



MedStar Health

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

Position: ***Support with Amendments***

Senate Finance Committee

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MedStar Health is the largest healthcare provider in the Maryland and Washington, D.C. region. MedStar Health offers a comprehensive spectrum of clinical services through over 500 care locations, including 10 hospitals, 33 urgent care clinics, ambulatory care centers and an extensive array of primary and specialty care providers. As a not-for-profit healthcare system, MedStar Health is committed to its patient-first philosophy, emphasizing care, compassion, and clinical excellence, supported by a dedicated team of more than 35,000 physicians, nurses, and many other clinical and non-clinical associates.

The Maryland Maternal Health Act requires hospitals to call the birthing parent at least 24 hours, but not later than 48 hours, after discharging the parent to evaluate the parent’s status and, as necessary, provide information about postpartum complications following a high-risk pregnancy. Senate Bill 348 would shift the contact window to 24 hours to 72 hours. MedStar Health is also advocating for an amendment that would change the word “call” to “contact” in the legislation to allow for additional outreach modalities, including text, to reach patients.

MedStar Health practitioners have struggled to connect by phone in the 24-48 hour timeframe required by law. The majority of patients are “unable to reach” or “decline” in our call data. Since the implementation of the calls on July 1, 2025, the rate of call engagement is only 34% for all postpartum patients of MedStar birthing hospitals across the state.

The Safe Babies Safe Moms (SBSM) program at MedStar Washington Hospital Center has tested innovative approaches to improve maternal and infant health outcomes and promote health equity and shown that it is possible to reduce disparities in birth outcomes using targeted, evidence-based strategies¹. SBSM uses texting to connect with postpartum mothers and has demonstrated a 67% engagement rate. In addition to higher initial engagement, the text system ensures that questions and issues are routed to the right clinicians and individuals can receive the resources they require for both them and the baby. Our operational experience convinces us that in this cohort of young people, we will achieve a higher engagement rate incorporating SMS messaging with calls, and a growing body of research supports this conclusion.

Expanding the timeline and modality will give our team the best chance to connect with patients to answer questions about themselves and their newborns, share postpartum warning signs, and discuss when to call their doctor or seek emergent care. Adding additional flexibility into the statute ensures that Maryland continues to drive down health disparities while respecting patient choice and communication preferences. For the reasons above, MedStar Health urges a ***favorable with amendments*** report on **SB 348**.

¹ *D.C. Safe Babies Safe Moms: A Novel, Multigenerational Model to Reduce Maternal and Infant Health Disparities*, NEJM Catalyst Innovations in Care Delivery, DOI: 10.1056/CAT.24.0161, <https://catalyst.nejm.org/doi/10.1056/CAT.24.0161>

It’s how we treat people.