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THE AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS

TO: The Honorable Shane E. Pendergrass, Chair  
Members, House Health and Government Operations Committee  
The Honorable Jheanelle K. Wilkins

FROM: Pamela Metz Kasemeyer  
J. Steven Wise  
Danna L. Kauffman  
Richard A. Tabuteau

DATE: March 13, 2018

RE: **SUPPORT WITH AMENDMENT** – House Bill 1518 – *Public Health – Maternal Mortality Review Committee*

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The Maryland State Medical Society (MedChi) and the Maryland Section of the American Congress of Obstetricians and Gynecologists (MDACOG) submit this letter of **support with amendment** for House Bill 1518.

House Bill 1518 as introduced made significant modifications to the current maternal mortality review program that would have been problematic to the integrity of the program. The above-named organizations are pleased that the sponsor understands the implications of many of the provisions of the bill, most notably the change in the review committee composition, and has offered amendments to remove those provisions. With the amendments, the bill refocuses the original objectives. We understand the original objectives of the bill to be stakeholder involvement in the review of the findings and recommendations of the review committee, as well as the opportunity to identify additional recommendations and implementation strategies to address the issues identified through the maternal mortality review process with the end goal of reducing maternal deaths.

The above-named organizations support the intent of the sponsor and look forward to working with the sponsor and the Committee to identify the appropriate structure to create meaningful stakeholder input without unnecessarily slowing or disrupting the review process. To that end, they are currently reviewing the proposed amendments and may have additional comments and concerns with the actual language that they believe need to be addressed.

On the initial review concern was expressed about the number and timing of meetings.

They questioned whether there should be more than 1 meeting or just a meeting convened when the review committee has completed its work and the data and analysis is ready for further stakeholder input. They also raised some concerns as to how the specific stakeholders would be identified and thought that the range of stakeholders should be generally outlined. It is likely that a meaningful stakeholder meeting would need to be convened by the Department of Health in conjunction with the review committee to be successful in attracting a meaningful range of stakeholders. Finally, on a technical note, there was concern with the phrase, “review maternal deaths” in the final provision of the amendments. The stakeholders would not be appropriate to review actual data related to deaths but rather should utilize the de-identified data and analysis compiled by the maternal mortality review committee when it has concluded its case reviews.

The above-named organizations applaud the sponsor for her commitment and interest in enhancing the work of the maternal mortality committee through stakeholder involvement. Properly structured stakeholder engagement has the potential to enhance the identification of recommendations for addressing the preventable factors that contribute to maternal death. If the noted reservations regarding some of the specific provisions of the sponsor amendments can be addressed and resolved, MedChi and MDACOG recommend a favorable report.

**For more information call:**

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