

Organization (if applicable)	Comments	OHCQ Response
American College of Nurse Midwives	(1) Involve nurse midwives in the development of hospitals' transfer policies (2) Hospitals need to tap into their own internal resources about midwifery for best practices around transfer to understand what is feasible.	Section HG 19-2602 places responsibility on the hospital to adopt and provide evidence to MDH that the hospital's policies are consistent with the law.
American College of Nurse Midwives	(1) Reasonable to limit the number of people in a birthing room especially for infectious disease prevention (i.e., flu) (2) Doula is a part of the birthing team and not a visitor (3) Obstetric consent forms - I would respectfully like to be sure that the intervention points can be touched on in that general consent rather than having to re-consent at every step along the way. I think that for many of these there are ways to write an obstetric admission consent that covers the anticipated challenges that can occur in the most normal of labors. (4) We want to be very sure that one or more hospital-based midwives are included both in development and in implementation of these regulations because there are many times and I'm familiar with this at GW and DC and at St. Josephs in Maryland where many of those transfers can be midwife to midwife rather than midwife to physician.	1) OHCQ regulations for COMAR 10.07.01.38 closely follow the statute that was amended as a result of passage of HB1251 which has an effective date of January 1, 2026. After the regulations are final, OHCQ will issue a clarifying transmittal that provides additional regulatory guidance including circumstances that justify limiting the number of people in a labor and delivery suite. 2) The law, HG 19-2602 (A) (1) is clear: The hospital shall adopt and provide evidence to MDH that the hospital has a doula policy that allows every birthing parent to have at least one doula present during birth in addition to authorized guests. 3) The law and therefore, the regulations do not specify separate or general consent forms. After the regulations are final, OHCQ will issue a clarifying transmittal that provides additional regulatory guidance including considerations for consent for significant medical interventions. 4) Section HG 19-2602 places responsibility on the hospital to adopt and provide evidence to MDH that the hospital's policies are consistent with the law.
Association of Independent Midwives of Maryland / Maryland Families for Safe Birth	(1) Pro-consumer policy. Main goal is to have some flexibility that you can have your doula and that wouldn't usurp the ability to have family members or guest presents as well. Looking for policies that aren't going to be overly restrictive and that folks wouldn't be able to have access to those doula services that they've procured independently. (2) There are prescriptive requirements in statute and regulation now for those licensed practitioners in how they transfer to a hospital. Seeking reciprocity from the hospitals and some clarity to make sure that information is being received and there's kind of a good back and forth between those practitioners. This benefits patients and benefits the healthcare and maternal health community generally.	1) The law, HG 19-2602 (A) (1) is clear: The hospital shall adopt and provide evidence to MDH that the hospital has a doula policy that allows every birthing parent to have at least one doula present during birth in addition to authorized guests. 2) OHCQ regulations for COMAR 10.07.01.38 closely follow the statute that was amended as a result of passage of HB1251 which has an effective date of January 1, 2026. After the regulations are final, OHCQ will issue a clarifying transmittal that provides additional regulatory guidance including details that should be incorporated into hospital transfer policies.
Doula Alliance of Maryland	(1) Concerns around language for what a doula is allowed to do in hospitals. There are no standards of language as far as what a hospital has the right to do or not as far as an outside contracted professional is a concern. (2) Doula vary in training, certification and experience (3) We just want to make sure that we acknowledge that doulas, medical professionals, family, we are all here in concert for what is best for the family and what is best for her mom, birth person, and baby and just be acknowledged as professionals and not just an extra person in the room.	OHCQ regulations for COMAR 10.07.01.38 closely follow the statute that was amended as a result of passage of HB1251 Hospitals and Medical Professional Liability Insurers –Obstetric Services Policies (Doula and Birth Policy Transparency Act), which has an effective date of January 1, 2026. After the regulations are final, OHCQ will issue a clarifying transmittal that provide additional regulatory guidance.
Interested constituent	I want to emphasize that doulas improve maternal outcomes because they are OUTSIDE of the system and barriers to access disproportionately affect doulas serving disadvantaged communities. Not all doulas are certified or certified under the same association and those certifications can cost thousands of dollars. Also in order to be certified you need to attend so many births and these barriers will prevent new doulas from gaining the proper hands on experience.	OHCQ regulations for COMAR 10.07.01.38 closely follow the statute that was amended as a result of passage of HB1251 Hospitals and Medical Professional Liability Insurers –Obstetric Services Policies (Doula and Birth Policy Transparency Act), which has an effective date of January 1, 2026. After the regulations are final, OHCQ will issue a clarifying transmittal that provide additional regulatory guidance.
Interested constituent	How important it is for birthing parents to have unrestricted access to doulas and for doulas to have autonomy to do their work.	Thank you for your participation in the promulgation process.
Johns Hopkins Health System	Will MDH/OHCQ have a sample or example of transfer policies?	Section HG 19-2602 places responsibility on the hospital to adopt and provide evidence to MDH that the hospital's policies are consistent with the law.

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Maryland Families for Safe Birth	-the need to treat doulas as hired by patient and not they hospital (cannot dismiss) - no barriers like registering; or require certification; -consumer access to policies that are turned into MDH for informed consumer choice	<p>OHCQ regulations for COMAR 10.07.01.38 closely follow the statute that was amended as a result of passage of HB1251 Hospitals and Medical Professional Liability Insurers –Obstetric Services Policies (Doula and Birth Policy Transparency Act), which has an effective date of January 1, 2026. After the regulations are final, OHCQ will issue a clarifying transmittal that provide additional regulatory guidance.</p> <p>The law says MDH "shall make the policies provided by a hospital available to the public on request". The established process in place to make a request for documents is the PIA process which has been incorporated into the regulations.</p>
Maryland Families for Safe Birth	(1) There are doula agreements in hospitals that are concerning and could require the doula to agree with the hospital or permit the hospital staff to ignore a doula (2) Clarity on who is hiring the doula and who has authority over the doula's actions (3) Making hospital policies publicly available - streamlined process that is consumer friendly (4) Informed consent is an ongoing process	1) The law, HG 19-2602 (A) (1) is clear. The hospital shall adopt and provide evidence to MDH that the hospital has a doula policy that allows every birthing parent to have at least one doula present during birth in addition to authorized guests. 2) This is a contractual issue between the patient and the doula. 3) The law says MDH "shall make the policies provided by a hospital available to the public on request". The established process in place to make a request for documents is the PIA process which has been incorporated into the regulations. 4) The language in the regulation regarding informed consent is lifted from law.
Maryland Hospital Association	(1) Clarify expectations for hospitals regarding transfer policy (2) how the doula policy affects current hospital policies (3) clarification that if the hospital policy is four people are allowed in the room that the doula would be one of the four, not that the hospital would be required to add a fifth person.	1 & 2) Section HG 19-2602 places responsibility on the hospital to adopt and provide evidence to MDH that the hospital's policies are consistent with the law. 3) The law, HG 19-2602 (A) (1) is clear: The hospital shall adopt and provide evidence to MDH that the hospital has a doula policy that allows every birthing parent to have at least one doula present during birth in addition to authorized guests. After the regulations are final, OHCQ will issue a clarifying transmittal that provides additional regulatory guidance including circumstances that justify limiting the number of people in a labor and delivery suite.
MHA	RE the dialysis training regulations: our members did not raise any concerns with these regulations.	Thank you for your participation in the promulgation process.