



# MDPQC Legislative Update

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Maryland Department of Health

January 7, 2025

# Public Service Announcement

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- American Academy of Pediatrics: [Perinatal Health and Substance Use Virtual Learning Collaborative](#)
  - AIM: To increase by 25% the number of neonates born substance exposed and/or with NAS and their parents discharged from the hospital with a documented plan for safe discharge.
    - Increase knowledge of discharge planning activities that facilitate a safe transition from hospital to home for the mother-infant dyad.
    - Improve communication approaches to create a therapeutic alliance with others with SUD and/or who are in recovery
    - Increase self-efficacy in recommended approaches to SBIRT for women with SUD and/or who are in recovery.
  - \$12,000 stipend, MOC Part 4 Credit
  - Applications due January 13, 2025

# MDH Maternal & Child Health Bureau

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**Mission:** To reduce health inequities and improve the health and wellbeing of all individuals, families, and communities in Maryland.

**Vision:** All individuals and families are valued, safe, and informed, with equitable access to resources and services.

*Healthy pregnancies, healthy children, healthy families, healthier communities*

# Outline

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- I. Legislative Session and Timeline
- II. HB1051/SB1059: Maryland Maternal Health Act of 2024
- III. HB0119/SB2011: GIFT Act
- IV. HB177/SB820: Safe Sleep Act of 2024

# Legislative Timeline

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- **January 10, 2024 - April 8, 2024:** 2024 Legislative Session
- **July 1, 2024; October 1, 2024; January 1, 2025:** certain elements take effect
- **January 8, 2025 - April 7, 2025:** 2025 Legislative Session

A word about legislation and public health...



# **HB1051/SB1059: Maryland Maternal Health Act of 2024**

# HB1051/SB1059: Maryland Maternal Health Act of 2024

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## [Maternal Health - Assessments, Referrals, and Reporting \(Maryland Maternal Health Act of 2024\)](#)

### Four Key Sections:

- I. Maryland Prenatal Risk Assessment (MPRA)
- II. High-risk pregnancies
- III. Report Card for Birthing Facility Maternity Care
- IV. Severe Maternal Morbidity Surveillance and Review Program

# HB1051/SB1059: Maryland Maternal Health Act of 2024

- I. Maryland Prenatal Risk Assessment (MPRA)
  - A. Requires prenatal providers to complete an MPRA and send to LHD for each Medicaid-insured patient at first prenatal visit.
  - B. Requires LHDs to submit annual report to MDH re: number, type of referrals that resulted from an MPRA.
  - C. Requires MDH to develop a digital MPRA

**Maryland**  
DEPARTMENT OF HEALTH

Maryland Prenatal Risk Assessment- MDH 4850  
(Refer to the instructions at the bottom of this document before completing this form)

**Provider Demographic Information:**  
Date of Initial Prenatal Visit/ Form Completed: \_\_\_\_\_  
Provider NPI# \_\_\_\_\_ Site NPI# \_\_\_\_\_  
Provider Name \_\_\_\_\_ Provider Phone Number: \_\_\_\_\_

**Patient Demographic Information:**  
Patient Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle I. \_\_\_\_\_  
DOB \_\_\_\_\_ Preferred Pronouns \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Medical Assistance Number (MA) \_\_\_\_\_  
Current Address: Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Best Contact Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_  
Communication Barrier: Yes \_\_\_ (Requires an Interpreter) Yes \_\_\_ No \_\_\_ Primary Language \_\_\_\_\_

**Insurance Status (at time of prenatal visit):**

|                                |                  |  |
|--------------------------------|------------------|--|
| Uninsured: Y ___ N ___         | FFS: Y ___ N ___ | Applied for Maryland MA: Y ___ N ___ Date: _____ |
| Maryland Medicaid: Y ___ N ___ |                  | MCO: _____                                       |

**Demographics:**

|   |   |                     |
|---|---|---------------------|
| <b>BioSex:</b> Male ___ Female ___                                | Other: _____                            |                     |
| <b>Gender Identity:</b> Male ___ Female ___                       | Other: (Patient's own definition) _____ |                     |
| <b>Race (check all that apply):</b> Black or African American ___ | Asian ___                               | American Native ___ |
| Hispanic ___  | Native Hawaiian/Pacific Islander ___    | Alaska Native ___   |
| Non-Hispanic White ___  | Multiracial ___                         | Unknown ___         |
| <b>Educational Level:</b> Highest Grade Completed _____           | Currently in School: Yes ___ No ___     | GED: Yes ___ No ___ |
| <b>Marital Status:</b> Married ___                                | Unmarried ___                           | Unknown ___         |
| Separated ___   | Divorced ___                            |                     |

**Obstetric History:** Gravids \_\_\_\_\_ Para \_\_\_\_\_

|                        |                        |                     |  |
|------------------------|------------------------|---------------------|--|
| #Full Term Births      | #Preterm Births        | #Edopic Pregnancies |  |
| #Spontaneous Abortions | #Therapeutic Abortions | #Living Children    |  |

