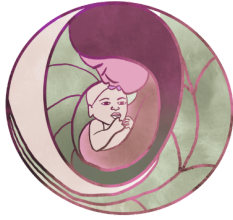


2025 Bills .pdf

Uploaded by: Caitlin Manela

Position: FAV



Fruit of the Womb, LLC
Homebirth and Healing
Caitlin Manela, CPM, LDEM, CHD, RCST®
Phone 240-997-5319 Fax 443-450-9121
5411 Mount Gilead Rd., Reisterstown, MD 21136
netsitsah@hotmail.com www.baltimorebirth.net

02/21/25

To Whom It May Concern,

My name is Caitlin Manela. I am a mother to four children born at home with a Certified Professional Midwife. I am also a Certified Professional Midwife and Licensed Direct Entry Midwife myself. Previously, I served as a birth doula for many years, both in and outside of hospitals.

I am a resident of Reisterstown, in Baltimore County, Maryland.

I am writing in urgent support of the Birth Equity Bill (HB1251) and CPM licensure renewal bill (HB838/SB854).

These bills support all Maryland residents to exercise their right to informed choice regarding the care they seek for pregnancy, birth, and the postpartum period.

We want a population of parents and babies who are safe and healthy physically and mentally. CPMs provide safe, evidence-based care for families choosing out of hospital birth. Without the option of choosing a CPM, LDEM, many families would rather forgo prenatal care and give birth unassisted. With a CPM, LDEM, families experience profound satisfaction and empowerment at a level that is often not available through hospital-based practices.

We want to maintain and expand access to our care and also to facilitate smoother transitions from home to hospital in the case of elective or emergency transfer.

For families choosing to give birth in the hospital, the ability to access information regarding each hospital's practices and outcomes will empower them to make the best choices for themselves and their babies. It will also encourage hospitals to adopt safer, evidence-based practices, including supporting doulas. As an additional benefit, these changes will ultimately save money due to fewer unnecessary interventions, including cesarean sections and other invasive procedures.

I believe opposition to these bills is rooted entirely in economic interest, as the safety of home birth with a certified professional midwife has been proven again and again, as have the benefits of doula care and truly informed choice.

I urge you to support these bills and thank you in advance for your support.

Caitlin Manela, CPM, LDEM

Senate Bill 854 Support Letter. J Alexander.pdf

Uploaded by: Jennifer Alexander

Position: FAV

Dr. Jennifer Davis Alexander
6112 Bellona Ave.
Baltimore, MD 21212

The Honorable Pamela Beidle
Chair, Senate Finance Committee
Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401

February 21, 2025

Testimony in Support
Senate Bill 854: Health Occupations - Licensed Direct-Entry Midwives – Revisions

Dear Chair Pamela Beidle and Members of the Committee:

My name is Dr. Jennifer Davis Alexander, and I am a mom of 3. I am writing to express my strong support for midwifery care. As a mother of three, I have experienced firsthand the difference that compassionate, transparent, and patient-centered care can make in the birth experience.

My first two births took place in a hospital setting, where I was rushed into surgery with little explanation and met with pushback from medical doctors when asking important questions about my care. As a Black woman, I knew I needed a different experience for my third pregnancy given the well-documented disparities in Black maternal health outcomes. Choosing midwifery care was one of the best decisions I made. It provided me with the respect, autonomy, and support I deserved, and it reaffirmed my belief that every woman should have access to a birth experience that makes her feel safe, seen, and supported.

Pregnancy is a sacred rite of passage, and every woman deserves the right to choose the birth setting and care model that aligns with her needs, values and desires.

Thank you for your time and consideration. I hope you will stand with us in advocating for a maternity care system that prioritizes respect, equity, and choice.

Warm Regards,

Dr. Jennifer Davis Alexander
Mom of 3

LDEM SB854.pdf

Uploaded by: Jessica Watts

Position: FAV

The Honorable Pamela Beadle Chair,
Senate Finance Committee Senate Office Building
Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401

February 21, 2025

Testimony in support
Senate Bill 854 - Finance Committee - Licensed Direct Entry Midwives

Dear Chair Beidle and Members of the Committee,

My name is Jessica Watts and I am writing to you to ask you to support and vote favorably on Senate Bill 854.

These bills will modernize the practice act for Licensed Direct Entry Midwives in the state of Maryland. LDEMS have been established, professional, and safe providers now for ten years and deserve to have more practice autonomy and less restriction, like other independent healthcare practitioners.

Becoming a parent is one of the most transformative experiences of a person's life; there are infinite rewards, and often, just as many challenges. LDEMs provide unique care that every parent deserves, but only a few get to experience. My experience becoming a mother was met with many challenges in the hospital system; sadly, I did not have the compassionate, age-old, individualized care of an LDEM to guide me. The extraordinary work they do can not be adequately described in a short letter, but what I can say with certainty, with fewer words - our Maryland families need them.

All the best,

Jessica Watts

(443) 375-0746
PHONE

713 ANNESLIE RD, BALTIMORE, MD 21212
ADDRESS

LDEM support2025.pdf

Uploaded by: Karen Milgate

Position: FAV

February 20, 2025,

Dear Chair Pena-Melnyk, Health and Government Operations Committee and
Chair Beidle, Finance Committee

My name is Karen Milgate and I am writing to you to ask you to support and vote favorably on HB838 and SB0854.

These bills will modernize the practice act for Licensed Direct Entry Midwives in the state of Maryland. LDEMs have been established, professional, and safe providers now for ten years and deserve to have more practice autonomy and less restriction, like other independent healthcare practitioners.

I write to you as a national health policy expert, LDEM, and mother who had both a hospital and home birth. I had a 30 year career in federal health policy working in both the private and public sectors and then went to school for my CPM and became a Licensed Direct Entry Midwife in Maryland.

In my career, I advocated on behalf of hospitals at the American Hospital Association, large employers at the Washington Business Group on Health and for consumers at Families USA. I developed the framework for Value-based purchasing at the Medicare Payment Advisory Commission and helped implement the legislation that established Value Based Purchasing as the central payment policy for Medicare at the Centers for Medicare and Medicaid Services (CMS). I served as the Director of Policy and the Deputy Director for the Center for Strategic Planning at CMS. I also wrote several policy pieces on bundled payment as an option for maternity care and served on the National Academy of Medicine Advisory Committee on the impact of Birth Settings on the Quality and Safety of maternity care in the United States.

In short, in the National Academy discussions with experts, it was concluded that community birth was a safe, less expensive, quality option for women with a lower risk profile – the large majority of women. Allowing for access to the full scope of the training of LDEMs ensures that women who choose this option will receive a higher quality of care than they would otherwise, and increase access to the care path they have chosen. While I would prefer the bill go further than it does currently, this is a step in the right direction.

In my time as a midwife and as a former patient, I have seen how thorough, responsible and competent the large majority of community midwives are. I have seen how seriously they take their training to identify what is normal and what is not. I have also heard story after story of how disrespected, unsafe and pushed around some women feel in the dominant model of care and believe strongly that community birth can help in these cases. I am aware that hospitals, and the

Maryland Hospital Association, are always working to improve on these practices and applaud their efforts. However, women should have a choice in where they feel the safest and best supported in one of the most vulnerable times in their lives.

Women giving birth as nature intended—without medication, without being cut, without constant interventions—is a powerful experience. It is impactful even beyond birth.

Thank you for your time and consideration,

Karen Milgate, MPP, CPM, LDEM

Sincerely,

Karen Milgate, MPP, CPM, LDEM

106 Lastner Lane

Greenbelt, MD, 20770

SB0854 - Katherine Pontarolo-Maag written testimon

Uploaded by: Katherine Pontarolo-Maag

Position: FAV

February 21, 2025

The Honorable Pamela Beidle
Chair, Finance Committee
Miller Senate Office Building, 3 East Wing 11 Bladen St
Annapolis, MD 21401

RE: SB0854 Licensed Direct-Entry Midwives

Dear Chair Pamela Beidle and the Finance Committee:

My name is Katherine Pontarolo-Maag, and I am writing to ask you to support and vote favorably on SB0854.

This bill will modernize the practice act for Licensed Direct Entry Midwives in the state of Maryland. LDEMs have been established, professional, and safe providers for a decade and deserve to have more practice autonomy and less restriction, like other independent healthcare practitioners.

During my eight years of experience as a Spanish medical interpreter for a hospital system, I became intimately aware of what maternity care looks like in an outpatient and hospital setting: In addition to interpreting dozens of times for hospital births, I also interpreted for countless prenatal appointments and postpartum checkups. Although it was a privilege to serve as a medical interpreter for Spanish-speaking patients and their English-speaking healthcare providers, my experience witnessing firsthand how the full spectrum of maternal healthcare unfolds in the hospital system informed my choice to pursue a different model of care when I became pregnant with my son.

