

Chapter 799

(House Bill 1051)

AN ACT concerning

**Maternal Health – Assessments, Referrals, and Reporting
(Maryland Maternal Health Act of 2024)**

FOR the purpose of establishing requirements on local health departments and certain health care providers and facilities regarding maternal health, including requirements regarding prenatal risk assessment forms and postpartum infant and maternal referral forms; ~~prohibiting the Maryland Department of Health from providing Medical Assistance Program reimbursement to a hospital or freestanding birthing center unless the facility complies with certain provisions of this Act;~~ requiring the Secretary of Health, in collaboration with the Maryland Health Care Commission, to develop a Maryland Report Card for Birthing Facility Maternity Care; ~~requiring the Department to conduct a certain study of incidents of severe maternal morbidity in the State~~ hospitals and freestanding birthing centers to participate in the Severe Maternal Morbidity Surveillance Program for a certain purpose; and generally relating to maternal health.

BY repealing and reenacting, without amendments,

Article – Health – General

Section 15–101(a), (h), and (i), 19–301(a) and (f), and 19–3B–01(a) and (d)

Annotated Code of Maryland

(2023 Replacement Volume)

BY adding to

Article – Health – General

Section 15–155, 19–310.4, and 19–3B–03.1; and 24–2401 and 24–2402 to be under the new subtitle “Subtitle 24. Report Card for Birthing Facility Maternity Care”

Annotated Code of Maryland

(2023 Replacement Volume)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND,
That the Laws of Maryland read as follows:

Article – Health – General

15–101.

- (a) In this title the following words have the meanings indicated.
- (h) “Program” means the Maryland Medical Assistance Program.

(i) “Program recipient” means an individual who receives benefits under the Program.

15–155.

(A) IN THIS SECTION, “PRENATAL RISK ASSESSMENT FORM” MEANS A STANDARDIZED FORM DEVELOPED BY THE DEPARTMENT IN ACCORDANCE WITH THE CENTERS FOR MEDICARE AND MEDICAID SERVICES GUIDELINES FOR USE BY A LICENSED HEALTH CARE PROVIDER TO EVALUATE RISK FACTORS FOR THE HEALTH OF A PREGNANT PATIENT.

(B) A PROVIDER WHO RECEIVES REIMBURSEMENT FROM THE PROGRAM FOR PROVIDING OBSTETRIC SERVICES TO A PATIENT SHALL COMPLETE A PRENATAL RISK ASSESSMENT FORM FOR THE PATIENT:

~~(1) DURING DURING THE INITIAL VISIT WITH THE PATIENT; AND~~

~~(2) DURING THE THIRD TRIMESTER OF THE PATIENT’S PREGNANCY.~~

(C) AFTER COMPLETING A PRENATAL RISK ASSESSMENT FORM IN ACCORDANCE WITH SUBSECTION (B) OF THIS SECTION, THE PROVIDER SHALL SUBMIT THE FORM TO THE LOCAL HEALTH DEPARTMENT FOR THE COUNTY IN WHICH THE PATIENT RESIDES.

(D) ON OR BEFORE OCTOBER 1 EACH YEAR, EACH LOCAL HEALTH DEPARTMENT SHALL SUBMIT TO THE DEPARTMENT A REPORT THAT INCLUDES THE NUMBER AND TYPE OF REFERRALS MADE TO PATIENTS THAT WERE BASED ON THE INFORMATION FROM THE PRENATAL RISK ASSESSMENT FORM COMPLETED IN ACCORDANCE WITH SUBSECTION (B) OF THIS SECTION.

(E) THE DEPARTMENT SHALL ESTABLISH A PROCESS FOR A PROVIDER TO SUBMIT A PRENATAL RISK ASSESSMENT FORM ELECTRONICALLY.

19–301.

(a) In this subtitle the following words have the meanings indicated.

(f) “Hospital” means an institution that:

(1) Has a group of at least 5 physicians who are organized as a medical staff for the institution;

(2) Maintains facilities to provide, under the supervision of the medical staff, diagnostic and treatment services for 2 or more unrelated individuals; and

- (3) Admits or retains the individuals for overnight care.

19-310.4.

