

JAMILA J. WOODS
Legislative District 26
Prince George's County

Judiciary Committee
Criminal Subcommittee
Chair, Juvenile Subcommittee
Public Safety Subcommittee



The Maryland House of Delegates
6 Bladen Street, Room 206
Annapolis, Maryland 21401
410-841-3544
800-492-7122 Ext. 3544
Jamila.Woods@house.maryland.gov

THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

Testimony for HB158 - Maternal Health Monitoring Pilot Program within the Maryland Medical Assistance Program.

Good afternoon, Chair Bagnall, Vice Chair Cullison, and esteemed members of the Health Committee.

My name is Delegate Jamila Woods, and I am here today to request a favorable report on **House Bill 158**, legislation establishing the Maternal Health Monitoring Pilot Program within the Maryland Medical Assistance Program.

As policymakers, we have a responsibility to address preventable maternal health complications with solutions that are proactive, evidence based and centered on patient safety. HB158 responds directly to that responsibility by supporting pregnant and postpartum Medicaid recipients who face higher risks due to maternal hypertension or maternal diabetes, two of the leading contributors to severe maternal morbidity and mortality.

Maryland has taken important steps in recent years to improve maternal health outcomes, including the passage of **HB553, Maryland Medical Assistance Program – Maternal Health Self-Measured Blood Pressure Monitoring**, sponsored by the outstanding Delegate Deni Taveras. HB553 laid critical groundwork by recognizing the value of self-measured monitoring as a tool for early detection. HB158 builds on that progress. It expands the scope by establishing a structured pilot program that integrates remote patient monitoring, clinical oversight, escalation pathways, and coordinated care for high-risk mothers before, during, and after pregnancy.

Too often, complications related to hypertension and diabetes escalate silently between appointments. For Medicaid recipients, barriers such as transportation, limited access to specialists, and delayed follow-up can turn manageable conditions into life-threatening emergencies. HB158 addresses this gap by allowing health data to

be securely collected and reviewed in real time, ensuring that warning signs are identified early and acted upon quickly.

This bill is not about replacing providers or adding unnecessary complexity. It is about strengthening the connection between patients, managed care organizations, and clinical teams. Through FDA-authorized remote monitoring technology, participants receive devices, training, and continuous support from licensed nurses, dietitians, and certified diabetes care and education specialists. Clear escalation pathways ensure that when readings indicate concern, providers are promptly engaged.

The pilot program is thoughtfully designed, time limited, and fiscally responsible. It prioritizes geographic diversity, collects comprehensive outcome data, and requires a detailed report to the General Assembly evaluating impacts on maternal outcomes, neonatal outcomes, and program costs. Most importantly, it allows Maryland to assess whether this model should be expanded statewide based on real results.

HB158 represents a practical investment in prevention. By supporting mothers during the most critical stages of pregnancy and postpartum care, we can reduce ICU admissions, emergency interventions, and preventable deaths while improving long-term outcomes for both mothers and infants.

For these reasons, I respectfully urge the committee to issue a favorable report on House Bill 158.

Thank you for your time and consideration.

Sincerely,



Delegate Jamila J. Woods
Maryland House of Delegates
District 26 – Prince George’s County