MARYLAND
Health Care
Commission

Marcia Boyle, MS, Acting Chair
Douglas Jacobs, MD, MPH, Executive Director

January 27, 2026

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

Re: SB 19 – Maryland Commission on Women's Health Advancement – Establishment – Letter of Concern

Dear Chair Beidle and Committee Members,

The Maryland Health Care Commission ("MHCC") is submitting this letter of concern on *SB 19 – Maryland Commission on Women's Health Advancement – Establishment*. The bill establishes the Maryland Commission on Women's Health Advancement to study the feasibility of creating a state women's hospital and a statewide clinical network. The proposed Commission membership is extensive. The Commission is charged with: analyzing the need for a centralized women's hospital with outpatient clinics statewide; examining existing healthcare gaps, particularly in underserved populations; collaborating with the MHCC to assess financial viability and initiate a Certificate of Need; investigating alternative "hub network" models to improve access using existing infrastructure; and consulting with healthcare providers, advocates, and community organizations.

The MHCC supports efforts to improve women's healthcare, particularly concerning maternal health and overall wellness. While Maryland continues to make significant strides in these areas, the proposed Commission on Women's Health Advancement is specifically tasked with evaluating the feasibility of developing a women's only hospital in Southern Maryland.

Maryland previously had a women's hospital, founded in 1882, but by the mid-1950s, single-specialty hospitals were considered outdated. The women's only hospital eventually merged with another hospital to form the Greater Baltimore Medical Center (GBMC). Perhaps as an alternative to the single-specialty hospital and the desire for a more personalized, holistic, and less intervention-heavy childbirth experience, birthing centers were opened in Maryland.

While the bill includes a study on alternate approaches to improve women's access to health care, the bill also presupposes that a state women's hospital is the solution to a lack of obstetrical and gynecologic care in Southern Maryland. This may not be the case, and both clinical and financial consideration should be given to the appropriate solution.

Modern healthcare delivery often emphasizes comprehensive, integrated medical centers that can address a wide range of patient needs, usually not just those specific to one gender or medical specialty. Concerns exist that single-specialty or single-sex facilities might not offer a full range of services, potentially requiring patient transfers in emergencies which could lead to adverse health outcomes or delays in treatment. This underpins current health care delivery models favoring comprehensive medical centers with many specialties over a single-specialty hospital, allowing for coordinated care within one facility.

Women's only hospitals may also face economical challenges including significant capital investment and high fixed costs, and it is not yet clear if there is an entity willing to make the capital investment. For example, in 2023, MHCC issued a certificate of need to Luminis Health Doctors Community Medical Center to develop a new obstetrics program with 21 beds at its hospital in Prince George's County. In 2025, Doctors filed a request to limit the scope of its project and reduce the number of beds to 16 because construction costs were expected to significantly exceed the initial budget. Additionally, higher medical malpractice costs for obstetrical care could make it more economically challenging to sustain a women's only hospital. Furthermore, Maryland is facing a shortage of healthcare workers and staffing is a challenge for existing hospitals and would be a significant challenge for a new hospital.

Finally, the bill's creation of a seven year Commission to study this problem may not be the best-fit solution. Rather, a study with accompanying time-limited workgroup may suffice. If the objective of this bill is driven by the lack of women's health care services, in particular maternal health services in Southern Maryland, establishing a women's only hospital is not necessarily the foregone solution: rather the focus should be on understanding why women's healthcare services such as free-standing birth centers all have closed in Maryland. Birthing centers, a proven effective model for improving birthing and prenatal care and outcomes, were established in Maryland beginning in the mid-1970s to provide a home-like, low-intervention alternative to medicalized hospital births.

These centers aim to offer family-centered care, support midwifery models, and provide specialized options for low-risk pregnancies. Maryland had a total of seven birthing centers with the first one opening in Baltimore in 1981 (closed in 2004), with other centers in Bethesda (1982-2007), Huntingtown (1993-2008), Frederick (1994-1998), and Greenbelt (1996-1998). The last remaining birthing centers closed in 2023. The drivers of birthing center closures are not fully known but it has been reported as primarily due to unsustainable financial pressures, including skyrocketing malpractice insurance premiums, low reimbursement rates from insurance providers, and rising operating costs. Understanding these closures and options and alternatives to address the shortage of prenatal and obstetric care would provide insight into the true needs of this region, allowing for the best solution in addressing health disparities.

Lastly in light of current projected general fund deficits in fiscal 2027 and beyond, we urge caution in passing legislation that significantly increases expenditures without commensurate decreases in other areas. Considering the current fiscal crisis, the state government must be disciplined and strategic in its funding decisions to protect essential services. Any legislation that increases spending should include specific, identified, and sustainable funding offsets. Given the forecasted out-year deficits as well as significant uncertainty regarding the federal budget and policy changes, it would be challenging for the State to manage this increase in spending. This challenge is compounded by major, unforeseen changes in federal policy and other ongoing budgetary pressures.

The MHCC is willing to work with the sponsor to come up with a process to address the concerns in this bill. If you have any questions, please do not hesitate to contact me at 410-764-3566 or douglas.jacobs@maryland.gov or Ms. Tracey DeShields, Director of Policy Development and External Affairs, at tracey.deshields2@maryland.gov.

Sincerely,

Douglas Jacobs, MD, MPH
Executive Director

cc: The Honorable Arthur Ellis, Senator