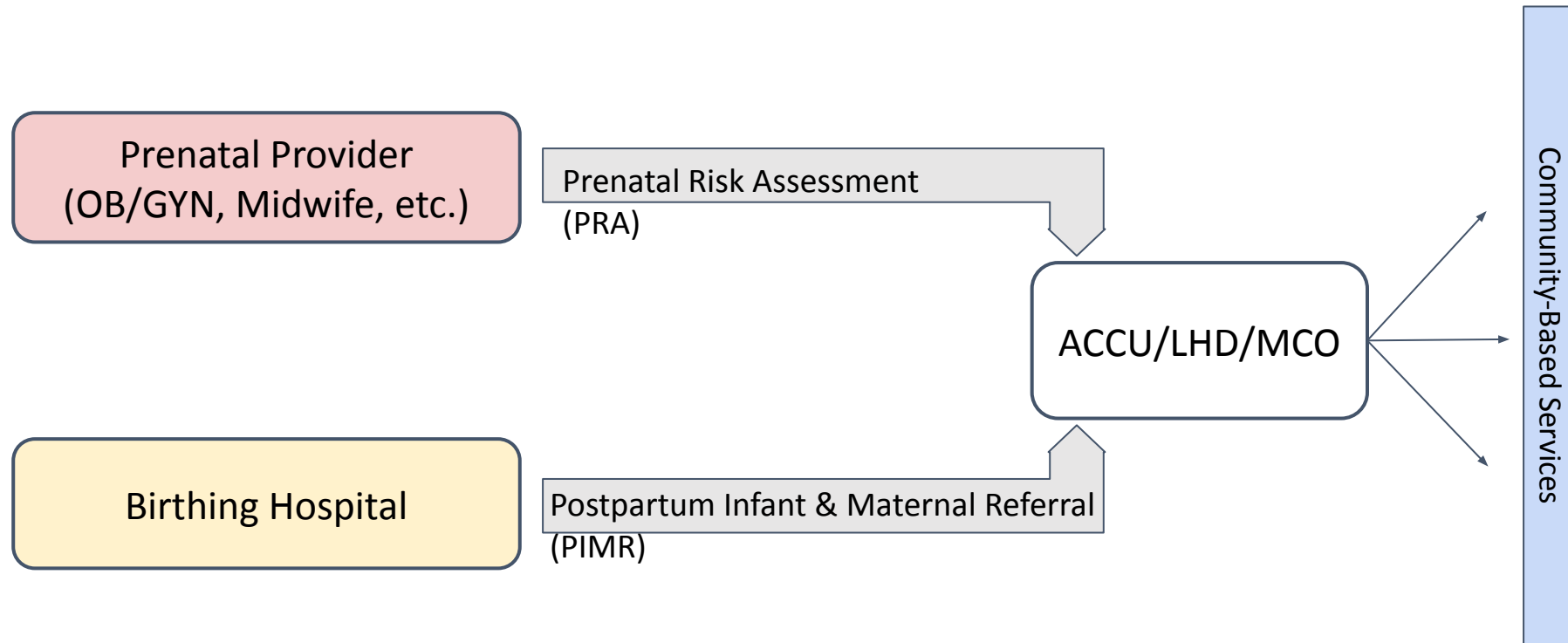
**Entry to Prenatal Care:**

|                                |   |
|--------------------------------|---|
| OB Date of Initial Visit _____ | Trimester of 1st Prenatal visit _____ 1st ___ 2nd ___ 3rd ___ |
| Previous OB Care _____         | LMP _____ EDC _____   |



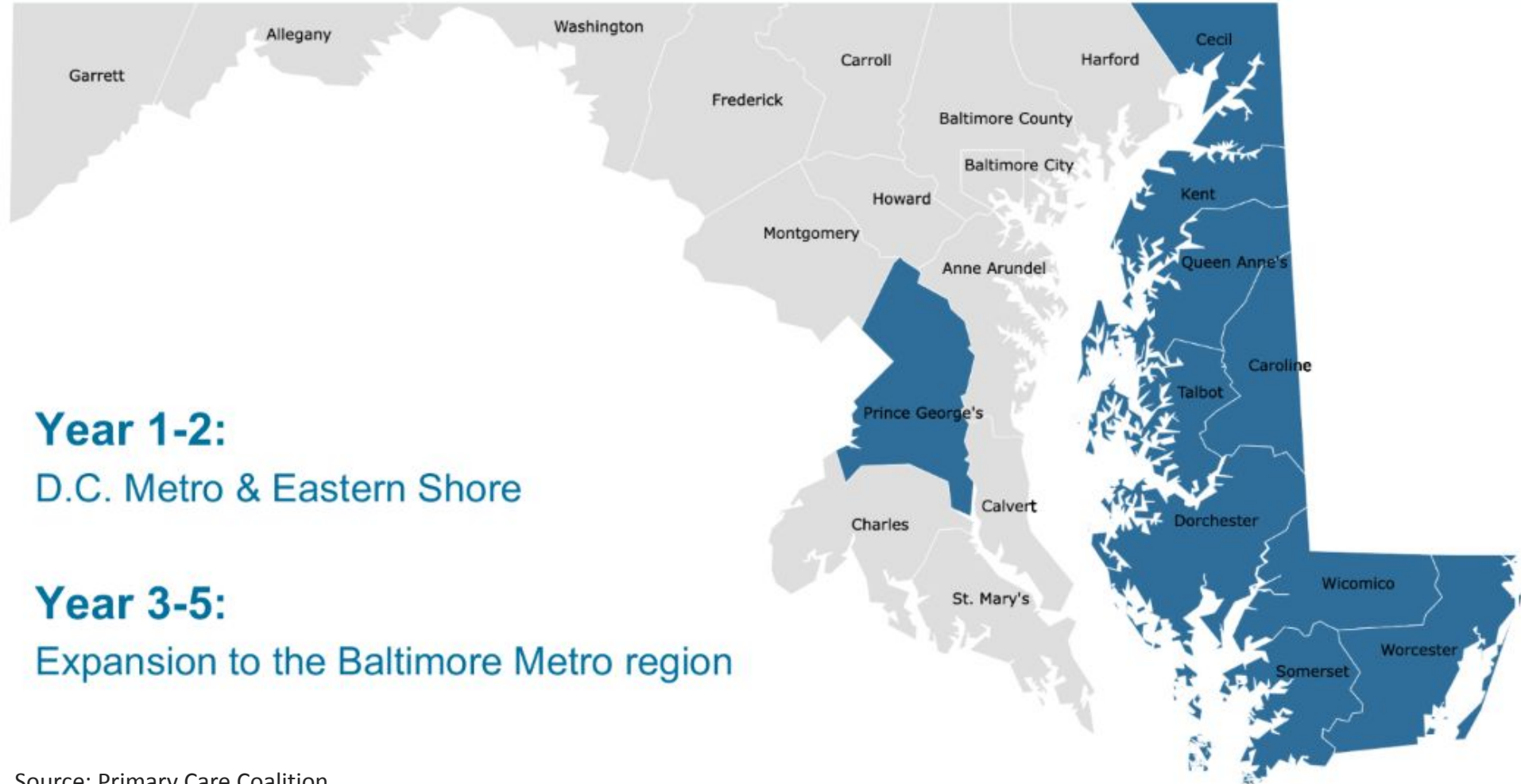
# Integrated Maternal Health Services Initiative

