



# MDPQC Legislative Update

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Maternal & Child Health Bureau  
Maryland Department of Health

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# 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*

# Agenda

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- I. Legislative Session and Timeline
- II. 2024 Legislative Session Update
- III. 2025 Legislative Session Active Work
- IV. 2026 Legislative Session's New Laws\*

# Disclaimer

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Today's presentation is not legal advice. Please consult with your organization's legal counsel regarding the specifics of each bill or law and how it will impact your policies, practices, and work. A majority of the text presented in these slides are a direct quotation from the bills/laws, but in some circumstances it has been shortened to facilitate the presentation.

Search for legislation text here:

<https://mgaleg.maryland.gov/mgawebwebsite/Search/Legislation>

# Legislative Timeline

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- **January 10, 2024 - April 8, 2024:** 2024 Legislative Session
  - January 7, 2025: last legislative update to MDPQC
- **January 8, 2025 - April 7, 2025:** 2025 Legislative Session
  - July 1, 2025; October 1, 2025; January 1, 2026: certain changes take effect
- **January 14, 2026 - April 13, 2026:** 2026 Legislative Session



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

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- 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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- 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

Information about the Report Card:  
<https://health.maryland.gov/phpa/mch/Pages/Maryland-Maternal-Health-Report-Card.aspx>

Report Card Link:  
<https://health.maryland.gov/dataoffice/mdh-dashboards/Pages/MHHReportCard.aspx>



# Report Card Updates

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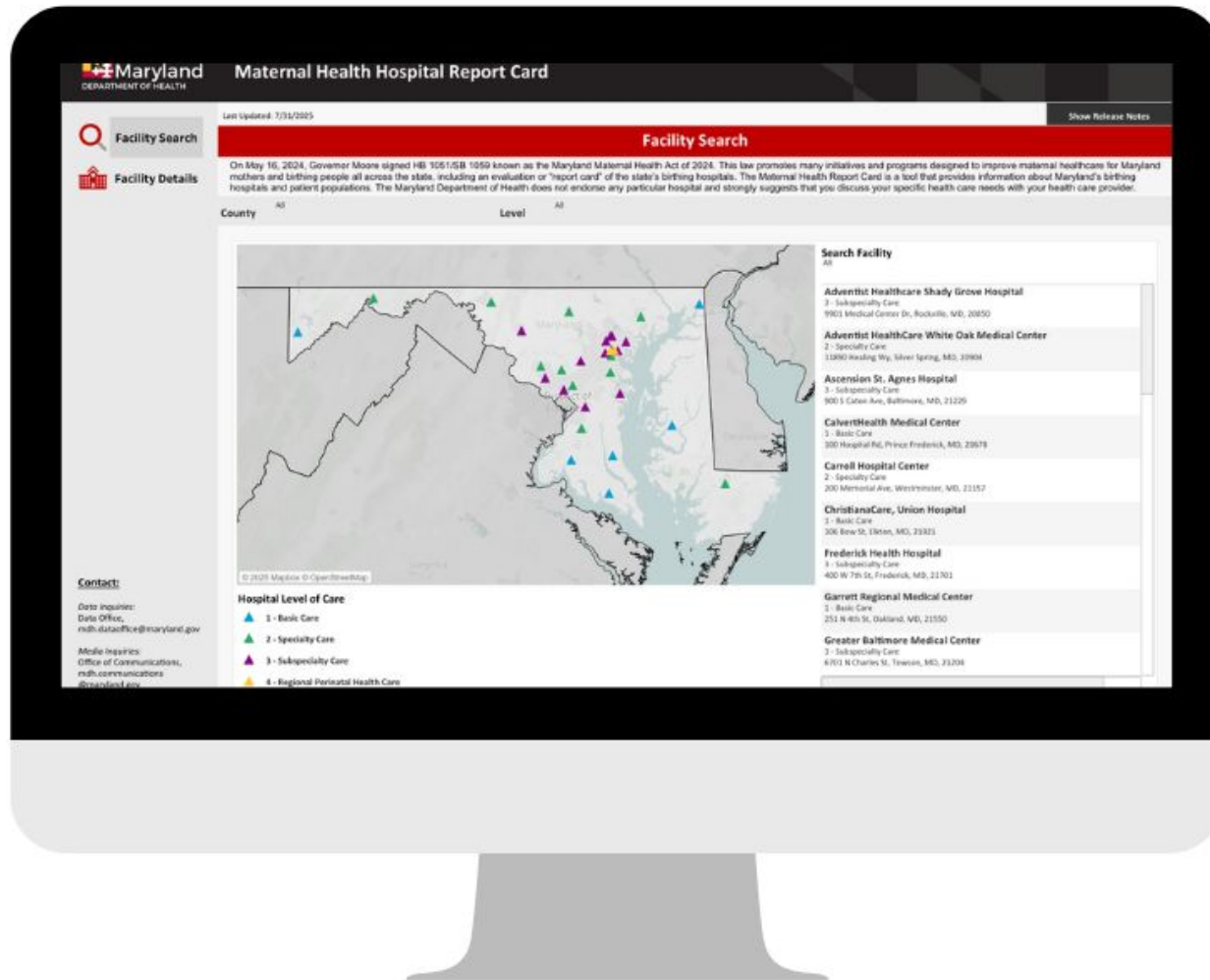
- Launched July 1, 2025
  - Facility Search
  - Facility Details
- Updated on July 31, 2025
  - Delivery Details (previously Delivery Statistics)
- Updated October 1, 2025
  - Complications
  - Patient Satisfaction
  - About Data
  - Additional Search Capabilities
- Updated April 24, 2026
  - Accessibility Enhancements (Table View)

