary support for safe and healthy babies.

While this legislation seeks to standardize perinatal care, it may be unnecessary, as hospitals already adhere to established policies based on clinical guidelines, evidence-based medicine, and state regulations. It is important to consult healthcare facilities to determine whether this legislation genuinely improves care or imposes unnecessary regulatory burdens. While consistency in care is essential, hospitals and freestanding birth centers must retain the ability to align their practices with their missions, particularly faith-based institutions.

A significant concern is that the proposed standards could mandate abortion services. Catholic hospitals uphold the principle that lifesaving care includes protecting both the pregnant mother and her unborn child. Guided by the *Ethical and Religious Directives for Catholic Health Care Services*, Catholic hospitals remain committed to providing high-quality care to all patients. We advocate for policies that ensure the best, most accessible care—especially in complex cases—while respecting the dignity of both women and their preborn children.

For these reasons, the Maryland Catholic Conference asks for this information to be considered on **SB 676**.

Thank you for your consideration.

¹ <https://www.jointcommission.org/what-we-offer/certification/certifications-by-setting/hospital-certifications/certifications-for-perinatal-care/perinatal-care-certification/#:~:text=sooner%20if%20desired,-,Certification%20Helps%20Drive%20Improvement,due%20to%20pregnancy%20related%20complications>

² <https://capp-usa.org/amoris-laetitia/>

SB 676 - Hospitals and Freestanding Birth Centers

Uploaded by: Natasha Mehu

Position: INFO



Maryland
Hospital Association

**Senate Bill 676 - Health Care Facilities - Hospitals and Freestanding Birthing Centers -
Perinatal Care Standards**

Position: *Letter of Information*

February 18, 2025

Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to submit a letter of information on SB 676.

Since the mid-1990s, hospitals that provide obstetric and neonatal services have operated under the Maryland Perinatal System Standards developed by a Maryland Department of Health (MDH) advisory committee and regulated in part by the Maryland Institute for Emergency Medical Services Systems (MIEMSS) and the Maryland Health Care Commission (MHCC). These standards are updated every five years. As the last update was in 2019, the latest iteration will be published in April.

Under these standards, hospital perinatal programs are categorized on a scale of I-IV. Level I hospitals provide basic care to pregnant women and infants and can deliver babies 35 weeks and above. Level II hospitals provide some specialty care, such as advanced respiratory support, and can deliver babies 32 weeks and above. Level III hospitals have neonatal intensive care units (NICU) and can deliver babies at any point of gestation. Level IV hospitals provide comprehensive subspecialty obstetrical and neonatal care services and can handle complex, critical illnesses. While the standards encompass all levels, they have been specifically incorporated into regulations for Level III and Level IV, given their increased capabilities.

SB 676 requires MDH to adopt new regulations establishing standards that meet or exceed the existing Maryland Perinatal System Standards. The details of these new regulations and minimum standards, however, are not specified. As such, it is unclear what the impact of this legislation would be on hospitals that provide obstetric and neonatal services. Hospitals in the state have operated under these long-standing, regularly updated standards for decades, and MHA is unaware of any problems or concerns with the current standards or regulatory system. More information is needed about the proposed standards and intent of the bill to determine its impact and take a position. MHA welcomes working with the sponsors, committee, and other stakeholders as this bill is reviewed and considered.

For more information, please contact:

Natasha Mehu, Vice President, Government Affairs & Policy

Nmehu@mhaonline.org