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# Integrated Maternal Health Services Initiative

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**Year 1-2:**

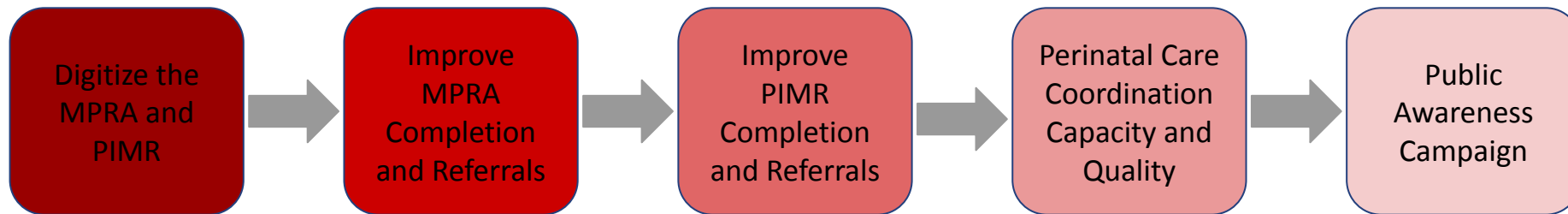
D.C. Metro & Eastern Shore

**Year 3-5:**

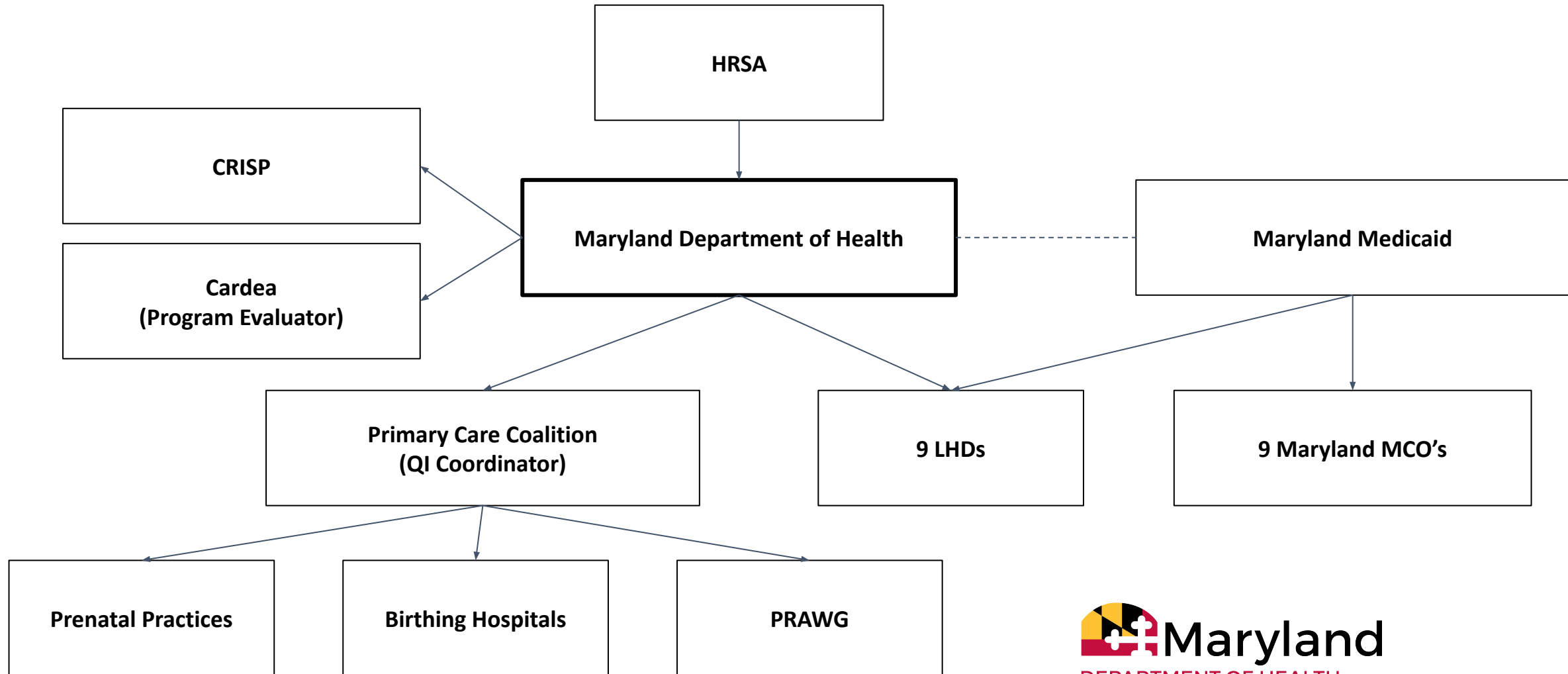
Expansion to the Baltimore Metro region

# Integrated Maternal Health Services Initiative

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# Integrated Maternal Health Services Initiative