- **Future - Scheduled July 2026**
  - Next year of data added, when possible
  - Complications data *tentatively* planned to use 3 years of data instead of 2
  - Newborn screening data

**Friendly reminder that we are going to pull data from the AIM data portal very soon!**

- **Future - TBD**
  - Hospital services data updated by MDH administered survey

# Report Card Demo



- Facility Search
- Facility Details
- Delivery Details
- Complications
- Patient Satisfaction
- About Data

[Link to report card](#)



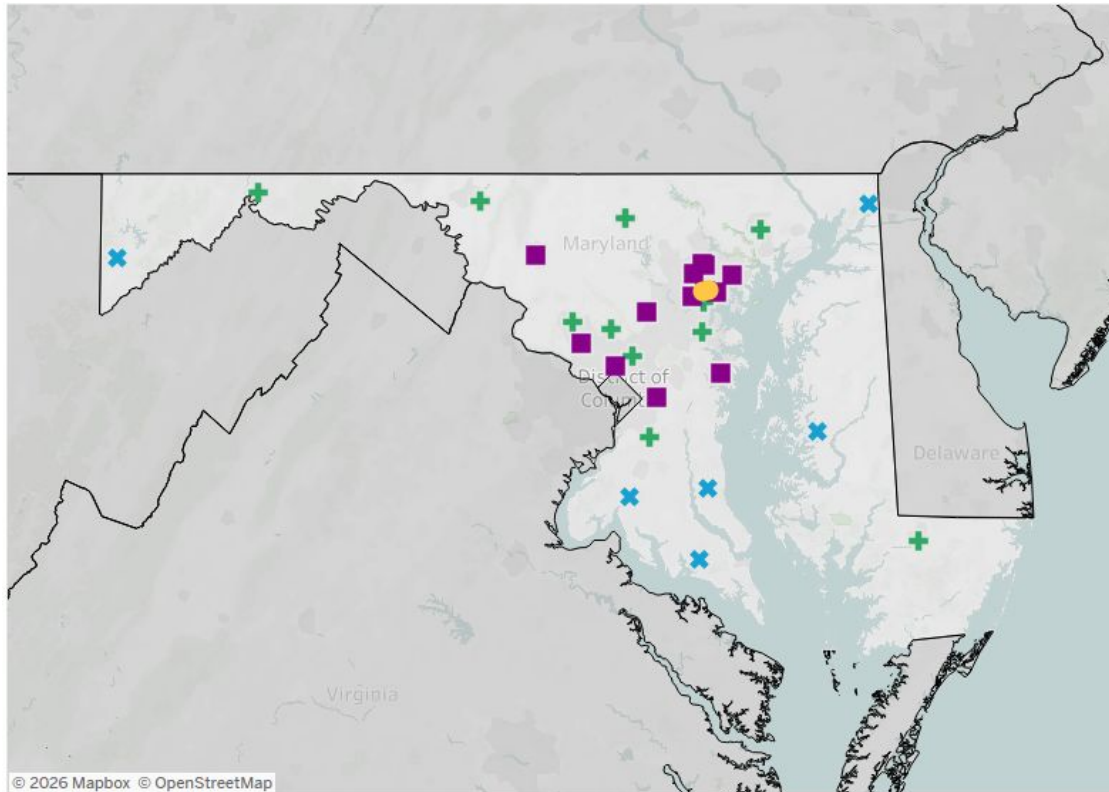
**HB1380/SB676: Health Care Facilities - Hospitals and  
Freestanding Birthing Centers - Perinatal Care Standards  
(2025)**

# HB1380/SB676

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- A. Each hospital that provides obstetrical services shall comply with the Maryland Perinatal System Standards as a condition of licensure.
- B. After consultation with representatives of payors, health care practitioners, and freestanding ambulatory care facilities, the Secretary shall by regulation establish:
  - 1. Minimum Perinatal System Standards for a freestanding birthing center that meet or exceed the Maryland Perinatal System Standards that a freestanding birthing center shall meet as a condition of licensure.
  - 2. Regulations to be adopted by October 1, 2026

# HB1380/SB676



**i Hospital Level of Care**

- ✕ Level 1 - Basic Care
- ✚ Level 2 - Specialty Care
- Level 3 - Subspecialty Care
- Level 4 - Regional Perinatal Health Care





