

Department of Legislative Services
Maryland General Assembly
2026 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 1468
Health

(Delegate Ruff, *et al.*)

Hospitals - Patients in Active Labor - Safe Discharge Labor Plans

This bill prohibits a hospital from discharging or transferring a “patient in active labor” unless the hospital and the patient first complete a “safe discharge labor plan.” The prohibition does not apply to an emergency transfer of a patient in active labor. The Maryland Department of Health (MDH) may impose specified penalties for a violation of the bill’s requirements. By April 1, 2028, and annually thereafter, each hospital must submit a required report to MDH for the immediately preceding calendar year. By August 1, 2028, and annually thereafter, MDH must submit the compiled reports and any related recommendations to the General Assembly. **The bill takes effect January 1, 2027.**

Fiscal Summary

State Effect: MDH can likely ensure hospital compliance and complete the required report with existing budgeted resources, as discussed below. MDH general fund revenues increase by an indeterminate amount as early as FY 2027 to the extent civil penalties are imposed.

Local Effect: The bill does not directly affect local government finances or operations.

Small Business Effect: None.

Analysis

Bill Summary: “Patient in active labor” means a pregnant individual who presents at a hospital with signs or symptoms of labor, according to generally accepted standards or obstetric practice. “Safe discharge labor plan” means a written plan that must be completed before a patient in active labor may be discharged or transferred.

Safe Discharge Labor Plan

A safe discharge labor plan must include:

- the clinical justification for the discharge or transfer of the patient in active labor based on the medical assessment of a health care practitioner licensed under the Health Occupations Article who is involved in the labor and delivery process;
- an assessment of the distance between the hospital and the intended destination of the patient in active labor, including an evaluation of whether the travel is safe considering the condition of the patient in active labor;
- a written, plain-language acknowledgment, signed by the patient in active labor, explaining (1) the risks associated with being discharged; (2) a list of signs or symptoms indicating that the patient in active labor should return to the hospital; and (3) contact information for the hospital or an alternative facility for reassessment; and
- documentation that confirms the patient in active labor understands the safe discharge labor plan, including the risks, potential complications, and what to do if labor intensifies or complications occur.

Requirements on Hospitals

A hospital must:

- maintain records of all safe discharge labor plans, including the signed acknowledgement of the plan, for at least 21 years after the patient in active labor is discharged or transferred;
- provide annual training to all patient care staff members who work in obstetric, labor, delivery, and emergency care that addresses (1) maternal health and pregnancy-related conditions; (2) best practices in communication and patient-centered care; (3) racial and ethnic disparities in maternal care; and (4) respectful treatment of all patients in active labor, regardless of race, ethnicity, socioeconomic status, or insurance coverage; and
- conspicuously post copies of a patient's rights, including the right of a patient in active labor to have a safe discharge plan before being discharged or transferred, on the hospital's website and in the labor and delivery department.

A hospital may use a training developed and accredited by a third party to satisfy the annual training requirement, if the training otherwise satisfies training requirements of the bill.

By April 1, 2028, and annually thereafter, each hospital must submit to MDH an anonymized report for the immediately preceding calendar year that includes (1) the

number of discharges or transfers of patients in active labor made with safe discharge labor plans; (2) the number of discharges or transfers of patients in active labor made without a safe discharge labor plan and the reason those discharges or transfers were made without a safe discharge labor plan; and (3) any adverse events that occurred following the discharge or transfer of a patient in active labor, including any reports of births occurring outside the hospital and any complications.

Penalty Provisions

If MDH finds that a hospital has violated the prohibition on discharging or transferring a patient in active labor without first completing a safe discharge plan, MDH must (1) impose a civil monetary penalty of \$25,000 per violation; (2) require the hospital to establish a plan of correction to prevent future violations; and (3) if applicable, refer a health care practitioner responsible for the violation to the appropriate health occupations board for discipline.

If MDH finds that a hospital has violated the requirement to maintain specified records and to post copies of patient's rights, MDH must (1) for a first violation, provide written notice to the hospital of the violation and allow the hospital to address the deficiency; (2) for a second violation, impose a civil monetary penalty of \$5,000; and (3) for each subsequent violation, increase the frequency with which MDH inspects the hospital for compliance.