(A) IF A NEWBORN IS DELIVERED IN A HOSPITAL FOLLOWING A HIGH-RISK PREGNANCY, THE HOSPITAL SHALL:

(1) COMPLETE A POSTPARTUM INFANT AND MATERNAL REFERRAL FORM AND SUBMIT THE FORM TO THE LOCAL HEALTH DEPARTMENT FOR THE COUNTY IN WHICH THE BIRTHING PARENT RESIDES;

(2) PROVIDE TO THE BIRTHING PARENT RESOURCES AND INFORMATION SPECIFIC TO THE CIRCUMSTANCES OF THE BIRTHING PARENT, INCLUDING INFORMATION REGARDING THE RISKS, SIGNS, PREVENTIVE MEASURES, AND TREATMENT NEEDS FOR POSTPARTUM COMPLICATIONS, INCLUDING CARDIOVASCULAR CONDITIONS, CHRONIC DISEASE, SUBSTANCE MISUSE, AND MENTAL HEALTH CONDITIONS; AND

(3) CALL THE BIRTHING PARENT ~~WITHIN 12~~ AT LEAST 24, BUT NOT LATER THAN 48, HOURS AFTER DISCHARGING THE PARENT TO EVALUATE THE PARENT'S STATUS AND, AS NECESSARY, PROVIDE INFORMATION ABOUT POSTPARTUM COMPLICATIONS.

(B) ON OR BEFORE ~~MAY~~ OCTOBER 1 EACH YEAR, EACH LOCAL HEALTH DEPARTMENT SHALL SUBMIT TO THE DEPARTMENT A REPORT THAT INCLUDES THE NUMBER AND TYPE OF REFERRALS MADE BASED ON THE REFERRAL FORMS SUBMITTED TO THE LOCAL HEALTH DEPARTMENT IN ACCORDANCE WITH SUBSECTION (A)(1) OF THIS SECTION.

~~**(C) THE DEPARTMENT MAY NOT PROVIDE MEDICAL ASSISTANCE PROGRAM REIMBURSEMENT TO A HOSPITAL FOR SERVICES RELATED TO THE DELIVERY OF A NEWBORN FOLLOWING A HIGH-RISK PREGNANCY UNLESS THE HOSPITAL COMPLIES WITH SUBSECTION (A)(1) OF THIS SECTION.**~~

19-3B-01.

(a) In this subtitle the following words have the meanings indicated.

(d) (1) "Freestanding birthing center" means a facility that provides nurse midwife services under Title 8, Subtitle 6 of the Health Occupations Article.

(2) "Freestanding birthing center" does not include:

- (i) A hospital regulated under Subtitle 2 of this title; or
- (ii) The private residence of the mother.

19-3B-03.1.

(A) IF A NEWBORN IS DELIVERED IN A FREESTANDING BIRTHING CENTER FOLLOWING A HIGH-RISK PREGNANCY, THE FREESTANDING BIRTHING CENTER SHALL:

(1) COMPLETE A POSTPARTUM INFANT AND MATERNAL REFERRAL FORM AND SUBMIT THE FORM TO THE LOCAL HEALTH DEPARTMENT FOR THE COUNTY IN WHICH THE BIRTHING PARENT RESIDES;

(2) PROVIDE TO THE BIRTHING PARENT RESOURCES AND INFORMATION SPECIFIC TO THE CIRCUMSTANCES OF THE BIRTHING PARENT, INCLUDING INFORMATION REGARDING THE RISKS, SIGNS, PREVENTIVE MEASURES, AND TREATMENT NEEDS FOR POSTPARTUM COMPLICATIONS, INCLUDING CARDIOVASCULAR CONDITIONS, CHRONIC DISEASE, SUBSTANCE MISUSE, AND MENTAL HEALTH CONDITIONS; AND

(3) CALL THE BIRTHING PARENT ~~WITHIN 12~~ AT LEAST 24, BUT NOT LATER THAN 48, HOURS AFTER DISCHARGING THE PARENT TO EVALUATE THE PARENT'S STATUS AND, AS NECESSARY, PROVIDE INFORMATION ABOUT POSTPARTUM COMPLICATIONS.

(B) ON OR BEFORE ~~MAY~~ OCTOBER 1 EACH YEAR, EACH LOCAL HEALTH DEPARTMENT SHALL SUBMIT TO THE DEPARTMENT A REPORT THAT INCLUDES THE NUMBER AND TYPE OF REFERRALS MADE BASED ON THE REFERRAL FORMS SUBMITTED TO THE LOCAL HEALTH DEPARTMENT IN ACCORDANCE WITH SUBSECTION (A)(1) OF THIS SECTION.

~~(C) THE DEPARTMENT MAY NOT PROVIDE MEDICAL ASSISTANCE PROGRAM REIMBURSEMENT TO A FREESTANDING BIRTHING CENTER FOR SERVICES RELATED TO THE DELIVERY OF A NEWBORN FOLLOWING A HIGH-RISK PREGNANCY UNLESS THE FREESTANDING BIRTHING CENTER COMPLIES WITH SUBSECTION (A)(1) OF THIS SECTION.~~

SUBTITLE 24. REPORT CARD FOR BIRTHING FACILITY MATERNITY CARE.

24-2401.

(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANING INDICATED.

(B) “BIRTHING FACILITY” MEANS A FREESTANDING BIRTHING CENTER OR A HOSPITAL THAT PROVIDES OBSTETRIC CARE.

