

Wes Moore, Governor · Aruna Miller, Lt. Governor · Ryan Moran, DrPH, MHSA, Acting Secretary

April 1, 2025

The Honorable Joseline A. Peña-Melnyk Chair, House Health and Government Operations Committee Room 241, House Office Building Annapolis, Maryland 21401

RE: Senate Bill 854 – Health Occupations - Licensed Direct-Entry Midwives - Revisions – Letter of Concern

Dear Chair Peña-Melnyk and Committee Members:

The Maryland Department of Health (the Department) respectfully submits this letter of concern for Senate Bill (SB) 854 – Health Occupations - Licensed Direct-Entry Midwives - Revisions. This bill would alter the scope of practice of direct-entry midwives, alter data reporting requirements, modify the license-related disciplinary actions that can be taken against direct-entry midwives, and extend the sunset date for this section of law to 2030.

The Department upholds that home births attended by direct-entry midwives are most appropriate for a carefully-selected low-risk population. It is in the public's best interest that evidence-based legislation is in place to ensure that this care meets a certain threshold of quality and safety standards. A direct-entry midwife is a midwife who gained their midwifery credentials without first becoming a registered nurse, and is trained to treat normal pregnancies. Direct entry midwives often perform home births. Home births attended by a direct-entry midwife can be a safe and meaningful experience for the birthing person and their family in appropriate circumstances. 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.

The Department thanks the sponsors for amending SB 854 to address some of the unnecessary and avoidable risks to pregnant people and infants. However, the amendments do not fully address the Department's original concern of removing the requirement for the transfer of care for pregnant people with severe anemia and significant fetal anomalies. The amended bill requires transfers of patients for severe anemia that is either unresponsive to treatment, or based on blood tests performed at or after 36 weeks of pregnancy. The proposed amendment language in the third reader bill does not address pregnant people who may need a higher level of monitoring or care, such as intravenous iron or transfusion.

SB 854 has also been amended to require transfer of a patient with a significant fetal congenital anomaly that directly impacts the birthing process or requires immediate emergency care. While

such a transfer is important, the amendment does not address significant fetal congenital anomaly that may require closer monitoring with a higher level of care during the prenatal period, such as abdominal wall defects. The Department respectfully submits this letter to maintain safe access to licensed direct entry midwifery for pregnant individuals in Maryland.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at <a href="mailto:sarah.case-herron@maryland.gov">sarah.case-herron@maryland.gov</a>.

Sincerely,

Ryan Moran, DrPH, MHSA

Acting Secretary