Maryland
Hospital Association

Senate Bill 348- Hospitals and Freestanding Birthing Centers - High-Risk Pregnancies - Communication After Discharge

Position: ***Support with Amendments***
February 10, 2026
Senate Finance Committee

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support with amendments on Senate Bill 384 to ensure the statute aligns with clinical best practices and can be implemented effectively in hospital settings.

Hospitals strongly support the intent to promote early postpartum engagement and education for birthing parents with high-risk pregnancies. However, the current statute requires hospitals to meet highly specific timing and modality requirements for contacting high-risk birthing parents post-discharge. Since this statute went into effect, frontline hospital staff, including nurses and care coordinators, say it has been challenging to meet these prescriptive requirements.

SB 348 would change the time period for post-discharge calls from 24 to 48 hours to 24 to 72 hours. MHA proposes an amendment that would allow for additional contact methods, such as text message or email. These targeted statutory changes align with clinical guidelines and are necessary to improve patient engagement and hospital outreach while ensuring the law continues to function as intended.

Clinical Considerations
There is no national clinical guideline requiring postpartum outreach to occur specifically within 24 to 48 hours following discharge. Leading professional organizations, such as the American College of Obstetrics and Gynecology, describe postpartum care as an ongoing process that emphasizes early engagement combined with continuity of care, rather than a rigid, single-touchpoint timeframe. A 72-hour outreach window remains clinically appropriate, including for high-risk patients. [1,2,3]

For example, accepted care pathways for serious postpartum complications, particularly hypertensive disorders of pregnancy, frequently reference provider follow-up within 48 to 72 hours after discharge.[1,3] Extending the allowable outreach window to 72 hours thus, preserves early postpartum contact while better reflecting clinical practice and patient recovery patterns.

Patient Engagement and Effectiveness
Hospitals report consistent difficulty reaching patients by phone within the current 24 to 48 hour requirement. During this period, patients are often recovering from childbirth, caring for

[1] ACOG Committee Opinion No. 736: Optimizing Postpartum Care. Obstetrics & Gynecology 131(5):p e140-e150, May 2018
[2] https://www.cmqcc.org/postpartum-discharge-resource/hypertension-pregnancy-follow
[3] https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs//141-004-PostpartumFollowupCareSchedule.pdf

newborns, or navigating work, childcare, and housing challenges. These barriers disproportionately affect high-risk populations. The odds of receiving a response from patients can be especially lower when this 48-hour window coincides with weekends or holidays. A modest 24-hour extension can help ensure providers have sufficient time to make effective contact with all high-risk patients.

For many high-risk postpartum patients, phone calls are also not always the most reliable way to make contact. Allowing hospitals to contact patients through multiple modalities, rather than exclusively via phone calls, improves the likelihood of successful engagement and ensures that patients have the flexibility to respond when they are able, while simultaneously navigating multiple post-partum responsibilities and challenges.[4] Many hospitals have demonstrated greater success in contacting patients by text message, email, or their preferred method of communication.

Substance Use Disorder and High-Risk Care
Some stakeholders have indicated that the underlying requirement was intended, in part, to support postpartum patients with substance use disorders. Hospitals share this goal. However, best practices for postpartum substance use disorder care emphasize continuity, trust-based engagement, and multiple touchpoints over time rather than a single, narrowly timed phone call within a specified window of time.[5,6]

Flexibility in timing and method of contact better supports individualized engagement strategies for patients with complex needs while avoiding stigma and improving the likelihood of meaningful connection. As such, SB 348 does not undermine the original bill's intent, but seeks to strengthen implementation based on what hospitals and providers are observing in practice.

Amendment

MHA supports the goals of SB 348 and respectfully urges the Committee to adopt an amendment that replaces the requirement to "call" a patient with the requirement to "contact" a patient.

Amendment No.1

On page 2, in line 20, strike "Call" and insert "Contact."

For these reasons, MHA requests a favorable report with amendments on Senate Bill 348.

For more information, please contact:
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[4] Hirshberg A, Downes K, Srinivas S. Comparing standard office-based follow-up with text-based remote monitoring in the management of postpartum hypertension: a randomized clinical trial. *BMJ Quality & Safety* 2018;**27:**871-877.
[5] https://www.ajog.org/article/S0002-9378(13)01058-2/fulltext
[6] https://library.samhsa.gov/sites/default/files/sma18-5054.pdf