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THE MARYLAND HOUSE OF DELEGATES
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**TESTIMONY FOR HEALTH AND GOVERNMENT OPERATIONS
COMMITTEE**

CHAIR SHANE PENDERGRASS
VICE CHAIR JOSELINE PENA-MELNYK

**HOUSE BILL 1349 – PUBLIC HEALTH – MARYLAND PRENATAL AND INFANT
CARE GRANT PROGRAM FUND**

SUPPORT WITH AMENDMENT

March 19, 2021

Good afternoon Chairman Pendergrass and Vice Chair Pena-Melnyk. I am here today to ask for your support for HB 1349 - Public Health – Maryland Prenatal and Infant Care Grant Program Fund. This bill would re-energize the Maryland Prenatal and Infant Care Coordination Services Grant Program Fund. By expanding the program, the fund can provide more necessary direct care to expecting mothers all over Maryland. This bill has been passed in the Senate with technical amendments that I am in support of. You all should have a reprint of what was passed across the street.

As you all know, Maryland struggles to keep mothers alive after they give birth. Between 2013-2017 our maternal mortality rate was 24.8 maternal deaths per 100,000 live births. This was 22nd in the nation at the time. In 2019, the General Assembly saw this disheartening data and established the Task Force on Maryland Maternal and Child Health to investigate the health of Maryland's mothers and children, and to make recommendations on how MDH and this body can enact policies to put a stop to this trend. A key recommendation of the report the task force produced was to drastically increase state support for prenatal care and expecting mothers. That is precisely what this bill does.

Currently, the grant is overseen by MDH in consultation with the Maternal and Child Health Bureau. Funding is capped at \$100,000 and is only distributed to counties. Harford and Alleghany counties have each received two year grants. While these funds have undoubtedly been helpful, it is not enough to curtail the unsettling trends we are seeing.

HB 1349 would increase that funding to \$1.1M in FY23, and eventually raise it to \$3.1M in FY 25. This money will be used by hospitals, federally qualified health centers, and providers on prenatal care across the State to ensure mothers are safe throughout their pregnancy. While this fiscal note is substantial, it is even more costly to not care for Maryland's expecting mothers. This can be seen through a dollars and cents analysis, as every dollar spent on prenatal care saves an estimated \$3.33, primarily through reduced spending for low birthweight and preterm infants.

As well as increasing the grant funding, this bill requires that priority be given to proposals that utilize the funds to serve communities that are suffering the most. While the overall mortality rate for the state is unacceptable, the rates for people of color are far worse. The maternal mortality rate for Maryland's Black women is 3.7 times higher than that of White women, and continues to widen. Additionally, the infant mortality rate for the Black non-Hispanic children is 10.2 per 1000. Ensuring these funds go to these communities that are most affected is critical.

The amendments, which have been adopted and passed in the Senate, provide clearer direction for implementing the program. The amendments include: 1) modifying the definition of prenatal provider to be inclusive of advanced practice nurses and physician assistants; 2) recognizing that prenatal care may include oral and behavioral health to support maintaining a healthy pregnancy; 3) providing for funds to be used for data collection and evaluation; 4) clarifying that the Secretary of Health shall award grants in consultation with the Bureau of Maternal and Child Health and that rates of low birthweight babies may be a factor to consider in awarding funds; and 5) adding flexibility in how grantees can meet matching fund requirements.

We have high expectations for our State when it comes to health care. We are falling far short of those expectations right now by not protecting our children and mothers. This bill will show that we intend to fix that. For this reason I am asking for a favorable report on HB 1349. Thank you for your time.