MARYLAND CATHOLIC CONFERENCE

February 4, 2026

House Bill 158
Maryland Medical Assistance Program - Maternal Health Monitoring Pilot Program
House Health Committee

Position: Favorable

The Maryland Catholic Conference (MCC) is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

House Bill 158 establishes the Maternal Health Monitoring Pilot Program in the Maryland Department of Health to support pregnant and postpartum Maryland Medical Assistance Program recipients who have higher risks of pregnancy complications because of maternal hypertension or maternal diabetes; requiring the Department to select at least one managed care organization to administer the Program; requiring the managed care organizations to contract with a technology vendor to offer remote patient monitoring services to participants.

Remote patient monitoring (RPM) uses secure technology to collect and transmit health data—such as blood pressure, weight, and glucose levels—from a patient to their provider, allowing for timely clinical assessment and intervention. House Bill 158 would establish a pilot program to support pregnant and postpartum individuals at high risk for complications due to conditions like hypertension and diabetes, with monitoring beginning in the second trimester and continuing through the first three months postpartum.

Pilot studies of remote monitoring in pregnancy have demonstrated promising results. For example, a remote monitoring program for hypertension in pregnancy showed fewer inductions, more spontaneous labor, and reduced maternal and neonatal hospitalizations compared with conventional care, suggesting more responsive and less medicalized care through regular remote monitoring.[1] Other programs integrating remote blood pressure tracking have been associated with improved measurement adherence, better postpartum blood pressure control, and increased follow-up within recommended timeframes, outcomes

[1] https://open-proposals.ucsf.edu/chv/cw-projects-2026/proposal/19375?utm_source

that are directly linked to reduced risk of serious complications.[2] A pilot of remote monitoring for high-risk obstetric patients also found strong engagement and high patient satisfaction, with lower rates of postpartum hypertension readmissions compared to historical data.[3]

These kinds of remote monitoring initiatives help ensure that warning signs are caught early, that providers can intervene before a condition escalates to an emergency, and that patients feel supported and connected to care. This is particularly important in Maryland, where severe maternal morbidity and mortality—including hypertensive disorders of pregnancy—remain high and disproportionately affect racial and ethnic minority women. Maryland's maternal mortality review efforts and quality improvement initiatives underscore the need for better monitoring, data, and coordinated care strategies to reduce preventable pregnancy complications.[4]

By facilitating early detection, improving clinical communication, and reducing barriers to timely care, remote patient monitoring helps uphold the dignity of pregnant women and protects the health of both mother and child. It enables women to remain engaged in their own care, maintain connections with providers, and receive interventions before catastrophic events occur, which promotes healthier families and supports Maryland's broader maternal health goals.

For these reasons, the Maryland Catholic Conference asks for a favorable report on **HB 158**.

Thank you for your consideration.

[2] https://www.ama-assn.org/public-health/prevention-wellness/home-monitoring-boosts-postpartum-bp-control-43
[3] https://mhealth.jmir.org/2017/3/e25/?utm_source
[4] https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2799025?utm_source