



**SENATE BILL 778**

***Maryland Medical Assistance Program - Children and Pregnant Women (Healthy Babies Equity Act)***

**WRITTEN TESTIMONY BEFORE THE**

**FINANCE COMMITTEE**

***Laurence Polsky, MD, MPH, Calvert County Health Officer***

**For the Maryland Association of County Health Officers (MACHO)**

*Position: Support – March 8, 2022*

The Maryland Association of County Health Officers (MACHO) is in strong support of SB 778. The medical insurance coverage extended by SB 778 addresses short and long-term health goals that are in the best interest of all Marylanders.

From an ethical perspective, SB 778 helps protect the health and lives of children in the womb and during their earliest and most vulnerable phase of life. Increasing access to basic healthcare services during pregnancy is both a fundamental ethical good and a means to better ensure in utero well-being.

From a practical perspective, almost every noncitizen pregnant woman will give birth in a hospital, regardless of insurance coverage. Currently, the financial costs these births are absorbed under a waiver that leaves Maryland Medicaid responsible for 50% of the hospital charges. SB 778 will allow new agreement with the Centers for Medicare and Medicaid (CMS) that will reduce the percentage of care paid directly by Maryland taxpayers to 35%, offsetting much of the remaining expenses for prenatal and postpartum care. In addition, the vast majority of children born to noncitizen women will themselves be U.S. citizens and remain in Maryland. Even without SB 778, they will qualify for Medicaid.

Healthier children at the time of birth lead to fewer healthcare costs in succeeding years. Much of the cost of insuring noncitizen pregnant women will be offset by currently uncompensated hospital Labor & Delivery costs and preventable pediatric health problems resulting from lack of prenatal care. A single preventable neonatal intensive care admission can save hundreds of thousands of dollars. Ongoing medical care and special education needs for babies born severely prematurely can run into millions of dollars. It is possible that SB 778 could result in a net cost savings for the state of Maryland.

Maryland obstetricians also benefit from SB 778 by having the opportunity to provide consistent prenatal care that can identify treatable conditions such as gestational diabetes. Most noncitizen pregnant women in Maryland are of Hispanic origin. Diabetes incidence is highest among this patient population. Early diagnosis of diabetes leads to fewer cesarean sections, intrapartum and postpartum complications, patient transfers from rural hospitals to tertiary care facilities, and neonatal intensive care admissions. Prevention of each of these consequences improves health and saves Maryland taxpayer dollars.

For these reasons MACHO strongly encourages support for SB 778. For more information, please contact Ruth Maiorana, Executive Director, MACHO, at [rmaioral@jhu.edu](mailto:rmaioral@jhu.edu) or 410-937-1433.