# HB1051/SB1059: Maryland Maternal Health Act of 2024

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- II. If a newborn is delivered in a hospital following a high-risk pregnancy:
  - A. Birthing hospital must complete a Postpartum Infant and Maternal Referral (PIMR) form and submit it to LHD of patient's home jurisdiction.
  - B. Provide the birthing parent(s) resources and information specific to the circumstances of the birthing parent
    - 1. include information regarding risks, signs, preventive measures, and treatment needs for postpartum complications
    - 2. CV conditions, chronic disease, substance misuse, mental health condit.
  - C. Call birthing parent 24-48 hours after discharge to evaluate the parent's status and, as necessary, provide information about postpartum complications.

# HB1051/SB1059: Maryland Maternal Health Act of 2024

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## Maryland Postpartum Infant and Maternal Referral (PIMR) Form

### Purpose

This form is intended for use by Maryland hospitals to refer high risk infants and mothers at hospital discharge to their local health department for community-based services. This form replaces the former 'Infant Identification and Referral' form. It does NOT replace the 'Prenatal Risk Assessment' form.

***This form should be submitted for the following conditions and circumstances:***

- Teen Mother
- No prenatal care
- Substance Use/Misuse
- Mental/behavioral health
- Intimate Partner Violence
- Unstable housing/homelessness
- Previous infant death
- Previous preterm birth
- Very low birthweight (<1500grams)
- Any other circumstance deemed to be a serious risk for the mother or infant

# HB1051/SB1059: Maryland Maternal Health Act of 2024

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- III. Report Card for Birthing Facility Maternity Care
  - A. Requires MDH to work with Maryland Health Care Commission (MHCC) to publish annual Maryland Report Card for Birthing Facility Maternity Care.
  - B. Permits MDH to collect the necessary information to complete
  - C. Report card must include the following, disaggregated by race and age:
    1. Number and rate of vaginal, c-section deliveries performed
    2. Number and age-adjusted rate of complications for vaginal and c-section deliveries, to include: Maternal hemorrhage, laceration, infection, or any other complication as required by the Secretary of Health.
    3. Qualitative measures based on patient input regarding the patient's receipt of respectful obstetric care.

# HB1051/SB1059: Maryland Maternal Health Act of 2024

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- III. Report Card for Birthing Facility Maternity Care, cont.
  - D. Report card score to be balanced for the risks associated with the level of acuity care provided for OB patients served by the birthing facility.
  - E. Secretary of Health will review criteria at least every 3 years and revise



# HB1051/SB1059: Maryland Maternal Health Act of 2024

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- Multiple Partners Working on Report Card:
  1. MDH (Maternal & Child Health Bureau)
  2. MDH Data Office
  3. Maryland Health Care Commission (MHCC)
  4. Chesapeake Regional Information System for our Patients (CRISP)
  5. Health Services Cost Review Commission (HSCRC)
- Updates on progress available [here](#)

# HB1051/SB1059: Maryland Maternal Health Act of 2024

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Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

January 3, 2025

Dear Maryland Perinatal Neonatal Quality Collaborative Partners,

On May 16, 2024, Governor Moore signed HB 1051/SB 1059 known as the **Maryland Maternal Health Act of 2024**. This new law promotes many initiatives and programs designed to improve maternal healthcare for Maryland mothers and birthing people all across the state, including a public “report card” describing the state’s birthing hospitals. ***The report card is to be completed annually with results published on the Maryland Department of Health website.*** More information about the report card can be found [here](#).

The Maryland Department of Health is working to finalize the data to be featured in the first iteration of the report card and has selected several measures collected as part of the Maryland Perinatal Neonatal Quality Collaborative. Please see below for more information about the measures and important upcoming dates:



# HB1051/SB1059: Maryland Maternal Health Act of 2024

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## 1. All P1 Version 1: Provider Education on Respectful and Equitable Care

At the end of this reporting period, what cumulative proportion of OB physicians and other advanced practice clinicians at your institution has received in the last 2 year an education program on respectful and equitable care?

| <b>How data will be reported on report card</b>  | <b>Data included</b>  | <b>Timeline</b>   |
|--|---|---|
| The values will be presented as the 10% range as reported to AIM (e.g. 0-9%, 10-19%, etc) or 'Not Reported' if data are missing. | CY2024 and beyond; Data will be reported by calendar year (CY) and will include the data submitted for Q4 only (i.e. CY2024 based on 2024Q4). | 2025Q1 data are due at the end of April 2025. Please review CY2024Q4 data and provide any necessary corrections at that time. |

# HB1051/SB1059: Maryland Maternal Health Act of 2024

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## 2. All P2: Nursing Education on Respectful and Equitable Care

At the end of this reporting period, what cumulative proportion of OB nurses has received in the last 2 years an education program on respectful and equitable care?

