
TESTIMONY IN SUPPORT OF BILL HB 158
Maryland Medical Assistance Program - Maternal Health Monitoring Pilot Program
Health Committee
February 4, 2026

Social Work Advocates for Social Change (SWASC) strongly supports HB 158, which will create a pilot program to support Marylanders enrolled in the Maryland Medical Assistance Program who experience high-risk pregnancies due to hypertension or gestational diabetes. The program would utilize remote patient monitoring (RPM) devices as a form of early intervention through real-time data collection. **HB 158 will expand funding, access, and technology for preventative care for Maryland's most vulnerable communities.**

The values of dignity, social justice, and health care access are integral to our social work practice. Our profession demands that we advocate for policies with frameworks in health equity and racial justice. Members of our coalition have witnessed the devastating direct impacts of hypertension and diabetes on pregnant and post-partum people, and have seen the significance of preventative care. Marylanders deserve access to life-saving information, resources, and education. **Every mom and baby deserves a safe, healthy pregnancy and birthing experience.**

Targeting hypertension is a critical step towards improving maternal health outcomes in Maryland. Over 5% of mothers in Maryland who delivered between 2001-2019 had chronic or pregnancy induced hypertension.¹ Hypertension during pregnancy is associated with preterm infancy, low birth weight, likelihood of NICU stay, and small gestational age.² The state's 2024 preterm birth rate was 10.5%, increasing from the previous year.³ Maryland ranks 28th in the nation for pre-term births, and pre-term births account for 17.6% of the infant mortalities.⁴

Pregnancy related deaths due to hypertension can be managed if we bridge the care gaps. Through policies like HB 158, we can provide appropriate surveillance, prevention and treatment strategies from preconception to postpartum care.⁵ In 2020, 58 Maryland women died of pregnancy complications, 70% of which were considered preventable.⁶ These tragedies were felt disproportionately among Black non-Hispanic individuals who were two times as likely to die of pregnancy-related complications as their white counterparts.

Prioritizing preventative care lowers healthcare expenditures. For every pre-term birth, social expenditures (medical, educational, and lost productivity) are estimated to be \$70K.⁷ By

¹ Maryland Department of Health (2019). *Gestational Hypertension Among Maryland Women Giving Birth 2001-2019*. Maryland Pregnancy Risk Assessment Monitoring System.

² Maryland Department of Health. (2019). *Gestational Hypertension Among Maryland Women Giving Birth, 2001–2019*. Maryland Pregnancy Risk Assessment Monitoring System.

³ 2025 *March of Dimes Report Card: The State of Maternal and Infant Health for American Families*. March of Dimes.

⁴ Maryland Department of Health. (2019). *Gestational Hypertension Among Maryland Women Giving Birth, 2001–2019*. Maryland Pregnancy Risk Assessment Monitoring System.

⁵ Bond, Rachel M., et al. (2025) *Advancing Maternal Health: Closing the Gaps in Cardiovascular Care*. American Heart Association.

⁶ Maryland Department of Health. (2022). *Maryland Maternal Mortality Review 2022 Annual Report*.

⁷ 2022 *March of Dimes Prematurity Profile: Maryland*. March of Dimes.

<https://www.marchofdimes.org/peristats/assets/s3/reports/prematurity/PrematurityProfile-Maryland.pdf>



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investing in preventative care strategies, Maryland can not only reduce maternal, infant, and fetal mortality, but can also reduce long-term health care costs for Medicaid recipients and the state.

Now is the time to act to prevent racial disparities in maternal mortality by addressing hypertension and diabetes rates, one screening at a time. **Social Work Advocates for Social Change urges the committee to issue a favorable report on HB 158.**

Social Work Advocates for Social Change is a coalition of MSW students at the University of Maryland School of Social Work that seeks to promote equity and justice through public policy, and to engage the communities impacted by public policy in the policymaking process.