

Department of Legislative Services
 Maryland General Assembly
 2026 Session

FISCAL AND POLICY NOTE
 First Reader

House Bill 1487 (Delegate Wells)
 Health

Public Health – Baltimore City Mobile Infant and Maternal Health Pilot Program

This bill establishes the Baltimore City Mobile Infant and Maternal Health Pilot Program (“MomMobile”) in the Maryland Department of Health (MDH) to bring postpartum care to Baltimore neighborhoods. The bill also establishes program development requirements for the Secretary of Health, in consultation with the Baltimore City Health Department (BCHD). By December 1, 2027, and annually thereafter, the Secretary of Health must report to the Governor, the Senate Finance Committee, and the House Health Committee on the implementation of MomMobile.

Fiscal Summary

State Effect: MDH general fund expenditures increase by \$71,900 in FY 2027 for contractual staff to develop MomMobile; contractual staff terminate at the end of FY 2028. To the extent that MomMobile is implemented, MDH general fund expenditures increase by an additional indeterminate amount as early as FY 2028. Revenues are not affected.

(in dollars)	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031
Revenues	\$0	\$0	\$0	\$0	\$0
GF Expenditure	71,900	81,700	0	0	0
Net Effect	(\$71,900)	(\$81,700)	\$0	\$0	\$0

Note:() = decrease; GF = general funds; FF = federal funds; SF = special funds; - = indeterminate increase; (-) = indeterminate decrease

Local Effect: BCHD expenditures increase by \$39,875 in FY 2027, and \$28,325 in FY 2028 for staff to develop MomMobile, as discussed below. To the extent MomMobile is implemented, BCHD expenditures increase by an additional indeterminate amount beginning as early as FY 2028. Revenues are not affected.

Small Business Effect: None.

Analysis

Bill Summary: A “mobile health unit” means a motor vehicle equipped to deliver health services, including primary care, screenings, and preventative services, directly to underserved or vulnerable communities.

The purpose of the program is to use mobile health units to bring postpartum care to Baltimore neighborhoods to (1) deliver postpartum checkups, mental health screenings, and care coordination; (2) allow health care providers, including doulas and midwives, to provide culturally competent care; (3) reduce transportation barriers and improve postpartum visit attendance; (4) improve the identification of behavioral health risks and support referrals to social services and community programs in Baltimore City; and (5) identify key metrics that can be used to assess maternal health outcomes.

The Secretary of Health, in consultation with BCHD, must determine (1) the time frame and steps necessary to establish MomMobile; (2) the neighborhoods in which it will operate; (3) funding support, including establishing partnerships to use existing Baltimore City mobile health units; (4) the necessary resources to support MomMobile; (5) services that will be offered; (6) a plan to staff mobile health units with appropriate health care providers; and (7) a plan to evaluate the effectiveness of MomMobile, including feedback from patients and providers.

Current Law: The Maryland Maternal Health Innovation (MDMOM) Program is a collaboration between Johns Hopkins University, MDH, and the Maryland Patient Safety Center, aimed to improve maternal health across the State by coordinating innovation in the areas of maternal health data, hospital and home visiting, training, and resource availability.

As part of the Postpartum Maternal Health Collaborative, Maryland established a project at a hospital in Prince George’s County to address pregnant and postpartum individuals with hypertensive conditions through collaboration with Maryland’s Perinatal Quality Collaborative, Medicaid managed care organizations (MCOs), local health departments (LHDs), and community-based organizations through frequent meetings and close communication. As part of the collaborative, all nine of Medicaid’s MCOs provide remote blood pressure monitoring to the population of pregnant and postpartum individuals with hypertension, in addition to partnering with a home visiting service from an LHD.

Baltimore City advises that BCHD leads B’More for Healthy Babies, a citywide maternal, infant, and child health initiative that conducts care coordination, referrals to social services and city programs, and home visits.

State Expenditures: MDH advises that the collaborative effort between itself and BCHD would require two additional staff – one full-time program administrator to collaborate with BCHD and develop the implementation plan, and one part-time epidemiologist to develop an evaluation plan and conduct data collection. Under these assumptions, MDH general fund expenditures would increase by \$114,590 in fiscal 2027.

However, the Department of Legislative Services (DLS) notes that MDH will not require an epidemiologist for data collection and evaluation until the program is implemented (the time frame for which must be determined by the Secretary as required under the bill).

Thus, MDH general fund expenditures increase by \$71,869 in fiscal 2027, which accounts for the bill’s October 1, 2026 effective date. Because development of the program would likely only take one to two years, the responsibilities incurred by this legislation may be performed by a contractual employee. This estimate reflects the cost of hiring one contractual program manager to plan and develop MomMobile in coordination with BCHD. It includes a salary, fringe benefits, one-time start-up costs, and ongoing operating expenses.

Contractual Position	1.0
Salary and Fringe Benefits	\$62,728
Operating Expenses	<u>9,141</u>
Total FY 2027 State Expenditures	\$71,869

Future year expenditures reflect a full salary with annual increases and employee turnover as well as annual increases in ongoing operating expenses. This analysis assumes that the contractual position terminates at the end of fiscal 2028 upon completion of planning and development of the pilot program. To the extent planning takes longer, costs may continue in fiscal 2029.

This estimate does not include any health insurance costs that could be incurred for specified contractual employees under the State’s implementation of the federal Patient Protection and Affordable Care Act.

This estimate also does not account for any implementation costs as the bill requires the Secretary, in consultation with BCHD, to determine the time frame and funding supports needed for the program. Once the pilot program becomes operational and data collection and evaluation are required, MDH general fund expenditures increase by an additional amount for staff or contractual services and by a potentially significant amount for some portion of operational support for the program that cannot be reliably estimated at this time.

Local Expenditures: BCHD advises that the MomMobile program would duplicate some services already offered by B’More for Healthy Babies and the Maternal and Child Health Bureau.

BCHD advises that implementation of the program would require significant staff and equipment investment by the city. Specifically, the program would require hiring two program administrators, two care coordinators, four doulas, and two drivers, as well as one part-time (25%) medical director. For salaries and fringe benefits alone, BCHD expenditures would increase by \$808,375 in fiscal 2027, increasing to \$1.1 million in fiscal 2031. Additionally, the program would require the one-time purchase of two mobile vans (approximately \$281,000 per van), as well as annual fuel costs, medical supplies, parking and storage costs, and contractual services to connect to Health Care Access Maryland (the care coordination system). Under these assumptions, BCHD expenditures increase by approximately \$1.9 million in fiscal 2027, and by \$1.8 million in fiscal 2031 to implement the pilot program.

DLS notes that while the bill outlines the purpose of the pilot program and how it should be developed, it is silent on how it should be implemented, including whether MDH or BCHD would be responsible for implementation costs. Furthermore, the bill specifies that the program should establish partnerships to use existing Baltimore City mobile health units for MomMobile.

Thus, to consult with the Secretary of Health on the development of MomMobile, BCHD expenditures likely increase by \$39,875 in fiscal 2027, and \$41,071 in fiscal 2028 to hire one contractual program administrator. To the extent that program development takes more than two years, costs continue in fiscal 2029.

Upon implementation of the pilot program, BCHD expenditures increase by an additional indeterminate amount beginning as early as fiscal 2028. However, DLS again notes that the bill does not specify whether MDH or BCHD would be responsible for implementation costs.

Additional Information

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

Designated Cross File: None.

Information Source(s): Maryland Association of County Health Officers; Baltimore City; Maryland Department of Health; Department of Legislative Services

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jg/jc

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