



Maryland  
Hospital Association

March 9, 2021

To: The Honorable Shane E. Pendergrass, Chair, House Health & Government Operations Committee

Re: Letter of Concern- House Bill 1202 - Hospitals and Birth Centers - COVID-19 Visitation Policies - Doulas

Dear Chair Pendergrass:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on House Bill 1202.

Maryland hospitals understand the value family and friends bring for everyone accessing health care. State law and federal standards outline the visitation rights patient have and provide flexibilities for hospitals to restrict or limit visitation when clinically necessary.<sup>1,2</sup> Guidance generally favors patient discretion and choice when allowing visitors.

The COVID-19 pandemic forced hospitals to take drastic steps to ensure safety of caregivers, patients, and visitors. The Centers for Disease Control and Prevention (CDC) issued guidance to only permit visitors "*essential for the patient's physical or emotional well-being and care.*" The CDC also instructed hospitals to assess visitors for COVID-19 symptoms and to manage infection control. Maryland hospitals strictly adhere to federal and state directives—balancing safety with ensuring patients can access essential supports.

Restrictions on visitation evolved during the pandemic. In November, the Maryland Secretary of Health limited visitation to four categories: compassionate care, parents/guardians with minor children, obstetric patients, and support persons for individuals with disabilities.<sup>3</sup> This mandate was issued when many hospitals were at or near bed capacity. These actions were taken to preserve the health care system's ability to care for Marylanders.

In February, the Secretary issued an amended order to remove the state visitor restrictions and require hospitals to align policies with CDC recommendations.<sup>4</sup> Since this order was issued, hospitals evaluated their policies and eased restrictions when safe to do so. Several adopted a color-coded system, so it's easier for the community to track these changes. When evaluating

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<sup>1</sup> Centers for Medicare & Medicaid. 42 CFR § 482.13- "[Condition of participation: Patient's rights](#)

<sup>2</sup> [Health General §19-342.](#)"

<sup>3</sup> Maryland Department of Health. (November 17, 2020). "[Amended Directive And Order Regarding Various Healthcare Matters](#)" Pursuant to Md. Code Ann., Health-Gen. §§ 2-104, 18-102, 18-103, 18-205, 18-902, 18-904, Public Safety § 14-3A-03, COMAR 10.06.01.06A, and the Governor's Executive Orders No. MDH 2020-11-17-01

<sup>4</sup> Maryland Department of Health. (February 11, 2020). "[Amended Directive And Order Regarding Various Healthcare Matters](#)" Pursuant to Md. Code Ann., Health-Gen. §§ 2-104, 18-102, 18-103, 18-205, 18-902, 18-904, Public Safety § 14-3A-03, COMAR 10.06.01.06A, and the Governor's Executive Orders No. MDH 2021-02-11-01

visitation restrictions, Maryland hospitals utilize advisory groups, task forces, and other means of convening their infection disease specialists, epidemiologists, and other experts to review state and federal guidance and local data, such as state and county COVID infection rates, supply of personal protective equipment, and inpatient volume. Visitation restrictions are evaluated regularly. Hospitals also leverage technology to facilitate virtual visits or ensure family members can listen during physician rounds. Some hospitals even provide iPads to patients with Zoom pre-loaded and help patients use programs like FaceTime and Google Meet.

Obstetric patients were an exception to visitor restrictions throughout the pandemic but were mostly limited to one visitor. When given the choice, most patients elected to have a family member or partner as their one visitor.

Trained doulas are highly valued members of a patient's care team. Research shows that doula support is "one of the most effective tools to improve labor and delivery outcomes."<sup>5</sup> However, the lack of state certification complicated the decision to exempt doulas from visitation restrictions. Some hospitals made doula-specific exceptions. For hospitals with doulas on staff or under contract, exceptions were made since these care partners are trained to use personal protective equipment and are familiar with the hospital's infection control policies. One hospital that broadly allowed an exception for doulas, without requiring proof of training, found that patients' friends and family were simply taking a two-to four-hour online class and paying \$1,000 to \$1,500 for a certification—essentially paying to be a second visitor. As hospitals roll back restrictions, many are including exceptions for doulas specifically and others are expanding visitation to include two support persons—one of which can be a doula depending on the patient's choice.

HB 1202 would compel hospitals to allow an exception for a doula if he or she is not exhibiting any COVID symptoms and can show proof of a negative COVID test within the past three days. These specific parameters are concerning and would not provide enough evidence to determine COVID status. Hospitals have been and continue to do everything in their power to ensure that all patients, including delivering mothers and their babies, receive the care they need in a safe environment that limits potential for COVID exposure.

As COVID rates decrease and more Marylanders are vaccinated, hospital visitation restrictions are changing accordingly. A prescriptive state mandate would not reflect current guidance from the CDC or the state.<sup>6</sup> We respectfully ask the Committee and Sponsor's consideration to allow hospitals to evaluate and make data-informed decisions about their visitation policies to promote the safety and well-being of their communities, patients, staff, and visitors.

For more information, please contact:  
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<sup>5</sup> The American College of Obstetricians and Gynecologists. (March, 2014). "[Obstetric Care Consensus-Safe Prevention of the Primary Cesarean Delivery](#)".

<sup>6</sup> Maryland Department of Health: Infections Disease Epidemiology and Outbreak Response Bureau. (February 24, 2021). "Maryland Situation Update on Coronavirus Disease 2019 (COVID-19): Maryland Statewide Prevention and Reduction Collaborative (SPARC) for COVID-19: Hospital Visitation." Slides 40-48.