I chose to have a planned home birth and will forever be grateful to the midwife team who supported me throughout my journey into motherhood. Hour-long prenatal appointments were the norm with my midwife and her midwifery student, allowing us to get to know each other far more than would have been the case had I gone the traditional route—busy outpatient clinics such as those where I interpreted simply do not have the capacity to attend to each patient with that level of holistic attention. My midwife team's thorough, compassionate care combined with the education they provided at every step and decision point cultivated my deep trust in their expertise. They empowered me to make well-informed decisions about my pregnancy and delivery.

When I woke up in labor early in the morning the day my son would be born, I was so grateful to be able to stay in the warmth, comfort and familiarity of my own home, knowing that my midwife team would be coming to meet me where I was—a significant shift from the paradigm of hospital-based birth care. Delivering in a hospital often means that, during the course of your labor and delivery, you are greeted by multiple new faces of healthcare professionals whom you have never met before and who are simultaneously attending to the needs of



My son, Leo Joon, shortly after his birth at home.

several other patients; home birth midwifery is very different. When my midwife team arrived at my home the day I gave birth, not only did we already have a close relationship thanks to their holistic care throughout my pregnancy, but their attention was also completely devoted to supporting me and my husband as we welcomed our son to this world.

The unparalleled care of home birth midwifery extends beyond the day of giving birth as well. My midwife and her student came to my home multiple times in the weeks following my delivery to continue providing nurturing, supportive care as I transitioned into the world of motherhood. They independently provided all of the care that my newborn son needed in the first days after birth. Furthermore, they sent comprehensive reports to my son's pediatrician, who commented on how much he appreciated their level of detail and thoroughness.

I respectfully ask for your support for SB0854 so that the exceptional midwifery care I received may continue to be accessible for others seeking this model of care during the momentous journey of welcoming a child to this world.

Sincerely,

A handwritten signature in cursive script that reads "Katherine Pontarolo-Maag".

Katherine Pontarolo-Maag
603 South Rose St
Baltimore, MD 21224
MD Legislative District 46

Testimony.pdf

Uploaded by: Katja Harper

Position: FAV

Good Afternoon,

Thank you for allowing me to testify this afternoon. I would like to express my support for this bill. In recent years, more and more mothers have chosen to give birth in an out of hospital setting under the care of midwives. Almost 2% of all women choose this option, the highest level since 1990. There are many reasons for the increase in popularity of homebirth and midwifery, but perhaps the most important is the autonomy and tailored care it affords expectant mothers. I myself gave birth in the care of a midwife in 2023, and I can personally attest that I received a highly tailored, individualized level of care that is very difficult to replicate in a more standard, commercial hospital setting. The women who choose to give birth with a midwife deserve to have access to all of the services that a licensed midwife is able to provide – these should not be arbitrarily restricted because the midwife does not happen to work in a hospital, and birthing mothers should have the greatest degree of autonomy possible in determining if and when to transfer to a hospital.

These principles are consistent with the recent reproductive rights amendment to Maryland’s constitution, which passed referendum easily in last Fall’s election. The amendment codifies every Marylander’s right to reproductive freedom. Surely, this should include a woman’s right to choose not only her birth provider, but the services she wishes to receive from this provider. Restricting the circumstances under which midwives can provide prenatal, post-natal, and labor and delivery care would violate at least the spirit, if not the letter of the reproductive rights amendment. I urge you to continue to support women’s reproductive freedoms and vote in favor of this bill. Thank you.

8/4/22	JASMEN000011 - 000016	VIRTUAL RADIOLOGIC PROFESSIONALS, LLC	CT of Lumbar Spine
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2025 SB854 testimony MFSB.pdf

Uploaded by: Kirra Brandon

Position: FAV

The Honorable Pamela Beidle
Chair, Senate Finance Committee
Miller Senate Office Building 3 East
11 Bladen St
Annapolis, MD 21401

Re: Senate Bill 854

Dear Chair Beidle and Members of the Committee:

Maryland Families for Safe Birth is submitting testimony in support of SB854. SB854 extends the sunset on licensure for Direct Entry Midwives in Maryland.

Maryland Families for Safe Birth is a grassroots, consumer-driven organization, dedicated to improving access to evidence based, culturally sensitive maternity care for all Maryland families. We have an active membership of over 1700 Maryland families. Our organization frequently gets inquiries from women looking for out of hospital birth providers, the majority of which are Direct Entry Midwives.

In 2015, the Maryland Legislature passed a bill licensing Direct Entry Midwives. This was a huge step forward for families in Maryland because it addressed the growing demand for out of hospital birth and provided licensed providers to attend these births. Even prior to 2015, homebirth rates in Maryland were on the rise (there was a 29% increase in the homebirth rate in Maryland between 2004 and 2009), and that increase has continued.

SB854 is a critical piece of legislation to continue to meet the growing demand for out of institution birth in Maryland. This bill also updates the statute to bring it more in line with the way that Direct Entry Midwives actually function within the maternal healthcare system in Maryland and allow more families to access care with at Direct Entry Midwife

We urge you to support SB854. Let's continue building on the progress we have already made for families that choose out of hospital birth.

Sincerely,

Maryland Families for Safe Birth

Kirra Brandon MD
Evie Fielding
Jen Chaffee
Ashley Baxter

Maryland's VBAC rate is 16.5% (2018 CDC data). In contrast, Direct Entry Midwives routinely have VBAC success rates upwards of 85% with excellent outcomes for both moms and babies.

Direct Entry Midwives in Maryland report a substantial increased interest in out-of-hospital birth during the COVID pandemic. If anything, COVID has taught us that the risk/benefit ratios for where we choose to give birth are not static. Yet, nearly 1/3 of women in Maryland are not afforded the option to weigh their own individual situation when choosing a care provider or birth location.

We urge you to support this bill. Let's increase access to maternity care options for Maryland families, not unnecessarily limit them.

Sincerely,

Maryland Families for Safe Birth

Kirra Brandon MD
Evie Fielding
Jennifer Chaffee

Nash_Maryland Military Coalition_SB 854_Midwifery.

Uploaded by: Lynn Nash

Position: FAV



MARYLAND MILITARY COALITION

Serving Veterans through Legislative Advocacy

February 25, 2025

The Honorable Pamela Beidle
The Honorable Antonio Hayes
Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401

Subject: Request for **FAVORABLE Report – SB 854 – Health Occupations Licensed Direct-Entry Midwives - Revisions**

Dear Chair Beidle, Vice Chair Hayes and Distinguished Members of the Senate Finance Committee:

On behalf of the Maryland Military Coalition and as an Advance Practice Registered Nurse, I write to recommend a **Favorable report** on this bill. The purpose of this legislation is to modernize language to better reflect the actual practice mid-wifery in 2025. This bill recognizes the midwifery care is independent and holistic. Care is provided to the individual during pregnancy and delivery, and to the newborn for a period of 72 hours. This care encompasses lactation assistance and monitoring of the individual over time: at 48 hours, 2 weeks and at 6 weeks to monitor overall physical and mental well-being.

Midwives typically provide a more personalized, holistic approach to birth, often focusing on natural birthing methods with less medical intervention, including lower rates of C-sections, and offering greater emotional support throughout the pregnancy journey. Midwives may incorporate alternative birthing techniques like positioning, breathing exercises, and relaxation methods into their care. While midwives prioritize natural birth, they are still trained to recognize and manage potential complications and can access medical interventions when necessary

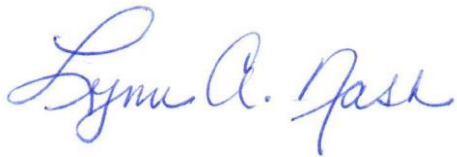
This bill provide an alternative type of care. The Maryland Military Coalition supports the intent of SB 854, expanding the independent practice of midwifery, and ask for a **FAVORABLE report**.

Request for a ***FAVORABLE Report*** – **HB 854 – Health Occupations – Licensed Direct-Entry Midwives -- Revisions**

The Maryland Military Coalition is a registered non-profit, non-partisan advocacy organization comprised of 22 prominent Maryland-based veteran and military groups, representing over 150,000 service-connected individuals, including those currently serving, veterans, retirees and their families, caregivers, and survivors.

We want to thank Senator Lewis Young for her on-going support of ***ALL*** of the uniformed services community in Maryland.

Respectfully,

A handwritten signature in blue ink that reads "Lynn A. Nash". The signature is written in a cursive style with a large initial "L".