| <b>How data will be reported on report card</b>  | <b>Data included</b>  | <b>Timeline</b>   |
|--|---|---|
| The values will be presented as the 10% range as reported to AIM (e.g. 0-9%, 10-19%, etc) or 'Not Reported' if data are missing. | CY2024 and beyond; Data will be reported by calendar year (CY) and will include the data submitted for Q4 only (i.e. CY2024 based on 2024Q4). | 2025Q1 data are due at the end of April 2025. Please review CY2024Q4 data and provide any necessary corrections at that time. |

# HB1051/SB1059: Maryland Maternal Health Act of 2024

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## 3. All P3A: Unit Drills - Number of Drills

During this reporting period, how many total obstetric drills (in situ and/or sim lab) were performed on your unit for any maternal safety topic?

| How data will be reported on report card  | Data included   | Timeline   |
|---|---|--|
| The report card will display 'yes' if <b><i>at least one drill was reported</i></b> in the calendar year. If data are missing or 0 for all of the quarters in the calendar year, the report card will display 'no.' | CY2024 and beyond; Data will be reported by calendar year (CY) and will aggregate the data submitted for all four quarters (i.e. CY2024 will be based on 2024Q1 to 2024Q4). | Hospitals are able to enter corrections to data previously submitted for CY2024 to ensure accuracy. Please do so by the end of April 2025 when 2025Q1 data is due. |

# HB1051/SB1059: Maryland Maternal Health Act of 2024

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## 4. All S4: Patient Education Materials on Urgent Postpartum Warning Signs

Has your department developed/curated patient education materials on urgent postpartum warning signs that align with culturally and linguistically appropriate standards? Rate progress (1, not yet started – 5, fully in place) towards putting and keeping the structure measure fully in place.

# HB1051/SB1059: Maryland Maternal Health Act of 2024

| How data will be reported on report card   | Data included   | Timeline  |
|--|---|---|
| <p>The values will be presented as:</p> <ul style="list-style-type: none"> <li>• 'Not started' (Hospital report = 1),</li> <li>• 'Early Implementation' (Hospital report = 2 or 3),</li> <li>• 'Advanced Implementation' (Hospital report = 4 or 5)</li> <li>• 'Not Reported' if data are missing for the entire calendar year.</li> </ul> | <p>CY2024 (i.e. 2024Q4) and beyond; Data will be reported by calendar year (CY) and will include the data submitted for Q4 only (i.e. CY2024 based on 2024Q4). <b><i>Please note: If data for Q4 are missing, the report card will include the most recently reported data during the same measurement year (e.g. 2024Q1-2024Q3).</i></b></p> | <p>2025Q1 data are due in April 2025. Please review CY2024Q4 data and provide any necessary corrections at that time.</p> |

# HB1051/SB1059: Maryland Maternal Health Act of 2024

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## IV. Severe Maternal Morbidity Surveillance and Review Program

- A. Requires each birthing facility to participate
- B. Requires SMM Surveillance and Review Program to submit a report to the Governor by December 1, 2025

