

MARY BETH CAROZZA
Legislative District 38
Somerset, Wicomico,
and Worcester Counties

Education, Energy, and
the Environment Committee

Executive Nominations Committee



Annapolis Office
James Senate Office Building
11 Bladen Street, Room 316
Annapolis, Maryland 21401
410-841-3645 · 301-858-3645
800-492-7122 Ext. 3645
Fax 410-841-3006 · 301-858-3006
MaryBeth.Carozza@senate.state.md.us

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

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The Senate Finance Committee
SB 485 – Public Health – Women’s Health Care Data - Report
Statement of Support by Bill Sponsor Senator Mary Beth Carozza

Thank you Chair Beidle, Vice Chair Hayes, and members of the distinguished Senate Finance Committee for this opportunity to present Senate Bill 485 – Public Health – Women’s Health Care Data – Report.

SB 485 would require the Maryland Department of Health to collect and compile data annually regarding the cost of prenatal care, birth, postpartum care, pregnancy care, abortion, menopausal care, as well as mental health care related to women’s health to better understand the financial impact of these services on individuals, providers, and the State. This legislation would promote transparency and accountability in health care spending while safeguarding the privacy and dignity of individuals.

SB 485 would strengthen women’s health care reporting and would put Maryland on par with 47 other states which voluntarily report key women’s health care data.

Over the past decade, rising health care costs have placed increasing pressure on patients, employers, and state budgets. In response, many states have prioritized cost-containment strategies to better manage unsustainable growth in health care spending. A necessary first step in this effort is identifying the underlying cost drivers. Generating reliable, aggregated spending data allows policymakers to develop informed, evidence-based public health decisions.

This legislation does not conflict with existing Maryland law. It is limited to the collection and analysis of cost data for fiscal transparency and public health planning purposes. It does not authorize the disclosure of patient-identifiable information or provider-specific clinical records. Maryland’s Shield Laws (Chapters 248 and 249) prohibit the disclosure of sensitive reproductive health information — including mifepristone data and diagnostic, procedural, or medication codes related to abortion and other reproductive health services — by health information exchanges, electronic health networks, or health care providers. This bill does not alter or undermine those protections. It focuses solely on aggregated cost analysis and does not involve the release of protected health information.

Similarly, Chapters 244 and 245 of 2023, which established a constitutional right to reproductive freedom in Maryland and were approved by voters in November 2024, remain fully intact. This legislation does not change, limit, or burden that constitutional right. It neither restricts access to

services nor alters legal standards. Rather, it serves as a fiscal and public health transparency measure designed to better understand health care expenditures across service categories.

SB 485 strikes a balance between providing transparency and accountability in women's health care while protecting privacy. The bill specifically states on page 4, line 1, that data collected "may not include procedure-level details or any other information prohibited from disclosure under State law" and additionally, on page 5, line 4, the bill states that the entities reporting to the Maryland Department of Health shall "anonymize and de-identify patient data as necessary to comply with applicable laws."

We want to ensure privacy, but we also want to ensure that women's health is prioritized in Maryland. The number of women who die giving birth in the United States has nearly doubled in the last two decades, and we are the only first-world country with a consistently rising maternal mortality rate.

As a State with a prominent African-American population, we also must consider that African-American women are three times more likely to die from pregnancy-related complications than white women in the United States. From 2019 through 2023, Maryland had a maternal mortality rate of 21 per 100,000 births across all races and ethnicities, but for African-American mothers the mortality rate was 30 deaths per 100,000 births.

Several members of the House Health Committee recently pressed state health officials on a lack of progress in bettering maternal health outcomes for Black women, which continuously falls behind women of other races and ethnicities. With data collection, these disparities can be identified and addressed.

The legislation before you has been expanded from previous years to include a broader range of topics that directly impact women's health, including menopause. It is estimated that up to 40 percent of women experiencing menopause also experience depression, an alarming statistic compounded by the lack of specialized health care for menopause in Maryland.

The value of collecting and analyzing data on reproductive healthcare services would not only help address gaps in support for pregnant women but also provides a clearer picture of how to better serve women in need.

Informed Policy Decisions

Comprehensive data on costs for women's health and reproductive care – including pregnancy, postpartum care, birth and abortion – allows policymakers to make informed decisions based on factual evidence. Without this data, it is challenging to evaluate the impact of healthcare programs and allocate limited resources in an effective manner, especially during Maryland's current budget crisis.