# **HB1251: Doula and Birth Policy Transparency Act (2025)**

# HB1251: Doula and Birth Policy Transparency Act

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- A. A hospital shall adopt and provide evidence to the Department that the hospital has:
  - 1. A doula policy that allows every birthing parent to have at least one doula present during birth in addition to authorized guests;
    - This section does not prohibit a hospital from setting a policy that restricts the number of doulas or authorized guests.
  - 2. An informed consent policy for significant medical intervention for the birthing parent; and

# HB1251: Doula and Birth Policy Transparency Act

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3. A transfer acceptance policy that includes the hospital's process for receiving:
  - A patient from a health care practitioner... who had provided services to a birthing parent in a home birth setting
  - A birthing parent's or newborn's medical information from the home birth provider
- B. MDH shall make the policies provided by a hospital under this section available to the public on request and in a manner determined by MDH.
  - PIA Requests: [ohcq.pia@maryland.gov](mailto:ohcq.pia@maryland.gov)



**\*HB372/SB169: Hospitals - Emergency Pregnancy-Related  
Medical Conditions - Procedures  
(2026)**

\*Pending Governor's Signature as of 5/5/26

# HB372/SB169

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- A. Applies only to a hospital with an Emergency Department.
- B. If a hospital determines that a patient has an emergency pregnancy-related medical condition, the hospital shall:
  - 1. Provide further examination and the treatment required to stabilize the emergency pregnancy-related medical condition, including the termination of a pregnancy when the termination is medically necessary to stabilize the patient; or
  - 2. Transfer the patient to another medical facility.
- C. A hospital shall allow the termination of a pregnancy at the hospital if the patient's treating health care practitioner determines termination is medically necessary to stabilize a patient.

# HB372/SB169

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- D. Hospital is considered to have met requirements if the patient or family refuses to consent to further examination, treatment, or transfer.
- E. A hospital may not penalize or take other adverse action against:
  - 1. A treating health care provider if the provider refuses to authorize the transfer of a patient with an emergency pregnancy-related medical condition that has not been stabilized;
  - 2. A treating health care provider if the provider's treatment of the patient is consistent with the medical standards of care that, in the provider's clinical judgement, were necessary to stabilize the patient; or
  - 3. A hospital employee if the employee reports a violation of this section.
- F. Takes effect October 1, 2026.



# **HB624/SB411: Safe Staffing Act of 2026 (2026)**

# HB624/SB411: Safe Staffing Act of 2026

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- A. Each hospital shall establish a clinical staffing committee by July 1, 2027.
  - The law lists specific membership requirements, including a Certified Nursing Assistant, Licensed Nurse, Medical Resident (if teaching hospital), and a Staff Physician who is not a hospital employee or administrator.
- B. The Chief Nurse Executive of each hospital shall produce a draft clinical staffing plan and submit it to the clinical staffing committee.
- C. The clinical staffing committee shall finalize a clinical staffing plan that meets patient needs using the draft plan submitted above.
  - Considerations that the committee must take are listed in the bill
- D. Each hospital shall implement the clinical staffing plan by July 1, 2028.

# HB624/SB411: Safe Staffing Act of 2026

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- Maryland Perinatal System Standards, Revised 2024:
  - A. Standard 6.20: Hospitals must ensure continuous availability of registered nurses skilled in obstetric assessment, care, and management of complications. Staffing policies should be guided by the AWHONN Standards for Professional Registered Nurse Staffing for Perinatal Units.
  - B. Standard 6.21: Hospitals must ensure continuous availability of registered nurses skilled in neonatal assessment and care appropriate to the designated level of care. Staffing policies should be guided by the AWHONN Standards for Professional Registered Nurse Staffing for Perinatal Units.



# **\*HB1118/SB891: Perinatal Behavioral Health Conditions (2026)**

**\*Pending Governor's Signature as of 5/5/26**

# HB1118/SB891: Perinatal Behavioral Health Conditions

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- A. Expands access to screening and treatment for perinatal behavioral health conditions by:
  1. Requiring insurance coverage for screening at well child visits
  2. Creating a standing referral to a behavioral health care provider for duration of pregnancy and 1 year after.

# HB1118/SB891: Perinatal Behavioral Health Conditions

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- B. MDH shall identify up-to-date, evidence-based information about perinatal behavioral health conditions that includes:
1. The signs and symptoms of perinatal mood and anxiety disorders;
  2. Perinatal medication usage;
  3. Risk factors for perinatal behavioral health conditions including perinatal loss and high-risk pregnancy;
  4. How and when to screen for perinatal behavioral health conditions;
  5. Brief intervention strategies;
  6. Evidence-based psychosocial treatments; and
  7. Contact information for national and local maternal mental health programs and services

# HB1118/SB891: Perinatal Behavioral Health Conditions

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- C. MDH shall provide the information identified under the prior section:
  - 1. To health care facilities and health care providers that provide prenatal care, labor and delivery services, and postnatal care to expectant parents, and to each WIC office; and
  - 2. On its website.
- D. At least once during each trimester, a health care provider who evaluates and manages perinatal care shall provide to a patient the information identified by MDH and other appropriate information on perinatal BH conditions.
- E. A hospital shall provide the information identified by MDH to a birthing parent on discharge from the birthing hospital.

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# Thank you

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