



Maryland
Hospital Association

March 19, 2021

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

Re: Letter of Support- House Bill 1349- Public Health - Maryland Prenatal and Infant Care Grant
Program Fund

Dear Chair Pendergrass:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to offer our support for House Bill 1349.

Over the last 10 years Maryland's maternal mortality rate has declined, but the racial disparity has only widened. Black women alarmingly die from childbirth at four times the rate of White women.¹ According to the Maryland Maternal Mortality Review Program, 81% of the pregnancy-associated deaths between 2013-2017 were preventable or potentially preventable.² These trends show there are opportunities to address the underlying risk factors and save lives.

Identifying and preventing severe maternal morbidity (SMM) events—"unintended outcomes of the process of labor and delivery that result in significant short-term or long-term consequences to a woman's health"—is essential.³ These include heart attack, eclampsia, and sepsis. In 2018, of the 62,423 deliveries in Maryland hospitals, there were 1,508 SMM events. Many of these instances of severe maternal morbidity were preventable.⁴ Black, Asian Pacific Islander, and Hispanic mothers experience SMM events nearly one and a half to two times the rate as white mothers.⁵

HB 1349 complements the state's ambitious and life-saving goal of reducing rates of severe maternal morbidity

As part of our Total Cost of Care Model agreement with the federal government, the state submitted the State Integrated Health Improvement Strategy in December. It includes goals for three population health domains: diabetes, opioid use disorder, and maternal and child health. For the maternal and child health domain, the state committed to reduce the overall SMM rate by

¹ Maryland Department of Health. (April 6, 2020). "[Health-General Article, §13-1207, Annotated Code of Maryland - 2019 Annual Report – Maryland Maternal Mortality Review](#)".

² Maryland Maternal Health Innovation Program. (n.d.). "[Maternal Mortality in Maryland](#)".

³ The American College of Obstetricians and Gynecologists. (September, 2016). "[Severe Maternal Morbidity: Screening and Review](#)".

⁴ Maryland Health Services Cost Review Commission. (December 14, 2020). "[Statewide Integrated Health Improvement Strategy Proposal](#)".

⁵ Ibid.

19% by 2026, focusing on closing the racial gap by reducing the Black Non-Hispanic rate by 20%.⁶

HB 1349 plays a critical role toward achieving this goal. The bill expands the eligibility of the Maryland Prenatal and Infant Care Grant Program Fund beyond county governments to include hospitals, federally qualified health centers, and perinatal care professionals. Prioritization is given to projects that serve communities with a high number of Medicaid beneficiaries and greater rates of infant mortality and preterm births. **By providing funding directly to those delivering care, the state is investing in interventions to improve health care outcomes for mothers and babies before, during, and after birth.**

Studies show uninsured pregnant women receive less prenatal care and have a greater chance of adverse outcomes, including low birth weight and infant mortality.^{7,8} Throughout the state there are clinics committed to caring for uninsured pregnant women. One hospital-affiliated prenatal clinic in Montgomery County served more than 1,000 patients last year, the majority identifying as Hispanic and either uninsured or uninsurable. The clinic reported a 1.9% low birth weight rate compared with the statewide rate of 6.9% for Hispanic infants. Low birth weight is one of the leading causes of infant mortality and is often impacted by factors like the health and socio-economic status of the mother.^{9,10} This is just one example of a potential beneficiary of the grant funding available through HB 1349.

Achieving the goals outlined in the Statewide Integrated Health Improvement Strategy will take an all-hands-on-deck approach. Success will demonstrate the effectiveness of the Maryland Model and, more importantly, advance the health of all Marylanders. This bill complements the state's ongoing work to address disparate maternal and child health outcomes, including creating a statewide process to review cases of severe maternal morbidity, providing implicit bias training for perinatal caregivers, and coordinating hospital-based quality improvement initiatives.

For these reasons, we request a favorable report on HB 1349.

For more information, please contact:
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⁶ Maryland Health Services Cost Review Commission. (December 14, 2020). "[Statewide Integrated Health Improvement Strategy Proposal](#)".

⁷ The American College of Obstetricians and Gynecologists. (January, 2013). "[Benefits to Women of Medicaid Expansion Through the Affordable Care Act](#)".

⁸ Georgetown University Health Policy Institute Center for Children and Families. (May, 2019). "[Medicaid Expansion Fills Gaps in Maternal Health Coverage Leading to Healthier Mothers and Babies](#)".

⁹ Maryland Department of Health. (October, 2019). "[Maryland Vital Statistics Infant Mortality in Maryland, 2018](#)".

¹⁰ March of Dimes. (March, 2018). "[Low Birthweight](#)".