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House Health Committee

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House Bill 158 – *Maryland Medical Assistance Program – Maternal Health Monitoring Pilot Program*

POSITION: SUPPORT WITH AMENDMENT

The Maryland State Medical Society (MedChi), the largest physician organization in Maryland, **supports with amendment** House Bill 158, which would establish a state-level pilot program to support high-risk pregnant and postpartum women enrolled in Medicaid through remote patient monitoring and coordinated care.

Maternal health remains a critical determinant of long-term health outcomes for both mothers and their infants. Tragically, Maryland continues to experience significant maternal morbidity and mortality, particularly among low-income and medically underserved populations. House Bill 158 takes a proactive and evidence-based approach by establishing a pilot program to provide enhanced monitoring and support for pregnant and postpartum women enrolled in the Maryland Medical Assistance Program who are at increased risk for complications due to *maternal hypertension or maternal diabetes*.

This legislation empowers the Maryland Department of Health to partner with managed care organizations and technology vendors to deploy remote patient monitoring tools, including blood pressure, weight, and blood glucose tracking, for participants during their second and third trimesters and for up to three months postpartum. A clinical support team would review data, support condition management, and collaborate closely with participants' health care providers.

MedChi has several requests for amendments related to the monitoring and vendor selection components of the bill.

1. MedChi recommends adding “iron deficiency” and “iron deficiency anemia” to the list of conditions required to be monitored on page 3, lines 10-15 of the bill.
2. MedChi recommends that CRISP, the State’s official electronic healthcare record system, be used for the remote patient monitoring services, rather than allowing the participating managed care organization to select the technology vendor as contemplated on page 4, lines 16 and 17 of the bill.
3. Given MedChi’s extensive network of physicians and healthcare expertise, we request that CRISP specifically work in coordination with the Faculty in implementing the provisions of the bill.

These amendments would serve to strengthen the already laudable goals of this legislation. We appreciate the consideration of these amendments and look forward to the potential of working with the sponsor and the Department of Health to launch this important pilot program.

For more information call:

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