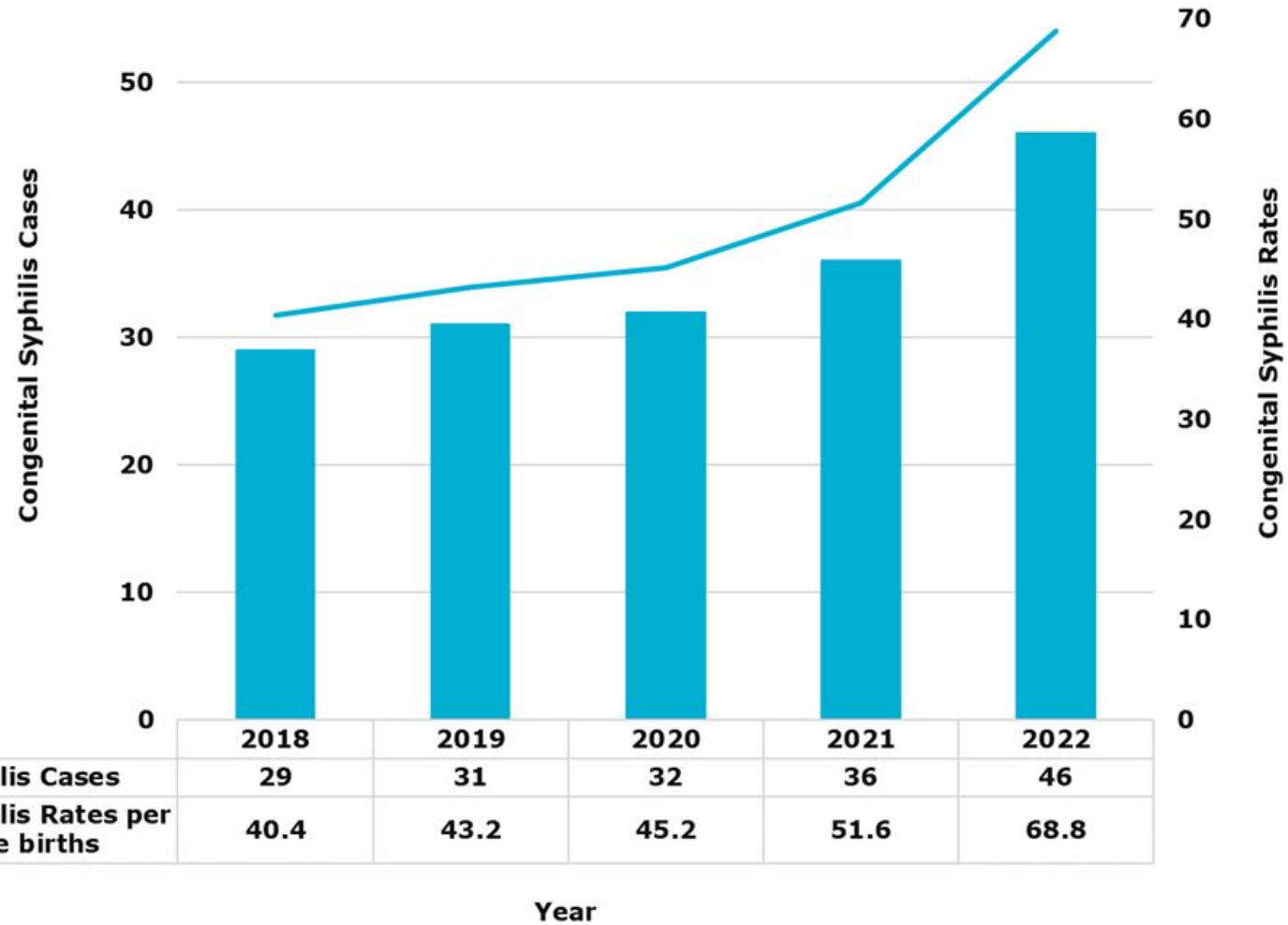






# **HB0119/SB2011: GIFT Act**

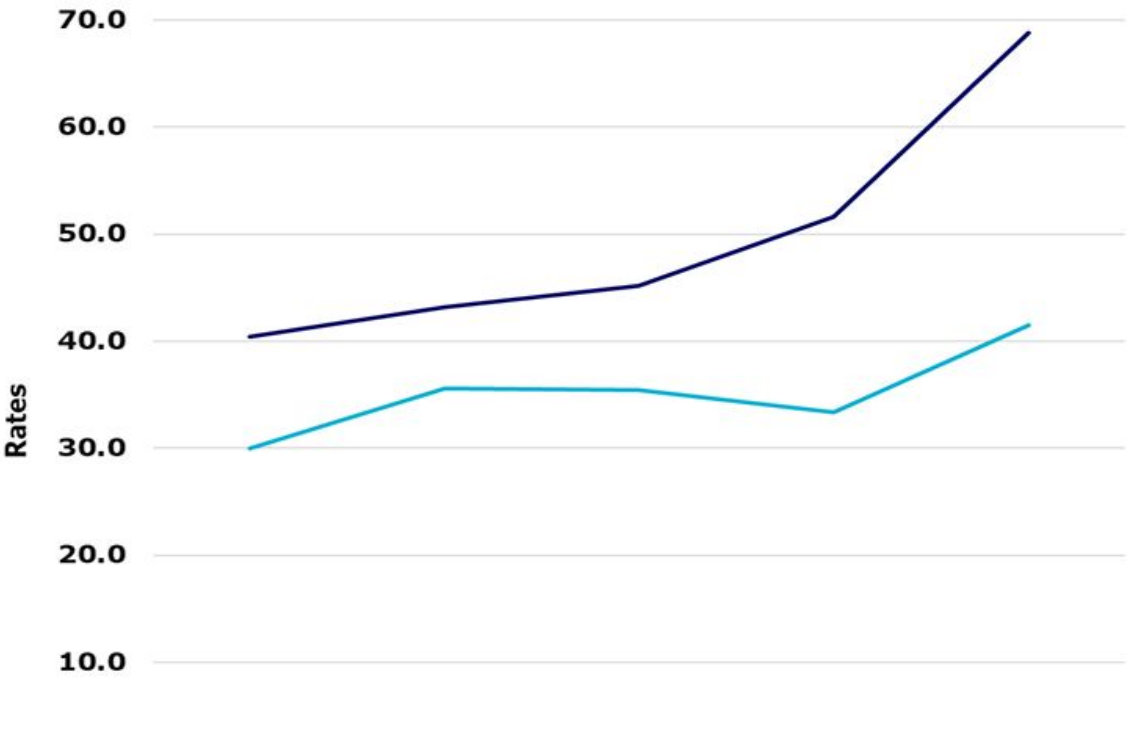
# Congenital Syphilis Cases and Rates, Maryland, 2018 - 2022