Lynn A. Nash, PhD, RN, PHCNS-BC, FAAN
CAPT (R), U.S. Public Health Service
Communications Director

1 Attachment – Member Organizations of the Maryland Military Coalition



Member Organizations of the Maryland Military Coalition

Air Force Sergeants Association

American Military Society

American Minority Veterans Research Project

Association of the United States Navy

Commissioned Officers Association of the U.S. Public Health Service

Disabled American Veterans

Fleet Reserve Association of Annapolis

Jewish War Veterans of the U.S.A

Maryland Air National Guard Retirees' Association

Maryland Veterans Chamber of Commerce

Military Officers Association of America

Military Order of the Purple Heart

Military Order of the World Wars

Montford Point Marines of America

National Association of Black Veterans

National Association of Retired Federal Employees, Maryland Veterans

Naval Enlisted Reserve Association

NOAA Association of Commissioned Officers

Platoon 22

Reserve Organization of America

Society of Military Widows

Veterans of Foreign Wars

Beams Favorable SB854 Licensed Direct Entry Midwiv

Uploaded by: Nikki Williams

Position: FAV

Dr. Zaneb Beams, MD, FAAP
10794 Hickory Ridge Rd.
Columbia, MD 21044

February 4, 2025

The Honorable Pamela Beidle
Chair, Senate Finance Committee
Miller Senate Office Building 3 East Wing
11 Bladen St.
Annapolis, MD 21401

SB854 - Health Occupations- Licensed Direct Entry Midwives - Revisions

Position: FAVORABLE

Dear Chair Beidle and Members of the Committee:

Re: proposed strike of Section 8-6C-02 (b)(11)(ii) *At the onset of active labor notifying the pediatric health care practitioner that delivery is imminent;*

Knowing a mother is in labor does not improve my ability to care for their newborns.

Dr. Zaneb Beams, MD, FAAP

Nanasi -Favorable -SB854 Licensed Direct Entry Mid

Uploaded by: Nikki Williams

Position: FAV

Janell Nanasi
618 Fern Way
Sykesville, MD 21784

The Honorable Pamela Beidle
Chair, Finance Committee
Miller Senate Office Building 3 East Wing
11 Bladen St.
Annapolis, MD 21401

February 21, 2025

SB854 - Health Occupations- Licensed Direct Entry Midwives - Revisions

Position: FAVORABLE

Dear Chair Beidle and Members of the Committee:

My name is Janell Nanasi and I am a mother of three beautiful children. My journey into motherhood deeply shaped my passion for birth options and maternal healthcare. My first child was born in a birth center with a nurse midwife, and my next two were born at home in a birth pool, supported by skilled CPMs. Through these experiences, I witnessed firsthand the value of having safe, informed choices in childbirth.

With a background in nursing and experience working as a birth doula in a California hospital, I have seen both the benefits of midwifery care and the challenges families face when access to these options is restricted. I know how important it is for families to have the ability to choose the birth setting that aligns with their needs, values, and medical circumstances.

That's why I urge you to protect and expand midwifery care in Maryland—ensuring that every family has access to safe, respectful, and evidence-based birth options.

Maryland has the opportunity to lead the nation in maternal healthcare by ensuring families have the right to make informed choices about their birth experience. Midwifery care and home birth should remain legal, accessible, and respected options.

Patient Autonomy

-Every family deserves the freedom to choose where and with whom they give birth.

Personal testimony

-I found my care from my CPM to be far superior in every way than what I observed in the hospital and even what I experienced with a CNM in an out-of-hospital birth center. From the hour long prenatal visits to the thorough education on all my pregnancy and birth choices, to the ability to have my labs drawn without leaving the comfort of my own home. My care experience was more personalized, convenient, comfortable, thorough, and safer. Instead of being one of many women laboring in a hospital, being exposed to a myriad of strangers and germs, with a monitor strapped on, an overworked nurse checking in on me, and a doctor eager to give me a c-section. I had my midwife, who had taken care of me my entire pregnancy, plus an additional back up midwife there to assist during my labor, monitor my and my babies vitals at regular intervals, prepare a specialized birthing tub in my own bedroom to provide non-pharmaceutical pain relief, assist me in every way during labor and delivery, carefully make sure the baby and I were safe and not in need of transfer to a hospital for additional care, provide thorough immediate

postpartum care for both the baby and I without disturbing infant bonding, assist with breastfeeding, clean up from the birth experience, stay for multiple hours after birth to check our vitals and ensure we were healthy and safe, and then return for multiple postpartum visits through 6 weeks in the privacy and comfort of my own home. This individualized care far exceeds what can practically be provided by a hospital for the average patient giving birth. My postpartum experience was incredible with high Apgar scores for my baby, minimal discomfort and postpartum bleeding for myself, no perineal damage from birth, and no postpartum depression.

- Restricting midwifery care limits choice, forcing families into hospitals even when a safe, evidence-based alternative exists. Birth works! It is a normal physiological process like any other bodily process. Home birth midwives are highly knowledgeable of physiological birth versus the medicalized approach seen most often in the hospital setting. When a true emergency situation arises, we are grateful for the services hospitals provide. But in the absence of an emergency situation, I have found hospital birth to be hyper vigilant and potentially even creating issues through unnecessary interventions rather than preventing them. And also for certain demographics I have seen hospital care to be blatantly neglectful leading to issues. See studies regarding maternity care and maternal mortality rates for minorities for additional information on this topic.

Safety

- Studies confirm that planned home births with trained midwives are safe for low-risk pregnancies and reduce unnecessary interventions. After being a doula in a California hospital and seeing the high rates of birth interventions and c-sections being performed, I felt safer and more comfortable birthing in the privacy of my own home with a skilled provider than in a hospital system.
- Without legal midwifery care, families still seek home birth—often without trained professionals, increasing risk. Having grown up on a farm caring for a myriad of pregnant livestock, I know that disturbing the birth of an animal disrupts the natural flow of birth hormones that assist in a quick and easy delivery. Turning on bright lights, loud noises, unknown people coming in suddenly, or moving the birthing animal could result in a longer and more complicated labor or even stop labor entirely for a season. Why is this practical wisdom not heeded in today's hospital birthing culture? Why instead do we immediately pack up and drive as fast as we can to a hospital when we are in labor, disrupting the natural flow of birth hormones. What animal runs miles away as soon as they go into labor. We give more respect and privacy to a horse giving birth and do not doubt their capacity to birth their foals, and yet we are disrespectful to the human woman in labor and doubt their ability to give birth in much the same way. This knowledge definitely tempted me to give birth unassisted when finances were preventing me being able to hire a home birth midwife and insurance would not cover such services.

My home birth experiences have been some of the most life changing, memorable, and empowering experiences of my life. They were short, easy, and not overwhelming painful. On the contrary pain was minimal due to free access to the water birth pool and there not being unnecessary cortisol in my system from rushing to the hospital and being attended by strangers. I believe in homebirth so much so that if access to home birth was restricted in Maryland, I would even cross state lines to access such care were I to have one more child. But why should I have to do something so drastic? Maryland should keep homebirth as a legal birth option.

Healthcare

- Midwives ease the burden on hospitals by caring for those who don't require medical intervention. For those of us who desire home birth attended by midwives, this decrease in hospital patient load is a benefit to our already impacted system.

- Expanding midwifery access improves maternal outcomes, lowers healthcare costs, and provides personalized, culturally competent care.

I believe in midwifery care. Birth is biology, not pathology in most cases for low risk pregnancies such as mine have been. Maryland could be the leader in setting the standard for compassionate, evidence-based maternal care. I urge you to support policies that uphold informed choice and ensure all families have access to safe, respectful birth options including home births provided by CPMs.

Thank you,

Janell Nanasi

Wilmot Favorable SB854 Licensed Direct Entry Midwi

Uploaded by: Nikki Williams

Position: FAV

Sophia Wilmot, RN, MSN, CRNP
Board Certified Family Nurse Practitioner/Owner
Summit Nurse Consulting, LLC
3520 Sugarloaf Parkway
STE F-03 #88
Urbana, MD 21704

February 4, 2025

The Honorable Pamela Beidle
Chair, Finance Committee
Miller Senate Office Building 3 East Wing
11 Bladen St.
Annapolis, MD 21401

SB854 - Health Occupations- Licensed Direct Entry Midwives - Revisions

Position: FAVORABLE

Dear Chair Beidle and Members of the Committee:

Re: proposed strike of Section 8-6C-02 (b)(11)(ii) *At the onset of active labor notifying the pediatric health care practitioner that delivery is imminent;*

As a pediatric care provider, being notified that a mother is in active labor does not affect or improve my ability to provide care to their newborns. Therefore, I am in favor of dissolving this requirement.

Thank you for the work you are doing to rectify this situation.

