

TO: The Honorable Heather Bagnall, Chair
House Health Committee

HB1487

FROM: Annie Coble
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Favorable

DATE: March 11, 2026

RE: HB1487 Public Health – Baltimore City Mobile Infant and Maternal Health Pilot Program

Johns Hopkins supports **HB1487 Public Health – Baltimore City Mobile Infant and Maternal Health Pilot Program**. This bill establishes a mobile infant and maternal health pilot program in Baltimore City, “MomMobile.” The goal of this program is to meet postpartum women where they are and support their recovery by reducing barriers. This goal aligns with Johns Hopkins’ commitment to improve maternal and infant health equity, reducing preventable adverse outcomes, and bringing care to populations who face barriers to clinic-based services.

Baltimore City continues to experience persistent disparities in maternal and infant health outcomes driven by social determinants of health, limited access to timely prenatal and postpartum care, and structural barriers such as transportation, childcare, and competing work responsibilities. Mobile health programs are an effective strategy to address these barriers by delivering care and supportive services in communities where families live, work, and gather.

Johns Hopkins has direct, relevant experience with mobile maternal-child health delivery through our “Care-A-Van” program. Care-A-Van was designed to bring prenatal, postpartum, and pediatric services, plus social-support linkage, to Baltimore neighborhoods with limited access to care.

This bill formalizes a pilot mobile program tailored to Baltimore City’s needs. The bill’s emphasis on multidisciplinary teams, care coordination, community partnerships, and evaluation mirrors the best practices demonstrated by Care-A-Van. The pilot format allows for rigorous evaluation and iterative improvement, ensuring that Maryland invests in scalable, cost-effective interventions that reduce disparities.

Johns Hopkins is interested in learning more about the expectations for Baltimore City hospitals that currently offer delivery services and maternal health programs. We are also curious about the evaluation process and quality metrics that will be used for the Pilot program and how they would impact current standards for hospitals.

Johns Hopkins appreciates the sponsors for advancing an evidence-based approach to closing gaps in maternal and infant health in Baltimore City. The Care-A-Van experience demonstrates that mobile, community-centered care can improve access, build trust, and produce measurable benefits. We urge the Committee to give **HB1487 a favorable report** so Maryland can implement, evaluate, and scale a program that has the potential to save lives and improve the health of families across Baltimore.