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ACOG

The American College of
Obstetricians and Gynecologists
Maryland Section

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: February 27, 2019

RE: **OPPOSE UNLESS AMENDED** – House Bill 796 – *Public Health – Maternal Mortality Review Program – Establishment of Local Teams*

On behalf of the Maryland State Medical Society (MedChi) and the Maryland Section of the American College of Obstetricians and Gynecologists (MDACOG), we submit this letter of **opposition** for House Bill 796, unless the legislation is amended.

House Bill 796 requires that there be a multidisciplinary and multiagency maternal mortality review team in each county to prevent maternal deaths. It is the understanding of the above-referenced organizations that the intent of the bill is to authorize, but not require, the local teams establishment. Further, that the intended purpose of the proposed local team is not to duplicate the work of the State Maternal Mortality Review Committee (MMRC) but rather to enable local jurisdictions to gather a broad array of information necessary to proactively address maternal mortality in their communities. Specifically, Baltimore City wishes to form a local team to utilize the findings of the State program and other information gathered by the local team to work on identification of prevention and intervention strategies to prevent maternal deaths in the City.

While the objectives are notable, the language of the bill raises a significant number of concerns about potential unintended negative implications for the State MMR program, including but not limited to: duplication of clinical reviews that could lead to differing conclusions; lack of sufficient expertise on the local team to conduct the reviews defined in the legislation; an insufficient number of cases to insure protection of privacy and other critical protections essential to maternal mortality review; and incorporating maternal morbidity which involves issues broader than maternal mortality review.

The proponents of the legislation are to be applauded for their commitment to identify mechanisms to address maternal mortality in their local communities and the above-named organizations look forward to working with the sponsor and the proponents to craft a mechanism to

achieve those objectives without creating the unintended consequences reflected in this legislation.

There are numerous approaches that could be considered, and we are committed to working to find a path to successfully meet those objectives. It should also be noted that in 2018, legislation was enacted that requires the Department of Health to establish a Maternal Mortality Stakeholder Group. The stakeholder group will utilize the data and outcomes reflected in the MMR annual report and any other relevant information to examine issues resulting in disparities in maternal deaths, review the status of implementation of previous recommendations made by the MMR Committee, and identify new recommendations with a focus on initiatives to address disparities in maternal deaths. That group will meet for the first time later this year. While that stakeholder group does not provide a substitute for finding a structure that enables Baltimore City to address maternal mortality in the City, it does provide assurance that the objectives will begin to be addressed while the interested and affected parties work to find an appropriate framework for a local review entity that does not raise the potential for significant unintended consequences that could undermine maternal mortality review at the State level that are reflected in the language of this well-intentioned proposal.

With the noted need for amendments, an unfavorable report is requested unless the bill can be amended to address the concerns raised and still meet the objectives of the proponents.

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