



Maryland  
Hospital Association

**Senate Bill 348- Hospitals and Freestanding Birthing Centers - High-Risk Pregnancies -  
Communication After Discharge**

**Position: *Support***

March 25, 2026

House Health Committee

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 384.

Hospitals strongly support the intent to promote early postpartum engagement and education for birthing parents with high-risk pregnancies. However, the current statute requires hospitals to meet highly specific timing and modality requirements for contacting high-risk birthing parents post-discharge. Since this statute went into effect, frontline hospital staff, including nurses and care coordinators, report consistent difficulty reaching patients by phone within the current 24 to 48 hour requirement. Although well-intentioned, the statute imposes a uniform outreach requirement that fails to account for individual patient contact preferences and needs.

As amended in the Senate, SB 348 would allow for additional contact methods, such as text messages. This targeted statutory change allows hospitals to reach patients using their preferred method of contact and is necessary to improve patient engagement while ensuring the law continues to function as intended.

**Patient Engagement and Effectiveness**

For many high-risk postpartum patients, phone calls are also not always the most reliable way to make contact. Hospital staff report consistent difficulty reaching patients by phone call within the current 24 to 48 hour requirement. During the initial 48 hours postpartum, patients are recovering from childbirth, caring for newborns, or navigating work, childcare, and housing challenges, and may not always answer or respond. The odds of connecting with patients can be especially lower when this 48-hour window coincides with weekends or holidays.

Allowing hospitals to contact patients through multiple modalities, rather than exclusively via phone calls, improves the likelihood of successful engagement and ensures that patients have the flexibility to respond when they are able, while simultaneously navigating multiple post-partum responsibilities and challenges.<sup>1</sup> Many hospitals have demonstrated greater success in contacting patients by text message or their preferred method of communication.

**Substance Use Disorder and High-Risk Care**

Some stakeholders have indicated that the phone call requirement was intended, in part, to support postpartum patients with substance use disorders. Hospitals share this goal. However,

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<sup>1</sup> Hirshberg A, Downes K, Srinivas S. Comparing standard office-based follow-up with text-based remote monitoring in the management of postpartum hypertension: a randomized clinical trial. *BMJ Quality & Safety* 2018;27:871-877.

best practices for postpartum substance use disorder care emphasize continuity, trust-based engagement, and multiple touchpoints over time rather than a single, narrowly timed phone call within a specified window of time.<sup>2,3</sup>

Flexibility in the method of contact better supports individualized engagement strategies for patients with complex needs while improving the likelihood of meaningful connection. As such, SB 348 does not undermine the original bill's intent, but seeks to strengthen implementation based on what hospitals and providers are observing in practice.

For these reasons, MHA requests a favorable report on Senate Bill 348.

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<sup>2</sup> [https://www.ajog.org/article/S0002-9378\(13\)01058-2/fulltext](https://www.ajog.org/article/S0002-9378(13)01058-2/fulltext)

<sup>3</sup> <https://library.samhsa.gov/sites/default/files/sma18-5054.pdf>