

## Senate Bill 676 - Health Care Facilities - Hospitals and Freestanding Birthing Centers - Perinatal Care Standards

**Position:** *Letter of Information*February 18, 2025
Senate Finance Committee

## **MHA Position**

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to submit a letter of information on SB 676.

Since the mid-1990s, hospitals that provide obstetric and neonatal services have operated under the Maryland Perinatal System Standards developed by a Maryland Department of Health (MDH) advisory committee and regulated in part by the Maryland Institute for Emergency Medical Services Systems (MIEMSS) and the Maryland Health Care Commission (MHCC). These standards are updated every five years. As the last update was in 2019, the latest iteration will be published in April.

Under these standards, hospital perinatal programs are categorized on a scale of I-IV. Level I hospitals provide basic care to pregnant women and infants and can deliver babies 35 weeks and above. Level II hospitals provide some specialty care, such as advanced respiratory support, and can deliver babies 32 weeks and above. Level III hospitals have neonatal intensive care units (NICU) and can deliver babies at any point of gestation. Level IV hospitals provide comprehensive subspecialty obstetrical and neonatal care services and can handle complex, critical illnesses. While the standards encompass all levels, they have been specifically incorporated into regulations for Level III and Level IV, given their increased capabilities.

SB 676 requires MDH to adopt new regulations establishing standards that meet or exceed the existing Maryland Perinatal System Standards. The details of these new regulations and minimum standards, however, are not specified. As such, it is unclear what the impact of this legislation would be on hospitals that provide obstetric and neonatal services. Hospitals in the state have operated under these long-standing, regularly updated standards for decades, and MHA is unaware of any problems or concerns with the current standards or regulatory system. More information is needed about the proposed standards and intent of the bill to determine its impact and take a position. MHA welcomes working with the sponsors, committee, and other stakeholders as this bill is reviewed and considered.

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