



Statement of Maryland Rural Health Association

To the House Health Committee

Chair Heather Bagnall

January 25, 2026

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

POSITION: SUPPORT

Chair Bagnall, Vice Chair Cullison, Delegate Woods, and members of the Committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of House Bill 158: Maryland Medical Assistance Program - Maternal Health Monitoring Pilot Program.

The MRHA supports the establishment of this program, which aims to monitor the health of pregnant and postpartum patients in an accessible manner to reduce adverse maternal-fetal outcomes.

Routinely monitoring maternal blood pressure, glucose, and weight during pregnancy is vital for protecting against preventable pregnancy complications. Elevated blood pressure is seen in 15% of pregnant patients and is one of the leading causes of maternal mortality in the United States.¹ Diabetes and excessive weight gain in pregnancy are also seen in many patients and are associated with an elevated risk for requiring a surgical delivery (C-section).² These factors contribute to both infant and maternal mortality in the United States; however, many of these conditions can be effectively treated with dietary interventions and medications if monitored throughout pregnancy.²

On average, low-risk patients have 12-14 in-person visits with their obstetric providers during pregnancy.³ This number often increases amongst patients with hypertensive disorders or gestational diabetes, as these patients are at higher risk for pregnancy complications. Attending in-person visits are especially difficult for pregnant and postpartum patients who reside in rural areas, as transportation and increased time away from work or childcare serve as barriers to care.⁴

Studies demonstrate that pregnant patients in rural areas are less likely to initiate care in their first trimester and are also more likely to have adverse pregnancy outcomes resulting in hospitalizations.⁴ Monitoring health outcomes early and often could help prevent these consequences. The American College of Obstetrics and Gynecology (ACOG) states that some in-person visits could instead be conducted virtually and that at-home monitoring programs may serve as an effective and accessible way to connect patients to care.³

House Bill 158 proposes a monitoring plan seemingly in line with ACOG recommendations. The bill would help alleviate the patient's financial burden of purchasing these monitoring tools and would enable providers to optimize health outcomes for their obstetrics patients. The MRHA believes that this bill could play a role in reducing maternal mortality within the state of Maryland, and we hope that it will benefit many pregnant and postpartum patients, especially those who reside in rural communities. Given the evidence supporting this program, we strongly encourage you to support House Bill 158.

With appreciation,

The Maryland Rural Health Association

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1. Ford ND, Cox S, Ko JY, et al. Hypertensive Disorders in Pregnancy and Mortality at Delivery Hospitalization — United States, 2017–2019. *MMWR Morb Mortal Wkly Rep* 2022;71:585–591.
2. Buhary, Badurudeen Mahmood et al. "Glycemic control and pregnancy outcomes in patients with diabetes in pregnancy: A retrospective study." *Indian journal of endocrinology and metabolism* vol. 20,4 (2016): 481-90.
3. New ACOG Guidance Recommends Transformation to U.S. Prenatal Care Delivery. April 17, 2025.
4. Health disparities in rural women. Committee Opinion No. 586. American College of Obstetricians and Gynecologists. *Obstet Gynecol* 2014;123:384–8.