



Maryland Section

Senate Finance Committee

February 10, 2026

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

POSITION: OPPOSE

The American College of Obstetricians and Gynecologists, Maryland Section (MD ACOG), which represents the Maryland physicians who serve the obstetrical and gynecological needs of Maryland women and their families, **opposes** Senate Bill 348.

Senate Bill 348 proposes two amendments to a provision of the Maryland Maternal Health Act of 2024. First, it would replace the word “call” with “contact,” allowing hospitals to use alternative methods—such as text messaging or other modalities—to reach patients following discharge. Second, it would extend the required follow-up period for hospital staff from 24–48 hours to 24–72 hours after discharge.

The Maryland Maternal Health Act of 2024, including this follow-up requirement, was the product of an extensive, collaborative, and highly intentional process. OB/GYNs, midwives, doulas, nurses, hospitals, insurers, local health departments, the Maryland Department of Health, patients, advocates, and professional membership organizations participated in workgroup meetings both during the interim and throughout the legislative session. Every provision of the Act, including the 24–48-hour follow-up window, was carefully considered and deliberately drafted. Nothing in the statute was arbitrary or subjective.

The 24–48-hour follow-up period is a safeguard that should be maintained. Early post-discharge contact is particularly important for identifying complications, addressing urgent clinical concerns, and connecting patients with needed support during a highly vulnerable period. Extending this window risks delaying identification of serious issues and undermines the intent of the original legislation.

For these reasons, MD ACOG strongly urges the Committee to reject the proposed extension of the follow-up timeframe and to preserve the 24–48-hour window as enacted in the Maryland Maternal Health Act of 2024. If the Committee determines that a statutory change is necessary, MD ACOG would not oppose replacing the word “call” with “contact” to allow flexibility in how hospitals successfully reach patients using appropriate and patient-centered communication methods.

For more information call:

Christine K. Krone

J. Steven Wise

Danna L. Kauffman

410-244-7000