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Budget and Taxation Committee

Subcommittees

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Senate Chair

Joint Committee on Administrative,
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Joint Committee on the Chesapeake and
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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

February 24, 2021

Testimony in Favor of SB777
Public Health - Maryland Prenatal and Infant Care Grant Program Fund

Chairman Guzzone, Vice-Chair Rosapepe, and fellow members of the Budget and Taxation Committee,

I respectfully request a favorable report of Senate Bill 777, legislation which would reinvigorate and expand the Maryland Prenatal and Infant Care Coordination Services Grant Program Fund to provide more direct care to expecting mothers throughout the State.

The Senate President's Workgroup on Equity and Inclusion, led by Senate President Pro Temp Griffith, spent the interim exploring, among other topics, policy tools this General Assembly can employ to close health disparities facing people of color in Maryland. This legislation, recommended in the Workgroup's final report, is intended to help address the particularly troubling rates of maternal and infant mortality too many Maryland women face. Let's begin with the facts:

1. Maryland's maternal mortality rate for Black women is 3.7 times that of White women and the racial disparity has widened in recent years.
2. Maryland's infant mortality rate for all races/ethnicities has remained level, but remains highest (10.2 per 1,000 in 2018) among the Black non-Hispanic population, nearly 2.5 times higher than the rate for the White non-Hispanic population.
3. According to the CDC, Maryland's 2013 to 2017 maternal mortality rate of 24.8 maternal deaths per 100,000 live births ranks 22nd among states. The maternal mortality rate for African American mothers is almost four times that of White mothers. For infant and neonatal mortality, Maryland ranks 35th and 39th among states, respectively, significantly higher than the national rate.
4. 7.3 percent of pregnant women in Maryland received late or no prenatal care.

This data is not new, and in 2019 the General Assembly established the Task Force on Maryland Maternal and Child Health to investigate the health of Maryland's mothers and children to make recommendations on how MDH and the General Assembly can enact policies to support maternal and child health.

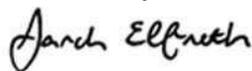
A key recommendation of this report was to drastically increase State support for prenatal care for expecting mothers who are left out of the coverage system and do not have access to care. This bill is a critical step in addressing Maryland's unacceptably high rates of maternal and infant mortality, particularly amongst women and babies of color. There are also real economic repercussions as well: every dollar spent on prenatal care saves an estimated \$3.33, primarily through reduced spending for low birthweight and preterm infants.

If passed, Senate Bill 777 will:

1. Rename the grant fund established in 2018 to the Maryland Prenatal and Infant Care Grant Program Fund;
2. Increase funding for the grant fund from its current \$100,000 to \$1.1M, \$2.1M, and \$3.1M in FY23, FY24, and FY25, respectively;
3. Expand those eligible to receive grants under the fund to include federally qualified health centers, hospitals, and providers of prenatal care;
4. Require the Secretary of MDH to consult with the Maternal and Child Health Bureau in establishing procedures on awarding the funds;
5. Ensure that priority is given to proposals that utilize the grant funds to serve communities that have: a high number of births to women enrolled in Medicaid, have high rates of infant mortality, and high rates of preterm births;
6. Require the recipient of the grant to provide at least 25% matching funds in the outyears in order to encourage partnerships and lasting programs; and
7. Require annual reports from MDH to the General Assembly on the distribution of these grants, statistics on the Marylanders served, and outcomes generated by this program.

Maryland is one of the wealthiest states in one of the wealthiest nations in the world, yet our healthcare system does not provide critical, live-saving preventative care to the most vulnerable in our communities: expectant mothers. Today you will hear from the authors of the report that recommended this policy investment, from doctors who are on the frontlines of caring for pregnant mothers who did not have access to prenatal care, and from the community groups working to fill in the gaps. Passing SB 777 could be one of the most consequential policy decisions this General Assembly makes all term. I respectfully urge a favorable report.

Sincerely,



Sarah Elfreth