If MDH finds that a hospital has violated the requirement to provide annual training to all patient care staff, MDH must (1) impose a civil penalty of \$5,000 for each year the hospital has failed to provide the required training and (2) require the hospital to provide the mandatory training within 90 days after the notice if the violation is provided.

Current Law: The Secretary of Health must adopt reasonable rules and regulations that set standards of services for related institutions, hospitals, and residential treatment centers in the following areas: (1) the care of patients; (2) the medical supervision of patients; (3) the physical environment; (4) disease control; (5) sanitation; (6) safety; and (7) dietary matters.

To ensure compliance with these rules and regulations, the Office of Health Care Quality (OHCQ) inspects each related institution, hospital, and residential treatment center. In general, OHCQ inspects facilities for which a license is sought and periodically after a license has been issued. MDH submits an annual report to the General Assembly regarding the inspections conducted during the immediately preceding year.

Chapters 285 and 286 of 2019 established the patient's bill of rights. A hospital administrator must provide each patient (including inpatient, outpatient, and emergency services) with a written copy of the hospital's patient's bill of rights. The patient's bill of

rights must at a minimum include a statement that a patient, among other things, has a right to (1) receive considerate, respectful, and compassionate care; (2) be provided care in a safe environment free from all forms of abuse and neglect; (3) have a medical screening exam and be provided stabilizing treatment for emergency medical conditions and labor; and (4) be screened, assessed, and treated for pain.

Federal Emergency Medical Treatment and Labor Act

The federal Emergency Medical Treatment and Labor Act was enacted in 1986 to ensure public access to emergency services regardless of the ability to pay. The Social Security Act imposes specific obligations on Medicare-participating hospitals that offer emergency services to provide a medical screening examination when a request is made for examination or treatment for an emergency medical condition, including active labor, regardless of an individual's ability to pay. Hospitals are then required to provide stabilizing treatment for patients with emergency medical conditions. If a hospital is unable to stabilize a patient within its capability, or if the patient requests, an appropriate transfer should be implemented.

“Emergency medical condition” means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in (1) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy; (2) serious impairment to bodily functions; or (3) serious dysfunction of any bodily organ or part. With respect to a pregnant woman who is having contractions, “emergency medical condition” means (1) that there is inadequate time to effect a safe transfer to another hospital before delivery or (2) that transfer may pose a threat to the health or safety of the woman or the unborn child.

State Revenues: The bill requires MDH to impose a civil monetary penalty on a hospital that fails to meet the bill's requirements. The civil monetary penalties are as follows: (1) for failure to complete a safe discharge plan, \$25,000 per violation; (2) for failure to maintain specified records and provide copies of patient's rights, \$5,000 for a second violation; and (3) for failure to provide annual training, \$5,000 for each year the hospital fails to provide the required training.

To the extent that MDH imposes a civil penalty for noncompliance, general fund revenues increase during the fiscal year in which the penalty is imposed.

State Expenditures: The bill requires MDH to gather an anonymized report regarding safe discharge labor plans from each hospital by April 1, 2028, and annually thereafter, and submit the compiled reports and any related recommendations to the General Assembly by

August 1, 2028, and annually thereafter. This analysis assumes that MDH can compile hospital reports and submit the required summary report with existing budgeted resources.

While not explicitly required by the bill, MDH advises that it must promulgate regulations and ensure compliance with the bill's requirements for each hospital to maintain specified records, provide annual training to specified patient care staff, and conspicuously post copies of a patient's rights, including the right of a patient in active labor to have a safe discharge plan before being discharged or transferred. MDH advises that additional staff are required to conduct these activities; however, this analysis assumes that MDH can promulgate regulations using existing budgeted resources and ensure hospital compliance during regular OHCQ inspections. However, to the extent that an additional nurse surveyor is required to ensure compliance with the bill, MDH general fund expenditures increase by \$72,896 in fiscal 2027, increasing to \$143,145 in fiscal 2031.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced within the last three years.

Designated Cross File: None.

Information Source(s): Maryland Department of Health; Department of Legislative Services

Fiscal Note History: First Reader - March 9, 2026
jg/jc

Analysis by: Amberly E. Holcomb

Direct Inquiries to:
(410) 946-5510
(301) 970-5510