Kind regards,

Sophia Wilmot, RN, MSN, CRNP

SB854 - FAVORABLE .pdf

Uploaded by: Paige Barocca

Position: FAV



Moonstone Midwifery

Paige Barocca, LDEM, CPM

www.moonstone-midwifery.com

Phone: (443)907-3705

Fax: (443)853-3775

Paige@moonstone-midwifery.com

The Honorable Pamela Beidle,
Finance Committee
Miller Senate Office Building, 3 East Wing
11 Bladen St., Annapolis, MD 21401

February 21st, 2025.

Re: Senate Bill 854 Health Occupations – Licensed Direct-Entry Midwives – Revisions
Position: Favorable

Dear Madam Chair Beidle and Members of the Committee:

My Name is Paige Barocca, and I am a Licensed Direct Entry Midwife (LDEM) in Baltimore, Maryland, on the Direct Entry Midwifery Advisory Committee at the Board of Nursing, and a member of the Association of Independent Midwives of Maryland. I am writing today in support of SB854, a bill that will promote the continuation of LDEMs by updating our sunset date. This initial midwifery licensing process was fought hard for, demanded by consumers who seek alternatives to hospital delivery settings and obstetrical providers. It has now been 10 years since that initial bill passed, and I'm asking you today to vote favorably, again, for midwives and the dedicated Maryland families that deserve them.

I have personally been practicing and serving families in Maryland over the last 5 years, and I'm so grateful to be able to do so, safely, with a license. Midwives have come a long way since I was a consumer, just 12 years ago. I knew back then that the midwife that I chose for my family could go to jail just for caring for me, as Maryland had not yet recognized her national certification as a Certified Professional Midwifery (CPM). I see now how granting midwives licenses improves safety for our clients as well. When caring for low risk clients, they can become high risk and require further assessment. My license provides me with the ability to consult and transfer as needed to higher level care, something that was much more complicated prior to licensure.

As a midwife in Maryland, I provide care to clients throughout their pregnancy, labor, delivery, and postpartum. My care is comprehensive and surpasses the standard of a hospital setting by way of providing continuity and individualized care that cannot be matched on an institutional level. We provide newborn care in the first days of life, and continue to support the new family for the six weeks as concerns and questions arise. This intimate level of care is why my clients choose me, and why I choose this profession. This model of care improves outcomes and satisfaction.



Moonstone Midwifery

Paige Barocca, LDEM, CPM

www.moonstone-midwifery.com

Phone: (443)907-3705

Fax: (443)853-3775

Paige@moonstone-midwifery.com

In revisiting our bill in preparation for the sunset review, LDEMs found ways to improve the legislation to better reflect best practice for out-of-hospital delivery. We have been able to put our bill into practice over the last ten years and have learned what works and what can be improved. The initial bill was meant to add well-person care, something we are trained to do for our national certification that we have yet to be able to provide in Maryland. We were forced to surrender this right, as those who oppose our bills continue to resist our progress as maternal health practitioners. What is left is simply a shell of the modernization that we midwives in Maryland deserve. If you have any questions in regards to the small changes we have made in this legislation, I would be more than happy to discuss them with you personally.

Maternity care in the United States is a sad state of affairs. I am not alone in my belief that the exclusion of midwives, and not allowing them to practice autonomously in all birth settings, is one of the leading causes of this discrepancy when we are compared to other high-income nations. We have a long way to go to integrate midwives within our healthcare system. A favorable vote for SB854 is the first step for Maryland to continue to improve our broken healthcare system. Any other position would effectively eliminate options for Maryland families who deserve so much better.

Thank you for your consideration.

Warmly,

Paige Barocca

6707 Queens Ferry Rd.

Baltimore, MD 21239

District 43B

SB0854 Health Occupations LDEM Revisions Cover Let

Uploaded by: Senator Karen Lewis Young

Position: FAV

KAREN LEWIS YOUNG
Legislative District 3
Frederick County

Budget and Taxation Committee



THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Annapolis Office
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410-841-3575
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Karen.Young@senate.state.md.us

District Office
253 East Church Street
Frederick, MD 21701
301-662-8520

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

February 25, 2025

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

Mo Letter SB854.pdf

Uploaded by: Tova Brody

Position: FAV

The Honorable Pamela Beidle,
Finance Committee
Miller Senate Office Building, 3 East Wing
11 Bladen St., Annapolis, MD 21401

February 21st, 2025.

Re: Senate Bill 854 Health Occupations – Licensed Direct–Entry Midwives – Revisions
Position: Favorable

Dear Madam Chair Beidle and Members of the Committee:

My name is Maureen Corriveau, and I am writing in support of SB854.

The act of allowing accessible midwifery care is at its core, respecting the woman's God-given gift of birthing humanity. It is fundamental in establishing a happier and healthier society to honor the mother's choices on how she would like to birth her baby for she is the literal building block of our society and future generations to come.

By honoring the mother's birth choices and her right to birth how she chooses, it opens up the door to a lifetime of empowerment, self-sufficiency, and self-love that she gains, and then models and bestows into her children. It is monumental to have midwifery care accessible and legalized for there is an undeniable demand, and it is growing louder every day.

This is a basic human right, and arguably the most important. This type of care supports the natural physiological birth process with the utmost caution guided by medical, scientific insights and a mother-focused eye that cannot be sourced from large scale hospitals and institutions. It can only be accessed from personal midwifery care that supports only a handful of clients in order to deliver the most meticulous and supportive care.

Women need these alternative options. The current medical system has and is currently failing to see the reality which is women as miracle workers giving birth and instead are indoctrinated to see and treat women as sick patients which leads to premature interventions and disruption to the birth process, causing trauma and irreversible physiological distress to both mother and child. This cannot be changed overnight which is why midwifery care options are instrumental and should be nonnegotiable.

Ask any mother today and she will share a traumatic experience of her own or one she knows of from a traumatic hospital birth. These negative, traumatic experiences bleed into society because when the mother is mistreated, the entire family struggles and suffers thus society as a whole suffers.

The midwifery care model offers another way. One that prioritizes the mother and cares for her like family which is what is needed in birthcare. This is not about profit and it never should be. This is about the safekeeping of our mothers and society as a whole. Please vote favorably on SB854 and prioritize accessible midwifery care today and everyday because every single day millions of mothers are performing miracles and pushing out future miracle workers. To ensure this continues, we have to protect the birth space, the midwifery model, and ultimately the woman's choice.

Sincerely,
Maureen Corriveau
4108 Mt Carmel Rd
Upperco, MD 21155
District 42A

Written Testimony AM.pdf

Uploaded by: Tova Brody

Position: FAV

Madam Chair and Members of the Committee:

Re: House Bill 838 Health Occupations – Licensed Direct–Entry Midwives – Revisions
and Senate Bill 854 Health Occupations – Licensed Direct–Entry Midwives – Revisions

My name is Ashley Meredith McGuirk and I am writing to you to ask you to support and vote favorably on HB 838 and SB 854.

These bills help clean up the practice act for Licensed Direct Entry Midwives in the state of Maryland. LDEMs have been established, professional, and safe providers now for ten years and deserve to have more practice autonomy and less restriction, like other independent healthcare practitioners.

My experience with midwifery care in Maryland has been nothing short of spectacular. The last five years I have been blessed with four children. All of which were born smoothly and safely under the care of my midwives in my own home. Each birth was transformative and life changing because of the love and care I received from my midwifery team. Ultrasounds, blood work, birth support groups, holistic alternatives, and community gatherings are just a handful of the examples of care I received. I never felt forgotten or rushed during any of my midwife appointments. It's what healthcare should feel like from beginning to end. From eight weeks pregnant and beyond my midwives have been there for me and my family with every question and concern. I have been to a variety of wonderful health care providers in my time but none of them have provided me with this level of care and professionalism.

I hope and pray that every mother receives this level of care during their pregnancies. Mothers are the backbone of our civilization and deserve the love and care they so freely give back to their friends, families and communities. Midwives are a key component to a mother's health from the beginning of a pregnancy until a year postpartum. This is why they hold such an important role in our society. I cannot stress enough how incredible my experience working with midwives has been. They go beyond what they are asked in a way that is both compassionate and professional.

Thank you for your time and consideration,

Sincerely,

Ashley McGuirk
1409 Prospect Mill Rd.
Bel Air, Md 21015

Written Testimony DS.pdf

Uploaded by: Tova Brody

Position: FAV

Re: House Bill 838 Health Occupations – Licensed Direct–Entry Midwives – Revisions and
Senate Bill 854 Health Occupations – Licensed Direct–Entry Midwives – Revisions

Position: Favorable

My name is Dana Sicherman and I live in 20902, in Silver Spring, Maryland.

I am writing to ask for your support with regard to HB 838 and SB 854, and to share with you my personal experience with a Licensed Direct Entry Midwife.

I reached out to Tova Brody, CPM, LDEM when I found out that I was expecting our fifth child. Having previously had hospital births for our other four children, I was really hopeful that for our fifth we would be able to have a home birth. Tova Brody came very highly recommended by a few friends who are very near and dear to me.

