

TO: The Honorable Pamela Beidle, Chair
Senate Finance Committee

SB348

FROM: Quinn Collins
*Executive Director, Nursing Strategy & Integration
Johns Hopkins Health System*

Favorable

DATE: February 10, 2026

RE: SB348 Postpartum Communication Requirements: Clinical Evidence, SUD Intent, Operational Impact, and Statutory Authority

Johns Hopkins supports **SB348 Postpartum Communication Requirements: Clinical Evidence, SUD Intent, Operational Impact, and Statutory Authority**. This bill updates the requirements for hospitals to contact birthing parents with high-risk pregnancies from within 48 hours to within 72 hours. This slight but meaningful change will have a huge impact on the hospital workflow and nursing staff, without compromising patient outcomes.

Johns Hopkins fully supports the Maryland Maternal Health Act of 2024 and is proud to be in a state that takes maternal health so seriously. Johns Hopkins Medicine offers comprehensive, family-centered birthing services in Baltimore and Howard County to over 2,4000 babies annually. Our facilities include private labor, delivery, and recovery (LDR) rooms, in-room "rooming in" for newborns, and Level III+ NICU care. We emphasize immediate skin-to-skin bonding, breastfeeding support, and, as a Baby-Friendly designated facility, provide specialized care for both low-risk and high-risk pregnancies.

We have found the calls to the patients to be resource intensive, but valuable. For example, at Johns Hopkins Bayview Medical Center our nurses currently call all postpartum patients because about 2/3 of our moms would be considered "high risk", so we don't limit this care to "high risk pregnancy". As a result, our nurses made 603 calls this academic year. Each call takes about 15 minutes and for the patient population at Bayview, about 50% of the calls require an interpreter due to language barriers.

Extending the time frame for when patients would have to be contacted by this minimum amount would help our staff greatly, by allowing for necessary flexibility (i.e., weekends, holidays) without compromising care. All national clinical guidelines recommend following up with patients within weeks, not days. We are confident extending the outreach to patients just 24 hours, to 72 would still allow for appropriate intervention, should it be necessary.

We are grateful for the Sponsor's consideration of hospital's operational concerns, without conceding the original intent of the bill – ensuring women who are post-partum get the highest quality of care. Accordingly, Johns Hopkins respectfully requests a **FAVORABLE** committee report on SB364.