October 14, 2025

FISCAL AND POLICY NOTE

TO: Colette R. Gresham, Esq.
Acting Council Administrator

Karen Zavakos, Esq.
Associate Council Administrator

THRU: Lavinia Baxter
Senior Legislative Budget and Policy Analyst

FROM: David Noto
Legislative Budget and Policy Analyst

RE: Policy Analysis and Fiscal Impact Statement
CR-099-2025 Black Maternal Health Accountability and Patient Bill of Rights

CR-099-2025 (*Proposed by:* Council Member Oriadha)

Assigned to the Health, Human Services and Public Safety Committee

A RESOLUTION CONCERNING THE BLACK MATERNAL HEALTH ACCOUNTABILITY AND PATIENT BILL OF RIGHTS for the purpose of participating in and encouraging the creation of an operational framework to address healthcare disparities, particularly in the area of black maternal health in Prince George's County.

Fiscal Summary

Direct Impact

Expenditures: Limited to the disbursement of funds from the Black Maternal Health Fund.

Revenues: No anticipated impact on revenues.

Indirect Impact

Likely favorable.

Legislative Summary:

CR-099-2025, introduced by Council Vice-Chair Oriadha, and cosponsored by Council members Burroughs, Blegay, Olson, Watson, Hawkins, Dernoga, Fisher and Ivey, was introduced on September 16th and referred to the Health, Human Services and Public Safety Committee.[1] This resolution seeks to address healthcare disparities, relating to black maternal health in Prince George's County. This is due to Black women in Maryland continuing to experience disproportionately high rates of maternal mortality, morbidity, and mistreatment in healthcare settings.

Current Law/Background:

Federal Law:

In February of 2021, Rep. Lauren Underwood of Illinois introduced H. R. 959, the "Black Maternal Health Momnibus Act".[2] The "Momnibus" was reintroduced in 2023, as a collection of 13 individual bills:

1. H.R. 3322, the Social Determinants for Moms Act, which would make critical investments in social determinants of health that influence maternal health outcomes, like housing, transportation, and nutrition.[3]
2. H.R. 3332, the Extending WIC for New Moms Act, which would extend WIC eligibility in the postpartum and breastfeeding periods.[4]
3. H.R. 3310, the Kira Johnson Act, which would provide funding to community-based organizations that are working to improve maternal health outcomes and promote equity.[5]
4. H.R. 3303, the Maternal Health for Veterans Act, which would increase funding for programs to improve maternal health care for veterans.[6]
5. H.R. 3523, the Perinatal Workforce Act which would grow and diversify the perinatal workforce to ensure that every mom in America receives maternal health care and support from people they trust.[7]

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[1] Prince George's County Council - Reference No. CR-099-2025

[2] H.R.959 - 117th Congress (2021-2022): Black Maternal Health Momnibus Act of 2021 | Congress.gov | Library of Congress

[3] H.R.3322 - 118th Congress (2023-2024): Social Determinants for Moms Act | Congress.gov | Library of Congress

[4] H.R.3332 - 118th Congress (2023-2024): Extending WIC for New Moms Act | Congress.gov | Library of Congress

[5] H.R.3310 - 118th Congress (2023-2024): Kira Johnson Act | Congress.gov | Library of Congress

[6] H.R.3303 - 118th Congress (2023-2024): Maternal Health for Veterans Act | Congress.gov | Library of Congress

[7] H.R.3523 - 118th Congress (2023-2024): Perinatal Workforce Act | Congress.gov | Library of Congress

6. H.R. 3320, the Data to Save Moms Act, which would improve data collection processes and quality measures to better understand the causes of the maternal health crisis in the United States and inform solutions to address it.[8]
7. H.R. 3312, the Moms Matter Act, which would support moms with maternal mental health conditions and substance use disorders.[9]
8. H.R. 3344, the Justice for Incarcerated Moms Act, which would improve maternal health care and support for incarcerated moms.[10]
9. H.R. 5066, the Tech to Save Moms Act, which would invest in digital tools to improve maternal health outcomes in underserved areas.[11]
10. H.R. 3346, the IMPACT to Save Moms Act, which would promote innovative payment models to incentivize high-quality maternity care and non-clinical support during and after pregnancy.[12]
11. H.R. 3304, the Maternal Health Pandemic Response Act, which would invest in federal programs to address maternal and infant health risks during public health emergencies.[13]
12. H.R. 3302, the Protecting Moms and Babies Against Climate Change Act, which would invest in community-based initiatives to reduce levels of and exposure to climate change-related risks for moms and babies.[14]
13. H.R. 3348, the Maternal Vaccination Act, which would promote maternal vaccinations to protect the health of moms and babies.[15]

While these bills did not pass in Congress, nonetheless, these bills established a framework for improving Black maternal care nationwide.

State Law:

In 2019, the Maryland General Assembly passed HB 520, which established the Task Force on Maryland Maternal and Child Health and increased the amount of funding the Governor must provide to the Maryland Prenatal and Infant Care Coordination Services Grant Program Fund beginning in fiscal 2021, from $50,000 to $100,000.[16] The State Task Force acknowledged disparities in maternal health in their report, made to the General Assembly in August, 2020[17].