We had our initial appointment with her and my husband, who had a very healthy amount of skepticism about the idea of homebirth, was expecting our first meeting with Tova Brody to be similar to someone who practiced witchcraft. Much to his surprise, on the other end of our meeting he found a very credentialed and experienced medical professional who puts the care of the mother and baby before all other things. We were so excited to start our journey towards a homebirth!

My experience working with Tova Brody, as well as the midwife who accompanied her to support me on the actual day of birth and for postnatal care, Nikki Williams, was something that I had never encountered in my more than 35 years of receiving medical services within the healthcare system. The level of attention and care that I received went far above anything comparable that I had experienced in my entire life. I learned, for the first time, what actual informed consent means by practicing it through her. I was so well attended to during my prenatal visits and I could not have felt more cared for during the birth itself, and in the weeks to follow. I have wholeheartedly recommended Tova to my nearest and dearest friends and family. And I will continue to do so without hesitation.

In my opinion as a mother of five, it is absolutely imperative that homebirth remains the viable safe option that it is. We are so incredibly lucky to have such amazing, credentialed, experienced, medical professionals available as an option for birthing families in Maryland.

Thank you so much to all the legislators for not only protecting, but ensuring our constitutional right to safe healthcare and healthcare choice. It is the very foundation that this country is established on and something that we should certainly not take lightly. I have endless gratitude for Tova Brody and everything that she does. I have complete trust in her, and while I would, without ever hesitating, use her again in the future, I know she works amongst a cohort of really incredible homebirth midwives within the Maryland community and they need this bill passed to continue doing the amazing work that is community midwifery care.

Thank you for your time and consideration.

Dana Sicherman

912 Lambertson Dr, Silver Spring, MD 20902

Written Testimony EB.pdf

Uploaded by: Tova Brody

Position: FAV

Madam Chair and Members of the Committee:

Re: House Bill 838 Health Occupations – Licensed Direct–Entry Midwives – Revisions
and Senate Bill 854 Health Occupations – Licensed Direct–Entry Midwives – Revisions

My name is Elana Blumenthal and I am writing to you to ask you to support and vote favorable on HB 838 and SB 854.

These bills help clean up the practice act for Licensed Direct Entry Midwives in the state of Maryland. LDEMs have been established, professional, and safe providers now for ten years and deserve to have more practice autonomy and less restriction, like other independent healthcare practitioners.

I am a mother to five children, three of whom were born at home with highly qualified midwives. The midwives that attended my births were able to navigate any issue that came up with calm and ease. Two of my children had shoulder dystocia complications at birth but the midwives handled it swiftly, safely, calmly and professionally. I am so grateful that I was able to have these beautiful, respectful, and calm births in the comfort of my home with highly competent midwives.

Thank you for your time and consideration,

Sincerely,

Elana Blumenthal
6706 Chippewa Ct
Baltimore, MD 21209

Written Testimony HK.pdf

Uploaded by: Tova Brody

Position: FAV

Re: House Bill 838 Health Occupations – Licensed Direct–Entry Midwives – Revisions
and Senate Bill 854 Health Occupations – Licensed Direct–Entry Midwives – Revisions

Position: Favorable

To Whom It May Concern,

I am writing to advocate for the availability of home births as a legitimate and accessible option for families. The choice to give birth at home can provide a variety of benefits that support both the mother and the child, fostering a more personalized and empowering birth experience.

First, a home birth allows women to be in a comfortable and familiar environment, which can significantly reduce stress and anxiety during labor. Research shows that the ability to choose one's birth setting can positively impact outcomes, as comfort and emotional well-being play a key role in the progression of labor. For many women, the medicalized environment of a hospital can feel intimidating and intrusive, leading to feelings of vulnerability that may not contribute to a smooth labor experience.

Furthermore, home births often offer greater freedom and autonomy during the labor process. Women can have the flexibility to choose their birth positions, movements, and the support they need, as well as the ability to have their chosen caregivers present. This level of control and comfort can result in a more positive and meaningful birth experience, leading to improved mental and emotional health for both the mother and the baby.

Additionally, home births, when attended by qualified professionals, have been shown to have comparable safety outcomes to hospital births for low-risk pregnancies. Certified midwives, who are extensively trained in prenatal care, labor, and postpartum support, provide personalized and hands-on care during home births. They offer expertise and a holistic approach that prioritizes the well-being of both mother and child. In fact, many studies demonstrate that home births for low-risk pregnancies have lower intervention rates, such as cesarean sections and the use of pain medications, which often come with potential side effects for both the mother and the baby.

Moreover, the growing emphasis on patient-centered care and informed choice in healthcare supports the notion that women should have the option to decide where and how they want to give birth. Forcing women into one standardized model of care limits their ability to make choices about their bodies and families. Allowing home births ensures that women have the opportunity to make informed decisions based on their unique needs, values, and preferences.

In conclusion, the availability of home births provides families with the freedom to choose a safe, personalized, and empowering birth experience. It is essential that we continue to broaden access to this option and support policies that respect a woman's right to choose how and where she gives birth. By making home births more accessible, we are affirming the importance of choice, autonomy, and well-being in the childbirth process.

Thank you for considering this important issue. I hope you will support policies that allow home births to remain a safe and available option for families.

Sincerely,

Hillary Kessler

7921 Stevenson Rd, Pikesville, MD 21208

Written Testimony MK.pdf

Uploaded by: Tova Brody

Position: FAV

Re: House Bill 838 Health Occupations – Licensed Direct–Entry Midwives – Revisions
and Senate Bill 854 Health Occupations – Licensed Direct–Entry Midwives – Revisions

Position: Favorable

My name is Melanie St. Ours and as a mother and resident of Baltimore County I am writing to you to ask you to support and vote favorably on HB 838 and SB 854.

These bills help clean up the practice act for Licensed Direct Entry Midwives in the state of Maryland. LDEMs have been established, professional, and safe providers now for ten years and deserve to have more practice autonomy and less restriction, like other independent healthcare practitioners.

While the best ways to respect the dignity of human life and the reproductive autonomy of women are contentious issues, there is an easy way to do both: support women in having full choice to give birth the way that is best for themselves and their families. Being able to have three midwife supported births at home was pivotal for our family, aligned with our religious belief that birth is designed by God and does not ordinarily require medical intervention. And when complications did occur in two of my births, the midwives were able to handle them swiftly and competently, with perfect outcomes for mom and babies.

Maryland women deserve the choice to hire midwives for birth at home, just as those who wish for hospital care deserve the right to make that choice. The choice of how and where and with whom to give birth is important, and women are competent to make those choices freely without being impeded by legislative red tape. Please support midwives. By doing so, you support women and families.

Thank you for your time and consideration,

Sincerely,

Melanie St. Ours

6041 Glen Arm Rd, Glen Arm MD 21057

Written Testimony ML.pdf

Uploaded by: Tova Brody

Position: FAV

Madam Chair and Members of the Committee:

Re: House Bill 838 Health Occupations – Licensed Direct–Entry Midwives – Revisions
and Senate Bill 854 Health Occupations – Licensed Direct–Entry Midwives – Revisions
Position: Favorable

My name is Molly Leibovitch and I am writing to you to ask you to support and vote favorably on HB 838 and SB 854.

These bills help clean up the practice act for Licensed Direct Entry Midwives in the state of Maryland. LDEMs have been established, professional, and safe providers now for ten years and deserve to have more practice autonomy and less restriction, like other independent healthcare practitioners.

I am a passionate advocate for midwifery care. Midwives play a vital role in ensuring safe, professional, and compassionate maternity care for families across our state. Their expertise, holistic approach, and deep respect for the birth process make them an invaluable part of our healthcare system.

Midwives are highly trained professionals who provide comprehensive prenatal, birth, and postpartum care. Studies consistently show that midwifery-led care results in excellent health outcomes, including lower rates of unnecessary medical interventions, reduced cesarean births, and improved maternal satisfaction. I firmly believe that midwives are not only safe but are essential in fostering a model of care that prioritizes informed decision-making and personalized Attention.

On a personal note, my most recent home birth was a natural and beautiful experience. Given the length of my labor, had I chosen a hospital birth under the care of a medical doctor, it is likely that I would have faced a cesarean section. In contrast, a close friend of mine gave birth the following day in a hospital setting and underwent a cesarean due to a prolonged labor. I am deeply grateful for my decision to work with a skilled midwife, as it allowed me to safely deliver my baby naturally, in the right time, without unnecessary medical intervention.

Unfortunately, access to midwifery services is often limited by outdated regulations and insurance barriers. I urge you to support policies that protect and expand access to midwifery care, including licensure recognition, fair reimbursement, and integration into the broader healthcare system. Ensuring that families have the right to choose midwifery care is a step toward a more equitable, safe, and respectful maternity care system.