Budget Transparency

Collecting and reporting cost data ensures transparency in the allocation and utilization of public funds, particularly Medicaid. This is essential for evaluating how taxpayer dollars are spent and in determining if programs are cost effective and equitable.

Identifying Gaps in Healthcare Access

Data collection can reveal disparities in healthcare access and affordability, particularly for underserved populations, such as low-income women and women of color. Understanding cost variations enables the state to address inequities and improve access to necessary care.

Support for Women and Families

By analyzing the financial burdens associated with birth, postpartum care, pregnancy and abortion, the state can identify areas where families may struggle and consider implementing support mechanisms to reduce these burdens.

Preventive Healthcare Strategies

Cost data can highlight the financial impact of preventable complications, such as untreated postpartum depression or pregnancy-related health issues. This allows for the development of preventive care programs, which are often more cost-effective and improve long-term health outcomes for women and children.

Accountability for Abortion Costs

Collecting data on Medicaid funding used for chemical and surgical abortions ensures accountability and compliance with state and federal regulations. This transparency is critical in understanding the financial and societal impact of such procedures.

Evaluation of Training Programs

Data on the costs of abortion care training programs helps assess their financial sustainability and effectiveness. This is necessary to ensure appropriate use of resources and adherence to statutory requirements.

Address Rising Healthcare Costs

Healthcare costs for pregnancy-related care have risen significantly in recent years. Tracking these costs provides a baseline for understanding trends and developing strategies to contain costs without compromising quality of care.

Promote Maternal and Child Health

Data collection helps identify areas where investments are needed to improve maternal and child health outcomes. For example, understanding the costs of postpartum mental health care can lead to targeted funding for mental health resources.

Comparison with National Benchmarks

Collecting state-level data enables comparisons with national benchmarks and other states. This can help Maryland evaluate how it performs relative to others and adopt best practices for improving women's health and reproductive care.

Ethical Considerations and Oversight

Transparent reporting on costs associated with reproductive care, especially for abortion, ensures ethical oversight and public accountability. It also provides clarity on how public funds are being used to address these sensitive issues.

Fostering Public Trust

Accurate and transparent data collection fosters trust between the public, providers, and policymakers. It demonstrates the state's commitment to responsible governance and prioritizing the health and well being of women and families.

Access to comprehensive fiscal data is essential for assessing associated health risks and ensuring that adequate support is available for women. It should be noted that the Maryland Department of Health has developed a capability to create specialized public health data by using the state's data utility housed at CRISP – Chesapeake Region Information System for our Patients. It is the state-designated Health Information Exchange (HIE) by the Maryland Health Care Commission. The data utility has a board created originally by a coalition of hospitals in 2006 with board members from the Maryland Department of Health's Public Health and Medicaid.

The Maryland Department of Health started using CRISP as a public health utility for a platform to support the opioid crisis mitigation, particularly for the Prescription Drug Monitoring Program (PDMP) that was required by the legislature. During Covid, CRISP became a critical tool in monitoring cases and creating reports for public health action.

As former Maryland Health Secretary Dennis Schrader points out in his 2025 testimony: "CRISP can readily support public health data projects cost effectively as Senate Bill 485 envisions." The CRISP system would address the fiscal note employment demands as the resource already exists.

In addition, the financial burden to collect this data would be limited as the data already exists in billing systems. Providers routinely submit CPT, HCPCS, and ICD codes tied to specific services, along with associated charges and payments, to payers and clearinghouses. The U.S. health care system already relies on standardized transaction sets under HIPAA administrative simplification rules, which means the underlying framework is in place. Providers are already capable of generating and submitting cost-related data in standardized formats.

Cost reporting would not impose new clinical obligations – it would create visibility. Women often face higher out-of-pocket healthcare spending due to reproductive health needs, pregnancy-related care, and longer life expectancy.

By illuminating price variation and patient cost-sharing levels, we as policymakers can better identify gaps in access, affordability barriers, and inequities in reimbursement structures. SB 485 would enable targeted policy interventions, more equitable reimbursement reform, identification of geographic or demographic disparities, and consumer-facing transparency tools.

This legislation requiring the Maryland Department of Health to collect and compile data annually regarding the cost of prenatal care, birth, postpartum care, pregnancy care, abortion, menopausal care, as well as mental health care related to women's health would lead to informed policy decisions, budget transparency, identifying gaps in healthcare access, preventive healthcare strategies, accountability for abortion costs, evaluation of training programs, and using data to identify strategies to promote maternal and child health.

For all of these reasons, I ask for your kind consideration and favorable report of SB 485 – an important women's health care bill benefitting Maryland women and families.