In 2020, the General Assembly passed HB 837, which requires all health care practitioners in Maryland complete an implicit bias training program approved by the Cultural and Linguistic Health Care Professional Competency Program.[18]

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[8] H.R.3320 - 118th Congress (2023-2024): Data to Save Moms Act | Congress.gov | Library of Congress
[9] H.R.3312 - 118th Congress (2023-2024): Moms Matter Act | Congress.gov | Library of Congress
[10] H.R.3344 - 118th Congress (2023-2024): Justice for Incarcerated Moms Act | Congress.gov | Library of Congress
[11] H.R.5066 - 118th Congress (2023-2024): Tech to Save Moms Act | Congress.gov | Library of Congress
[12] H.R.3346 - 118th Congress (2023-2024): IMPACT to Save Moms Act | Congress.gov | Library of Congress
[13] H.R.3304 - 118th Congress (2023-2024): Maternal Health Pandemic Response Act | Congress.gov | Library of Congress
[14] H.R.3302 - 118th Congress (2023-2024): Protecting Moms and Babies Against Climate Change Act | Congress.gov | Library of Congress
[15] H.R.3348 - 118th Congress (2023-2024): Maternal Vaccination Act | Congress.gov | Library of Congress
[16] Legislation - HB0520
[17] Chapters 661 and 662 of the Acts of 2019 (House Bill 520.Senate Bill 406) – Final Progress Report of TF on MD MCH.pdf
[18] Legislation - HB0837

In 2022, the General Assembly passed SB 166, which expanded the Maryland Medicaid program to provides coverage for doula services to Medicaid beneficiaries. A doula, or birth worker, is a healthcare professional who provides supports to new parents before, during, and after birth.[19]

The Policy Center for Maternal Mental Health gave Maryland an overall "C" grade for 2025, slightly better than the national average of "C-", giving the state a "B" for their insurance coverage and treatment payment, noting that the state had expanded Medicaid extended Medicaid coverage to one year postpartum, and provides enhanced Medicaid reimbursement for group prenatal care.[20] However, the state received an "F" for screening and screening reimbursement, as Mayland Medicaid does not requires managed care organizations to report prenatal or postpartum depression screening.[21]

Current County Law:

CR-090-2023 established the "Black Maternal Health Fund" which would be funded through public or private partnerships to assist the County in focusing on black maternal health by giving grants to non-profits that provide maternal health services.[22] At the time, $1 million dollars was requested to be set aside for the Fund, but no funding was set aside at the time. As part of the FY 2026 budget, the Council allocated $250,000 to the Black Maternal Health Fund.[23]

Resource Personnel:

- Leroy Maddox, Legislative Officer
- Tiffany Hannon, Chief of Staff

Discussion/Policy Analysis:

The Centers for Disease Control and Prevention has estimated that Black women are three times more likely to die of complications associated with pregnancy and childbirth, compared to other racial and ethnic groups, and may face life-threatening complications during a pregnancy through to postpartum.[24] [25] Lower quality of care contributes to these disparities, and over 80% of pregnancy-related deaths among Black women are preventable with improved care.[26] Structural discrimination, socioeconomic conditions and provider biases are also shown to

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[19] Legislation - SB0166
[20] Maryland- 2025 Report Card - Policy Center for Maternal Mental Health
[21] Ibid
[22] Prince George's County Council - Reference No. CR-090-2023
[23] News Flash • Prince George's County Council Adopts $5.8 Bill
[24] CHRG-117hhrg44572.pdf
[25] Working Together to Reduce Black Maternal Mortality | Women's Health | CDC
[26] Ibid

worsen these disparities. Studies have shown that Black patients experience better health outcomes when treated by culturally responsive providers.[27]

The 2023 Maryland Vital Statistics Annual Report, which compares health outcomes between different populations, differentiated by age, racial and ethnic backgrounds, and location, found that Black and Hispanic mothers have a higher likelihood, relative to the state average, of having a child before turning 18, of having a stillborn child, having late or no prenatal care, having low or very low birth weights, and had a lower likelihood of having prenatal care beginning in the first trimester.[28] The infant and neonatal mortality rate per 1,000 births among Black mothers was the highest of any racial or ethnic group in the state.[29] In 2023, 4,565 expecting mothers in Maryland received late or no prenatal care. Over a quarter of those mothers, 1,213, were Prince George's County residents, more than any other county in the state.[30] Prince George's County also had a higher number of infants with low birth weights and very low birth weights than any other county in the state. Additionally, of the 8,322 births to County residents in 2023, 5,844 births occurred in another Maryland county, with an additional 2,261 occurring in either the District of Columbia or another state, meaning just under 30% of all births to County residents in 2023 occurred in the County.[31] Prince George's County also had 86 fetal deaths, 70 perinatal deaths, 52 neonatal deaths and 79 infant deaths in 2023, more deaths in each category than any other county in the state.[32] These grim numbers underscore the necessity of improving neonatal and maternal care for Black mothers and County residents.

Fiscal Impact:

- *Direct Impact*

As was previously stated, CR-090-2023 established the Black Maternal Health Fund, and as part of the FY 2026 budget, the Council allocated $250,000 to the Black Maternal Health Fund. CR-099-2025 establishes a Black Maternal Health Fund Advisory Group, which would provide recommendations on allocation and disbursement of funds from the Black Maternal Health Fund. Any direct fiscal impact would be related to the decisions of the Advisory Group as to the distribution of funds from the Black Maternal Health Fund.

- *Indirect Impact*

Adoption of CR-099-2025 may have a favorable indirect fiscal impact, to the extent that alleviating maternal health disparities will have a positive impact on the health of County residents, which would in turn improve the financial stability of County residents.

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[27] Policies Reducing Maternal Morbidity Mortality Enhancing Equity | Commonwealth Fund
[28] 2023_Annual Report_Final.pdf
[29] Ibid
[30] Ibid
[31] Ibid
[32] Ibid

Effective Date of Proposed Legislation:

The proposed Resolution shall be effective upon its adoption.

If you require additional information, or have questions about this fiscal impact statement, please reach out to me via phone or email.