Thank you for your time and consideration. I hope that you will stand with families like mine in supporting midwives and their invaluable work. Please let me know how I can assist in advocating for this important issue.

Sincerely,
Molly Leibovitch, 2719 Smith Ave. Baltimore, MD 21209

Written Testimony PT.pdf

Uploaded by: Tova Brody

Position: FAV

Madam Chair and Members of the Committee:

Re: House Bill 838 Health Occupations – Licensed Direct–Entry Midwives – Revisions

and Senate Bill 854 Health Occupations – Licensed Direct–Entry Midwives – Revisions

Position: Favorable

My name is Dr. Pamela Woodward Terranova and I am writing to you to ask you to support and vote favorably on HB 838 and SB 854.

These bills help clean up the practice act for Licensed Direct Entry Midwives in the state of Maryland. LDEMs have been established, professional, and safe providers now for ten years and deserve to have more practice autonomy and less restriction, like other independent healthcare practitioners.

In my experience, LDEMs are a safe and professional option for the majority of people seeking their care. As a first-time mother, it was my LDEM who helped me to manage my long, arduous labor with the many tools she had and - just as importantly - helped me to make the call to transfer to the hospital when it was no longer safest for me to continue to labor at home. Despite the fact that it would affect her outcomes and statistics, she of course put my health and safety first with her recommendations. I felt heard, respected, and included throughout the process to the point that I knew I would absolutely seek out midwifery care for any subsequent pregnancies, regardless of the outcome of my first experience.

The statistics of the LDEMs in the state compared to hospitals in satisfaction and success speak for themselves. A huge study of over 110,000 births in the US came out in the last year that homebirth is no different than hospital birth with regards to safety (Bovbjerg, Marit L. PhD, MS*; Cheyney, Melissa PhD, LDM†; Hoehn-Velasco, Lauren PhD, MA‡; Jolles, Diana CNM§; Brown, Jennifer MPH*; Stapleton, Jennifer MA // ; Everson, Courtney PhD¶; Stapleton, Susan CNM, DNP // ; Vedam, Saraswathi RM, PhD#. Planned Home Births in the United States Have Outcomes Comparable to Planned Birth Center Births for Low-Risk Birthing Individuals. Medical Care 62(12):p 820-829, December 2024. | DOI: 10.1097/MLR.0000000000002074)

If Maryland truly considers itself to be the pinnacle of the right to choose, then surely the choice of who should attend one's birth should be included in those protections.

Very sincerely,

Dr. Pamela Woodward Terranova, DC, CACCP

5407 Falls Road Terrace, Baltimore, MD 21210

Written Testimony RC.pdf

Uploaded by: Tova Brody

Position: FAV

Madam Chair and Members of the Committee:

Re: House Bill 838 Health Occupations – Licensed Direct–Entry Midwives – Revisions
and Senate Bill 854 Health Occupations – Licensed Direct–Entry Midwives – Revisions
Position: Favorable

My name is Rifka Cohen, and I am writing to you to ask you to support and vote favorably on HB 838 and SB 854.

These bills help clean up the practice act for Licensed Direct Entry Midwives in the state of Maryland. LDEMs have been established, professional, and safe providers now for ten years and deserve to have more practice autonomy and less restriction, like other independent healthcare practitioners.

I have had 4 births all have been attended by midwives, they have been more competent and knowledgeable and caring than many of my OBGYN's. They have a calm and capable way of making an expectant mother feel protected and very well cared for in one of the most vulnerable time's in a mother's life. Having someone who is not only caring but positive and professional at your disposal is a must have for every expectant mother. Mothers should have free choice as to whom their provider will be and where care will be given. It is a basic necessity.

Thank you for your time and consideration,

Sincerely,
Rifka Cohen, 3404 Old Post Dr, Pikesville, MD 21208

Written Testimony SH.pdf

Uploaded by: Tova Brody

Position: FAV

Madam Chair and Members of the Committee:

Re: House Bill 838 Health Occupations – Licensed Direct–Entry Midwives – Revisions
and Senate Bill 854 Health Occupations – Licensed Direct–Entry Midwives – Revisions

Position: Favorable

My name is Dr. Sheina Hollander and I am writing to you to ask you to support and vote favorably on HB 838 and SB 854.

These bills help clean up the practice act for Licensed Direct Entry Midwives in the state of Maryland. LDEMs have been established, professional, and safe providers now for ten years and deserve to have more practice autonomy and less restriction, like other independent healthcare practitioners.

I am writing to you about my birth experience using Tova Brody's (CPM, LDEM) midwife services. This was my third birth and my first home birth and it was everything and more that I could have hoped for. From the beginning, Tova took care of me, she assessed my health and wellbeing throughout pregnancy and I felt completely taken care of. Tova has the utmost competence and professionalism in regard to conducting her prenatal visits, taking labs, discussing prenatal health, labor, and delivery. She created a safe and warm environment to labor and deliver in the comfort of my own home with all of my needs and wishes tended to. Preparing for labor with Tova was calm and peaceful, I always had someone to ask my questions to and she took care of all of my prenatals and labs at home. From the moment my water broke and I was in active labor, Tova was there guiding me through the process. She knew I wanted to deliver in the pool and she cared for and respected my wishes. It was the most calm, safe, and serene experience my husband and I have ever had. My entire home birth experience felt safe and comfortable with Tova. Having access to a midwife in the state of Maryland provided me with the most safe, comfortable, and serene birth experience I could have ever anticipated for myself and my baby. Every woman in the state of Maryland should have access to these incredible healthcare practitioners for their prenatal, labor/delivery, and postnatal care.

Thank you for your time and consideration,

Sincerely,

Dr. Sheina Hollander, PT, DPT

7374 Park Heights Avenue Baltimore MD, 21208

SB0854_FWA_MDACOG_Health Occs. - Licensed Direct-E

Uploaded by: Christine Krone

Position: FWA



Maryland Section

Seante Finance Committee

February 25, 2025

Senate Bill 854 – *Health Occupations – Licensed Direct-Entry Midwives – Revisions*

POSITION: SUPPORT ONLY IF AMENDED

The American College of Obstetricians and Gynecologists, Maryland Section (MDACOG), which represents the Maryland physicians who serve the obstetrical and gynecological needs of Maryland women and their families, supports Senate Bill 854 only if the legislation is amended.

Senate Bill 854 proposes a number of changes to the licensure requirements and scope of practice for Direct-Entry Midwives (DEM). The current statutory requirements were the subject of significant debate when originally adopted. While MDACOG recognizes that many of the proposed changes are clarifying and/or address administrative issues that have not been as effective as originally adopted, a number of the provisions significantly change the scope of practice of DEMs and if adopted would put pregnant women and their newborns at increased risk for negative health outcomes or even death.

Examples of these concerning provisions include moving various maternal and fetal health conditions, such as severe anemia, significant fetal congenital anomaly, and pre-pregnancy body mass index of specified levels, from a requirement for transfer of care to a requirement to consult with a health care practitioner. MDACOG is also concerned about proposed changes to the required timeframe for notifying a pediatric provider of the birth of a child and proposed changes to the exact wording of certain conditions.

MDACOG recognizes that Senate Bill 854 is intended to update and clarify existing statutory requirements for DEMs and is willing to work with all interested stakeholders to achieve those objectives. However, while MDACOG agrees with some of the proposed changes, without the adoption of amendments that address their concerns and objections as outlined above, they are unable to support the legislation. MDACOG, therefore, urges an unfavorable report unless the legislation is amended.

For more information call:

Christine K. Krone
J. Steven Wise
Danna L. Kauffman
410-244-7000

SB 854- Health Occupations - Licensed Direct-Entry

Uploaded by: Natasha Mehu

Position: FWA



Maryland
Hospital Association

Senate Bill 854 - Health Occupations - Licensed Direct-Entry Midwives - Revisions

Position: *Support with Amendments*

February 25, 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 comment in support with amendments of Senate Bill 854.

As a member of the Direct-Entry Midwife Advisory Committee since its inception, MHA recognizes the vital role that midwives play in maternal and neonatal care. We value the care and compassionate approach to childbirth that licensed direct-entry midwives (LDEMs) can offer to women wanting a home birth and are committed to supporting birthing options that prioritize the safety of both the mother and the child.

However, we are concerned about the expanded scope of practice proposed by SB 854. Specifically, as included in 8-6C-02 (D), the bill allows for the LDEMs to practice independently without the need for oversight by other health care practitioners. Furthermore, the bill proposes changes to section 8-6C-03 such that certain conditions, such as severe anemia, a BMI outside of 18-35, and significant fetal anomalies, no longer preclude a patient from being under an LDEM's care. The bill also strikes out several comprehensive reporting requirements that track outcomes for each home birth in the state. Viewed together, these changes raise concerns regarding the safety and wellbeing of patients.