Data Source: 2022 Annual Maryland STI Report

# Congenital Syphilis and Acquired Syphilis Rates\*, Maryland, 2018 - 2022

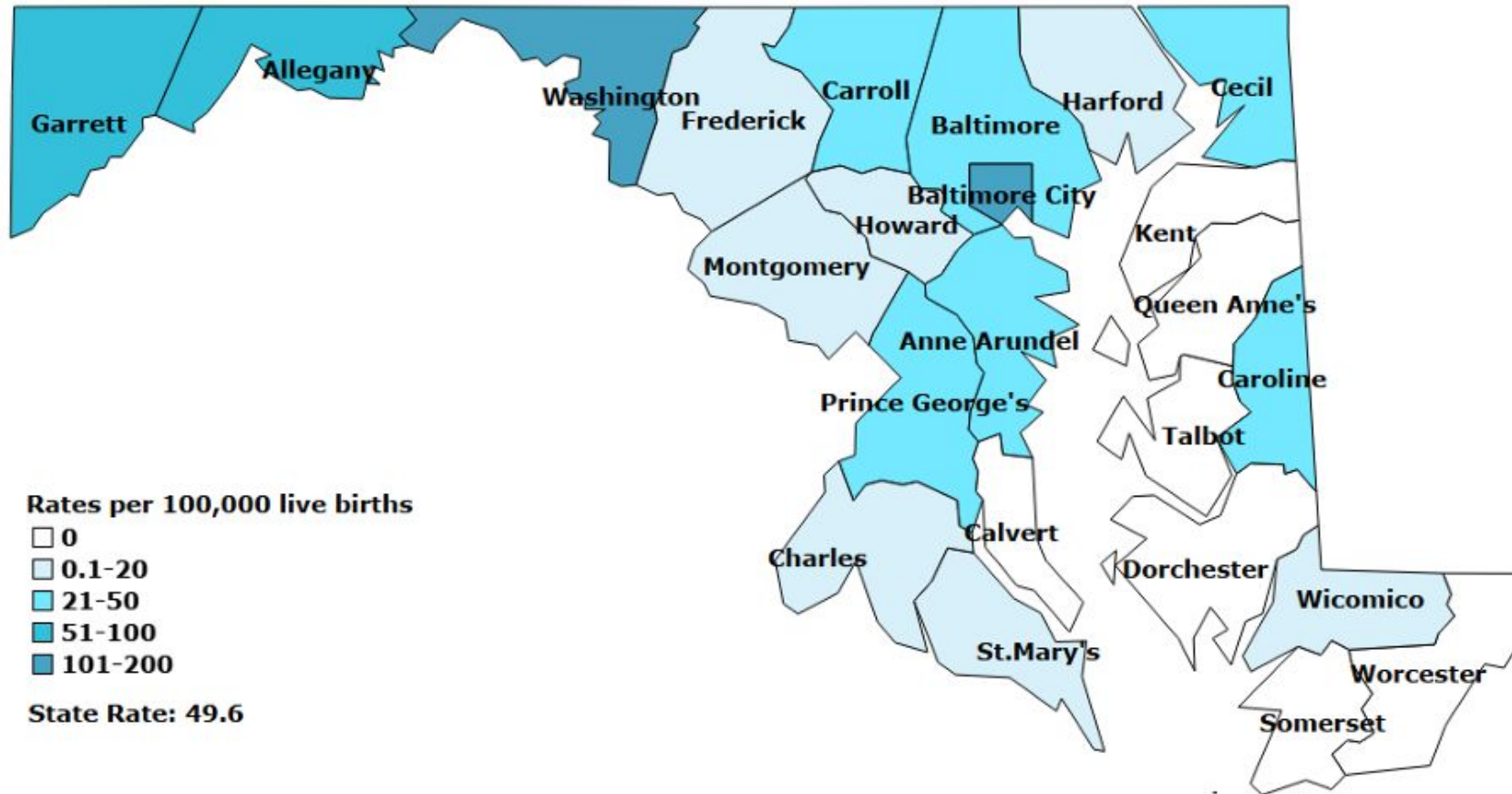
\*Among People of Childbearing Capacity



|   | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|------|------|------|------|------|
| — Acquired Syphilis Rates in PCBC per 100,000 Persons | 30.0 | 35.6 | 35.4 | 33.4 | 41.5 |
| — Congenital Syphilis Rates per 100,000 live births   | 40.4 | 43.2 | 45.2 | 51.6 | 68.8 |

Data Source: 2022 Annual Maryland STI Report

# Congenital Syphilis Combined Rates by County, Maryland, 2018 - 2022



Data Source: 2022 Annual Maryland STI Report

# HB0119/SB2011: GIFT Act

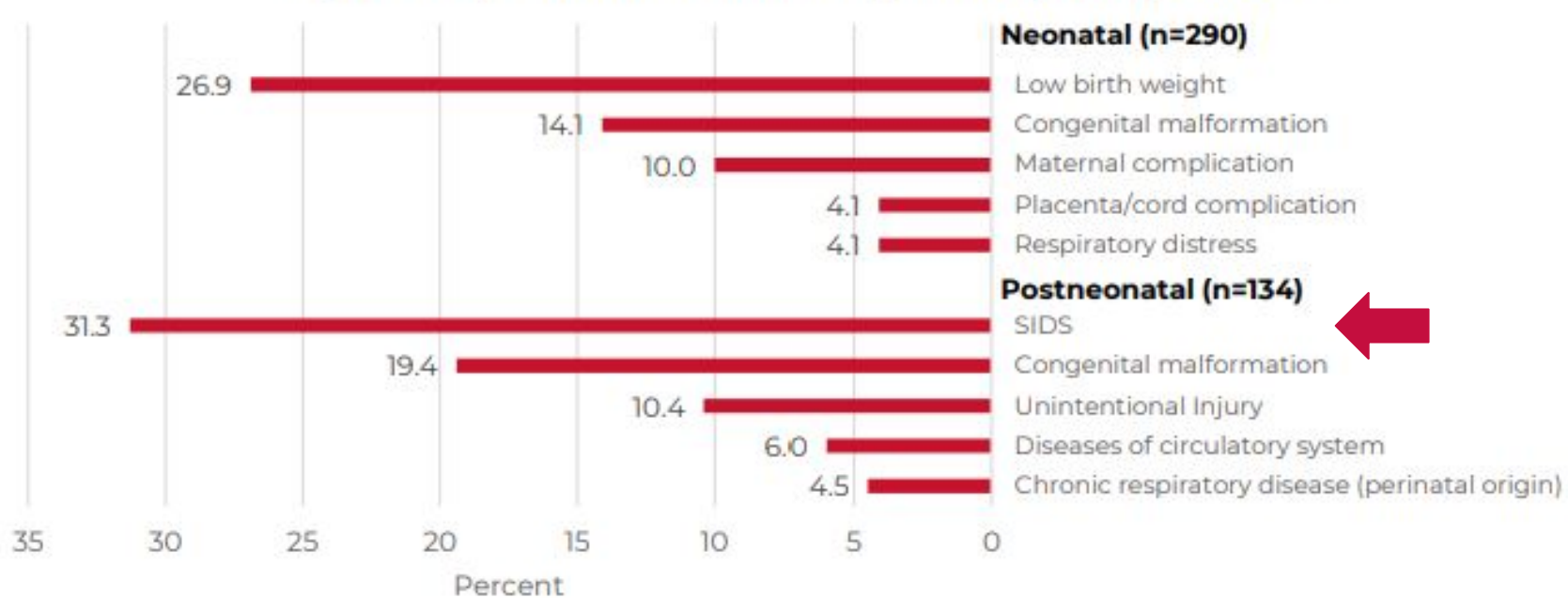
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- [Giving Infants a Future Without Transmission \(GIFT\) Act](#)
  1. New HIV diagnosis reports must state pregnancy status
  2. Reports must be made upon birth of an infant whose mother is HIV positive
  3. Requires Syphilis test at first prenatal visit, 28 wks gestation, and birth
    - Hospital cannot discharge infant if maternal syphilis serology unknown
  4. Requires Syphilis test for stillborn infants  $\geq 20$  wks gestation or  $\geq 500g$
  5. Requires maternal HIV test at birth or HIV test of infant if maternal HIV status unknown



