



The Maryland State Medical Society

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TO: The Honorable Shane E. Pendergrass, Chair
Members, House Health and Government Operations Committee
The Honorable Karen Lewis Young

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

DATE: February 13, 2019

RE: **OPPOSE** – House Bill 247 – *Maryland Health Care Commission – Surgical Birth Rate – Study*

On behalf of the Maryland State Medical Society (MedChi) and the Maryland Section of the American College of Obstetricians and Gynecologists (MDACOG), we **oppose** House Bill 247.

House Bill 247 requires the Maryland Health Care Commission (MHCC), in consultation with the Maternal and Child Health Bureau, the Vital Statistics Administration, and interested stakeholders to conduct a study regarding the surgical birth rate in the State. The study is to assess factors contributing to the State’s surgical birth rate, including the rate of primary and repeat cesarean sections, and the rate of vaginal births after cesarean; examine increased complications for women and babies in births by cesarean section; examine increased health care costs associated with surgical births; research programs in other countries, states, and localities that have aimed to reduce the surgical birth rate; and make recommendations regarding methods that may be implemented to reduce the surgical birth rate in the State.

MedChi and MDACOG’s opposition to this legislation arises from a number of factors unrelated to whether the issue of surgical birth rates and associated health issues should be the focus of review and policy evaluation. First, Maryland has already taken a leadership role in working to reduce the number of primary cesarean sections. The Maryland Patient Safety Center in partnership with the Alliance for Innovation in Maternal Health, and all Maryland hospitals that have labor and delivery services conducted an extensive two-year collaborative starting in July of 2015 entitled “Reducing Primary Cesarean Sections: Supporting Intended Vaginal Births”. The outcome of that collaborative continues to be enhanced through ongoing efforts to address surgical birth rates. Furthermore, the legislation proposed that the MHCC conduct the study. While the study is to be done in conjunction with other administrative agencies, the subject matter to be studied involves more clinical analysis than the MHCC is suited to conduct. Clinical review issues, even on an aggregate level require clinical expertise that is

more appropriate for medical review committees or organizations like the Patient Safety Center, rather than the MHCC. The MHCC does tremendous work on subjects appropriate to their charge, however it is the opinion of MedChi and MDACOG that this issue falls outside their expertise, even if done in conjunction with other entities and stakeholders. Finally, and most important given the work that has already been done on cesarean sections, any additional work on birth related outcomes should not be limited to surgical births but should include the study of a broader range of issues such as the outcomes and health implications associated with home births in the State. There has been no analysis of the impact and outcomes of the services of direct entry midwives since they have been authorized to practice in the State. MedChi and MDACOG do not believe it is necessary to expend the resources required for the proposed study and would request an unfavorable report. If the Committee chooses to move forward, they would ask for an expanded study of a broader range of birth outcomes to be conducted by a review team or a more clinically based program such as the Patient Safety Center.

For more information call:

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