Childbirth is inherently unpredictable, and even low-risk pregnancies can escalate into high-risk situations with little warning. While autonomy in practice can be empowering, it is crucial to consider the potential risks associated with home births, especially in the absence of collaborative medical support. Practicing in isolation—without collaboration, oversight, or structured protocols for consultation—can create avoidable risks for both mothers and newborns.

Many Maryland hospitals employ certified nurse midwives, which creates opportunities for a collaborative model that does not undermine the midwife's role in patient care and, at the same time, ensures access to essential medical expertise and rapid intervention when necessary. We support a similar collaborative approach with LDEMs that ensures clear pathways for working in conjunction with obstetricians, pediatricians, and other health care professionals and provides clear and defined protocols for consultations, risk management, and emergency transfers.

While we have concerns with SB 854 as originally introduced, we have been closely engaging with LDEMs on amendments that are more reflective of our shared commitment to patient care

and safety. We look forward to continued dialogue with them to move toward legislation that can balance midwifery autonomy with essential safeguards.

For these reasons, we request a favorable with amendments report on SB 854.

For more information, please contact:

Natasha Mehu, Vice President, Government Affairs & Policy

Nmehu@mhaonline.org

2025 ACNM SB 854 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FWA



Committee: Senate Finance Committee

Bill Number: Senate Bill 854 - Health Occupations - Licensed Direct-Entry Midwives - Revisions

Hearing Date: February 25, 2025

Position: Support with Amendments

The Maryland Affiliate of the American College of Nurse-Midwives (ACNM) support *Senate Bill 854 – Health Occupations – Licensed Direct-Entry Midwives – Revisions* with amendments. The bill extends the sunset date for the licensure framework for direct-entry midwives to continue to practice in Maryland. The bill also provides clarifications and updates for practice requirements for direct-entry midwives.

ACNM strongly supports extending the sunset date for the licensure of direct entry midwives. Maryland does not have enough midwifery providers, and it is critical to ensure licensed qualified providers can continue to practice. ACNM also supports updates to Maryland’s statute to ensure direct-entry midwives can practice within the scope of their education and training. Maryland’s law has some restrictions that unnecessarily limit Marylander’s access to direct entry midwifery services. For example, Maryland’s law has a lengthy list of patient health conditions which would preclude a direct-entry midwife would be precluded from providing treatment. In some cases, direct-entry midwives should be allowed to provide midwifery services in consultation with another healthcare provider.

ACNM believes some amendments would be appropriate in two areas of the bill: 1) the provision related to treatment when there is a fetal congenital abnormality; and 2) requirements for notice of delivery to the newborn’s pediatrician. We understand that there are ongoing stakeholder discussions about those provisions, and we would be happy to contribute to that discussion.

If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net.

2025 SB854 Opp Licensed Direct Entry Midwives.pdf

Uploaded by: Deborah Brocato

Position: UNF



SB854
2025

Opposition Statement SB854

Health Occupations - Licensed Direct-Entry Midwives - Revisions
Deborah Brocato, Legislative Consultant
Maryland Right to Life

We Oppose SB854

On behalf of our 200,000 followers across the state, we respectfully object to SB854. Maryland Right to Life opposes this bill being used for abortion purposes and requests an amendment to prevent such purposes. There are several issues that put pregnant women and girls at risk. We object to psychological, socio-economic or physical assessments used for abortion coercion and referrals to abortion entities over referrals to other healthcare professionals who can address those issues. We object to this bill being used to force hospitals to provide or complete abortions initiated by a midwife who then chooses to transfer the woman or girl to a hospital.

ABORTION IS NOT MEDICALLY NECESSARY. Pregnancy is not a disease and 95% of biologists agree that a unique human life begins at the moment of fertilization. Abortion is not healthcare as evidenced by the fact that 85% of obstetricians and gynecologists in a national survey refuse to participate in abortion practices. Medical intervention necessary to save the life of the mother, including for ectopic pregnancy and miscarriage, is not prohibited by the law of this or any other state.

The state of Maryland has no legal obligation, nor moral authority to use public funds for abortion or to be a sponsor of the abortion industry.

The Supreme Court of the United States, in *Dobbs v. Jackson Women's Health* (June 24, 2022), overturned *Roe v. Wade* (1973) and held that there is no right to abortion found in the Constitution of the United States. As early as 1980 the Supreme Court affirmed in *Harris v. McRae*, that *Roe* had created **a limitation on government, not a government funding entitlement**. The Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that "*no other procedure involves the purposeful termination of a potential life*", and held that there is "*no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds.*"

Despite the fact that the Maryland General Assembly enacted a liberal abortion statute in 1991, the Maryland General Assembly moved to further promote abortion with the *Abortion Care Access Act* of 2022. Now, the removal of the physician requirement leaves women and girls with a higher risk of adverse events up to and including death at the hands of a "qualified provider," with unspecified training from the state of Maryland. Because Medicaid and private health insurance are required to fully fund abortion, Maryland taxpayers pay for abortion.



ABORTION IS UNSAFE IN MARYLAND. Despite the Supreme Court ruling, abortion remains legal through all nine months of pregnancy and for any reason, under the *Maryland Freedom of Choice Act* (1991). The state of Maryland has repealed all criminal penalties and statutory restrictions on abortionists and abortion practices. Regulations on abortion clinics and practices are not routinely enforced. Physicians now serve only a tangential role on paper *if at all*, either as remote medical directors for abortion clinics or as remote prescribers of abortion pills.

As a result of these pernicious policies, the practice of abortion in Maryland has become the “red light district” of medicine, populated by dangerous, substandard providers. Through the *Abortion Care Access Act* of 2022, the state is depriving poor women access to care by a licensed physician. Through “telabortion” and the unregulated proliferation of “Do-It-Yourself” chemical abortion pills, the abortion industry itself has exposed women to “back alley” style abortions, where they bleed alone without medical supervision or assistance, then flush their babies down toilets. This is not progressive, but regressive.

MDH IS FAILING PREGNANT WOMEN AND FAMILIES. The Maryland Department of Health has consistently failed to meet the needs of pregnant women and families in Maryland and any appropriation should be withheld until the Department provides the annual report to the Centers for Disease Control to measure the number of abortions committed each year in Maryland, abortion reasons, funding sources and related health complications or injuries.

- The Department has routinely failed to enforce existing state health and safety regulations of abortion clinics, even after two women were near fatally injured in botched abortions.
- The Department has routinely failed to provide women with information and access to abortion alternatives, including the Maryland Safe Haven Program (Department of Human Services), affordable adoption programs or referral to quality prenatal care and family planning services that do not promote abortion.
- The Department has demonstrated systemic bias in favor of abortion providers, engaging in active partnerships with Planned Parenthood and other abortion organizations to develop and implement public programs, curriculum and training. In doing so the Department is failing to provide medically accurate information on pregnancy and abortion.
- The Department systemically discriminates against any reproductive health and educational providers who are unwilling to promote abortion and in doing so, suppresses pro-life speech and action in community-based programs and public education.
- The Department fails to collect, aggregate and report data about abortion and the correlation between abortion and maternal mortality, maternal injury, subsequent pre-term birth, miscarriage and infertility.



- The Department is failing to protect the Constitutionally-guaranteed rights of freedom of conscience and religion for health care workers, contributing to the scarcity of medical professions and personnel in Maryland.
- The Department is failing to protect women and girls from sexual abuse and sex trafficking by waiving annual reporting requirements for abortionists, waiving mandatory reporter requirements for abortionists, and failing to regulate abortion practices.

ABORTION IS LEADING KILLER OF BLACK LIVES. Abortion has reached epidemic proportions among people of color with half of all pregnancies of Black women ending in abortion. The Black population has long been targeted for elimination through sterilization and abortion. Even today, 78% of abortion clinics are located in minority communities. As a result, abortion has become the leading killer of Black lives. Abortion is the greatest human and civil rights abuse of our time and as a civilized people we cannot continue to justify or subsidize this genocide.

For these reasons, we respectfully urge you to amend SB854 to exclude abortion purposes. Women and girls can be pregnant and receive care for other conditions or situations by appropriate professionals. Hospitals should not be forced to complete abortions started by midwives or other “qualified providers.” Without an amendment to exclude abortion purposes, we request an unfavorable report on SB854.