# **HB177/SB820: Safe Sleep Act of 2024**

# Top Five Causes of Death by Infant Age, Maryland, 2012-2021

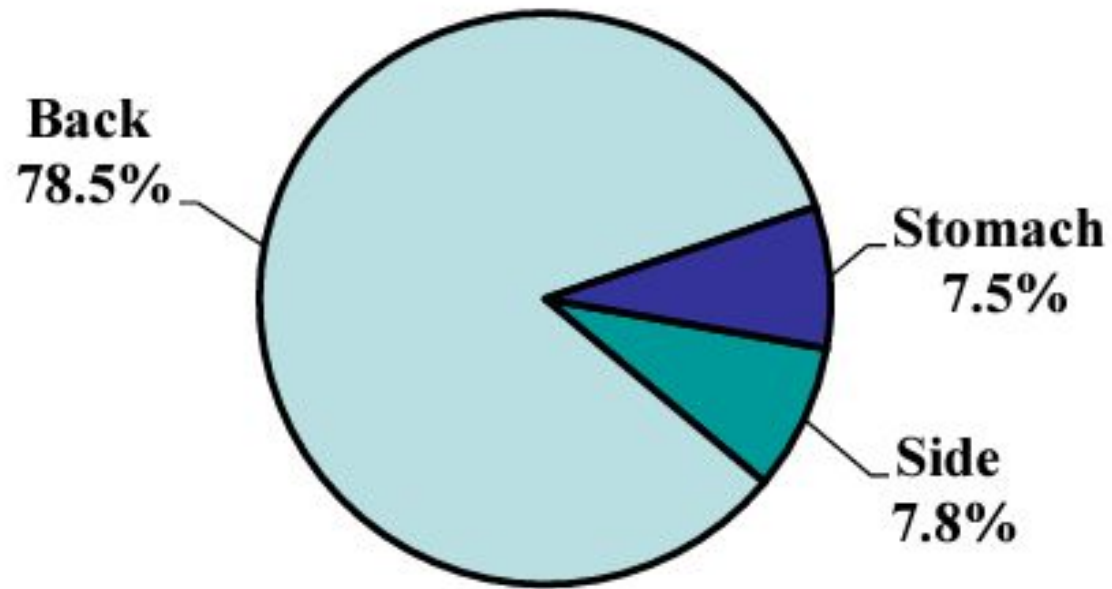


Data source: Maryland Vital Statistics Administration  
2022 Infant Mortality Report



# Infant Sleep Position, Maryland, 2020

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Data source:  
Maryland Department of Health  
PRAMS Annual Report, 2020



# HB177/SB820: Safe Sleep Act of 2024

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- [Hospitals - Care of Infants After Discharge \(Safe Sleep Act of 2024\)](#)
  1. On or before January 1, 2025, each hospital must establish a process for:
    - Providing oral and written educational resources to the parent or legal guardian on how to provide a safe sleep environment.
      - May be supplemented by an educational video
    - Asking an infant's parent or legal guardian to describe the sleep environment that will be provided at home
    - Documenting the educational resources provided
  2. Hospitals must provide a list of resources available for the parent or legal guardian to obtain the items necessary to provide a safe sleep environment

# HB177/SB820: Safe Sleep Act of 2024

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- Resources to assist hospitals:
  1. MDH Infant Safe Sleep [webpage](#)
  2. [Infant Safe Sleep Environment Resource List by County/Jurisdiction](#)

|  |   |
|--|---|
| Infant Safe Sleep Environment Resource List by County and Jurisdiction           | + |
| General Guidance for Families and Caregivers                                     | + |
| Guidance for Birthing Hospitals  | + |
| Did you know? Sales of inclined sleepers for infants and crib bumpers are banned | + |
| MDH Safe Sleep Toolkit   | + |

# MDH Maternal & Child Health Bureau

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**Vision:** All individuals and families are valued, safe, and informed, with equitable access to resources and services.

*Healthy pregnancies, healthy children, healthy families, healthier communities*

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# Thank you

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