(C) “FREESTANDING BIRTHING CENTER” HAS THE MEANING STATED IN § 19-3B-01 OF THIS ARTICLE.

(D) “HOSPITAL” HAS THE MEANING STATED IN § 19-301 OF THIS ARTICLE.

(E) “REPORT CARD” MEANS THE MARYLAND REPORT CARD FOR BIRTHING FACILITY MATERNITY CARE DEVELOPED UNDER § 24-2402 OF THIS SUBTITLE.

24-2402.

(A) SUBJECT TO SUBSECTIONS (B) AND (C) OF THIS SECTION, THE SECRETARY, IN COLLABORATION WITH THE MARYLAND HEALTH CARE COMMISSION, SHALL:

(1) DEVELOP A MARYLAND REPORT CARD FOR BIRTHING FACILITY MATERNITY CARE; AND

(2) COLLECT THE NECESSARY INFORMATION TO COMPLETE AN ANNUAL REPORT CARD FOR EACH BIRTHING FACILITY IN THE STATE.

(B) THE REPORT CARD SHALL INCLUDE THE FOLLOWING INFORMATION FOR EACH BIRTHING FACILITY, DISAGGREGATED BY RACE AND AGE IN ACCORDANCE WITH BEST PRACTICES FOR DATA SUPPRESSION:

(1) THE NUMBER AND RATE OF VAGINAL DELIVERIES PERFORMED;

(2) THE NUMBER AND RATE OF CESAREAN DELIVERIES PERFORMED;

(3) THE AGE-ADJUSTED RATE OF COMPLICATIONS AND THE TOTAL NUMBER OF COMPLICATIONS EXPERIENCED BY A PATIENT RECEIVING OBSTETRIC CARE FOR:

(I) A VAGINAL DELIVERY AT THE BIRTHING FACILITY, INCLUDING MATERNAL HEMORRHAGE, LACERATION, INFECTION, OR ANY OTHER COMPLICATION AS REQUIRED BY THE SECRETARY; OR

(II) A CESAREAN DELIVERY AT THE BIRTHING FACILITY, INCLUDING MATERNAL HEMORRHAGE, INFECTION, OPERATIVE COMPLICATION, OR ANY OTHER COMPLICATION AS REQUIRED BY THE SECRETARY; AND

(4) QUALITATIVE MEASURES BASED ON PATIENT INPUT REGARDING THE PATIENT'S RECEIPT OF RESPECTFUL OBSTETRIC CARE.

(C) THE REPORT CARD SCORE SHALL BE BALANCED FOR THE RISKS ASSOCIATED WITH THE LEVEL OF ACUITY CARE PROVIDED FOR OBSTETRIC PATIENTS SERVED BY THE BIRTHING FACILITY.

(D) THE DEPARTMENT SHALL INCLUDE THE MOST RECENT REPORT CARD ON THE DEPARTMENT'S WEBSITE.

(E) (1) AT LEAST ~~ANNUALLY~~ ONCE EVERY 3 YEARS, THE SECRETARY SHALL:

(I) REVIEW THE CRITERIA EVALUATED IN THE REPORT CARD; AND

(II) REVISE THE COMPLICATIONS OR OTHER FACTORS TO BE INCLUDED IN THE REPORT CARD.

(2) THE SECRETARY SHALL CONSIDER EXPERT GUIDANCE WHEN REVIEWING THE CRITERIA EVALUATED IN THE REPORT CARD.

SECTION 2. AND BE IT FURTHER ENACTED, That:

(a) ~~The Maryland Department of Health, in collaboration with the Maryland Hospital Association and local health departments, shall study the incidents of Severe Maternal Morbidity (SMM) in the State~~ Each hospital and freestanding birthing center shall participate in the Severe Maternal Morbidity Surveillance and Review Program to:

(1) ~~identify the contextual drivers and trends in the, risk factors associated with individuals experiencing, and causes of SMM; and~~

(2) study quality improvement efforts of hospitals and freestanding birthing centers regarding SMM based on the reviews; and

(3) make recommendations to reduce the ~~incidents~~ prevalence of SMM in the State.

(b) On or before December 1, 2025, the ~~Department~~ Severe Maternal Morbidity Surveillance and Review Program shall report the findings and recommendations from the

study conducted under subsection (a) of this section to the Governor and, in accordance with § 2-1257 of the State Government Article, the General Assembly.

SECTION 3. AND BE IT FURTHER ENACTED, That Section 1 of this Act shall take effect July 1, 2025.

SECTION 4. AND BE IT FURTHER ENACTED, That Section 2 of this Act shall take effect October 1, 2024.

SECTION ~~3~~ 5. AND BE IT FURTHER ENACTED, That, except as provided in Sections 3 and 4, this Act shall take effect ~~October~~ July 1, 2024.

Approved by the Governor, May 16, 2024.