Sample Amendment Language - No abortion funding (1

Uploaded by: Deborah Brocato

Position: UNF

SAMPLE AMENDMENT LANGUAGE: No state funding for elective abortion or abortion providers

“Nothing in this [Act, Section, Chapter] shall be construed to authorize the use of state taxpayer funds, including those appropriated by State law or in any trust fund to which funds are authorized or appropriated by State law, for abortion promotion, training, or certification, or for the distribution of abortion inducing drugs, or for the procurement, compensation, subsidization, reimbursement or other financial support of abortion providers or their affiliates. This limitation does not apply to an abortion if the pregnant woman suffers from a physical disorder, physical injury, or physical illness that would, as certified by a physician, place the woman in imminent danger of death unless an early termination of the pregnancy is performed, including a life-endangering physical condition caused by or arising from the pregnancy itself, nor does it apply to medical treatment of any infection, injury, disease, or disorder that has been caused by or exacerbated by the performance of an abortion.”

SB0854_MBON_UNF

Uploaded by: Dr. Rachel Jordan

Position: UNF



Board of Nursing

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

February 25th, 2025

The Honorable Pamela Beidle
Chair, Finance Committee
Room 3
Senate Office Building
Annapolis, MD 21401

RE: SB 854 – Health Occupations - Licensed Direct-Entry Midwives - Revisions

Dear Chair Beidle and Committee Members:

The Maryland Board of Nursing (the Board) respectfully submits this letter of opposition for SB 854 Health Occupations - Licensed Direct-Entry Midwives - Revisions. While we support our Licensed Direct-Entry Midwives (LDEMs) and the expertise they have in their practice, we believe that the changes made in this bill are potentially dangerous, interfere with continuity of care, and could place patients at risk.

The Board is proud to oversee the practice of Licensed Direct-Entry Midwives and recognizes the important work they do for parents and children during many of the most important times in any family's life. The Board has supported LDEMs as independent practitioners, and recognizes that during low-risk pregnancy labor, delivery, and postpartum periods they can provide excellent care up to any standard. However, this bill seeks to eliminate a number of reporting/administrative requirements for LDEMs that ensure continuity of care and safe practice. On page 4 lines 8-10 and page 5 lines 17-18, the bill eliminates the requirement that LDEMs notify the patient's pediatric health care practitioner when birth is imminent, and after birth has occurred. Should anything go wrong then in the intrapartum period, and swift intervention by the pediatric health care practitioner be needed, they could be caught unaware and unprepared to assist. Similarly, on page 10 lines 11-13 and page 11 line 6, the bill eliminates the requirement that LDEMs provide a written birth plan to the hospital that would receive the patient in extenuating circumstances, and even removes the requirement that the LDEM accompany the patient to the hospital. Any one of these changes, and certainly all of them taken together, could cause serious continuity of care issues at a time when the health of the patient is at increasing risk. The reports and communications between LDEMs and their patients' other providers exist to ensure the safety of the patient, and the Board does not believe they should be removed.

As shown above, this bill reduces communication between LDEMs and the rest of the healthcare system, opening patients to increased risks during the naturally risky intrapartum period. It should be reiterated here that the Board has the utmost trust in our LDEMs to provide care to low-risk patients, but they do not have the clinical expertise to handle high-risk pregnancies

independently. This issue is compounded in the bill by altering the conditions under which a LDEM is required to transfer their patient to a hospital. Specifically, on page 7 lines 16-20 they remove severe anemia and other systemic and rare diseases and disorders as conditions that would require transfer, and only require them to consult with a healthcare practitioner. A healthcare practitioner, it should be noted, who may not even know the birth is happening according to this bill. Again, through an attempt to ease the administrative burden on LDEMs, this bill would compound patient risk. Severe anemia in particular can be life-threatening during the intrapartum period, and rather than using an abundance of caution and requiring transfer, this bill would only require the LDEM to consult with a qualified provider who is likely not physically present with the patient to treat them. Finally, this bill would eliminate the requirement that LDEMs report to the Board all births they assisted with outside a hospital setting, potentially skewing data.

The Board knows how important LDEMs are to our state's healthcare workforce. They provide essential care to hundreds of Marylanders every year, and we would be far less capable of providing necessary services if not for their important work. As such, we do support the extension of their licensure in the bill. They are, however, part of a larger system designed to ensure safe provision of care. This bill exposes LDEMs and their patients to greater risks, and isolates them from the larger healthcare system. For these reasons we respectfully ask this committee for an unfavorable report on SB 854.

Thank you again for your time. For more information, please contact Ms. Mitzi Fishman, Director of Legislative Affairs, at 410-585-2049 or mitzi.fishman@maryland.gov, or Ms. Rhonda Scott, Executive Director, at 410-585-1953 or rhonda.scott2@maryland.gov.

Sincerely,

A handwritten signature in blue ink that reads "Christine Lechliter".

Christine Lechliter
Board President

The opinion of the Board expressed in this document does not necessarily reflect that of the Department of Health or the Administration.

SB 0854 - MDH - FIN - LOO (1).pdf

Uploaded by: Meghan Lynch

Position: UNF



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

February 25, 2025

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

RE: Senate Bill (SB) 854 – Health Occupations - Licensed Direct-Entry Midwives - Revisions – Letter of Opposition

Dear Chair Beidle and Committee members,

The Maryland Department of Health (the Department) respectfully submits this letter of opposition for Senate Bill (SB) 854 – Health Occupations - Licensed Direct-Entry Midwives - Revisions. This bill would alter the scope of practice of direct-entry midwives such that they can practice more independently, repeal their data reporting requirements to the Direct-Entry Midwifery Advisory Committee, and modify the license-related disciplinary actions that can be taken against direct-entry midwives.

Direct-entry midwives are midwives who gained their midwifery credentials, without first becoming a registered nurse. Direct entry midwives often perform home births. The Department recognizes the right of pregnant persons to make medically informed decisions about their pregnancy care and delivery, and recognizes the valuable obstetric care that direct-entry midwives provide across Maryland, which may be particularly important in rural areas of the state where obstetric hospitals are further away. However, the Department believes that the home births attended by direct-entry midwives must meet a certain threshold of quality and safety standards, and that this bill enables direct-entry midwife practice that is below that threshold.

SB 854 removes the requirement that direct-entry midwives transfer care for pregnant people with severe anemia, significant fetal anomalies, and rare diseases. This does not align with the recommendations of the American Academy of Pediatrics (AAP), which recommends that pregnant people with pre-existing medical diagnoses or significant diagnoses that arise during pregnancy should not be candidates for a home birth, to ensure that home births are offered as safely as possible to a low-risk population.¹

The bill also removes the requirement that direct-entry midwives notify the pediatric provider when the pregnant person is about to give birth and again within 24 hours of the infant's birth.

¹ AAP. Providing Care for Infants Born at Home. *Pediatrics*. 2020 May; 145(5). doi: 10.1542/peds.2020-0626. <https://publications.aap.org/pediatrics/article/145/5/e20200626/36807/Providing-Care-for-Infants-Born-at-Home>

These changes also do not align with the recommendations of the AAP, which recommends that all infants born at home should be examined by a health care provider, including receiving screening for jaundice and hepatitis B vaccination, within 24 hours of birth.² These tests and vaccines may not be accessible in a home birth setting, and by eliminating the requirement that direct-entry midwives notify a pediatrician within 24 hours, infants born at home with a direct-entry midwife may not receive this important care in a timely fashion.

Finally, this bill removes the requirement of annual data reporting to Maryland's Direct-Entry Midwifery Advisory Committee to note patient volume, number of births, deaths, complications, transfer reasons, and other data. Ensuring a mechanism for reviewing pregnancy and birth complications is essential for ongoing quality improvement efforts and is required of every other perinatal care provider in the state. A recent investigation by the Washington Post² has raised concerns about the oversight of midwives due to infant deaths in Maryland in home birth settings. This bill may impact communities that are underresourced and have limited birthing facilities, particularly in rural areas of Maryland, where Department data show that home births are more common. The annual data reporting SB 854 would remove is all the more essential given that Fetal and Infant Mortality Review (FIMR) does not occur in every county within Maryland. Without adequate oversight of the safety of home births, this bill may have a negative impact on maternal, fetal, and neonatal outcomes.

Home births provided by a direct-entry midwife can be a safe and meaningful experience for the birthing person and their family. But the Department is concerned that this bill will expose pregnant people and infants to unnecessary and avoidable risk by broadening the scope of practice and reducing oversight of direct-entry midwives.

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,



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

² Brittain, Amy. Lawmakers halt plan for midwives to handle higher-risk home births. Washington Post. May 21, 2024. <https://www.washingtonpost.com/investigations/2024/05/21/maryland-home-births-vbac-bill/>

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Uploaded by: State of Maryland (MD)

Position: UNF



Board of Nursing

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

February 25th, 2025

The Honorable Pamela Beidle
Chair, Finance Committee
Room 3
Senate Office Building
Annapolis, MD 21401

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Sincerely,

A handwritten signature in blue ink that reads "Christine Lechliter".

Christine Lechliter
Board President

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