



Maryland
Hospital Association

**Senate Bill 778 – Maryland Medical Assistance Program – Children and Pregnant Women
(Healthy Babies Equity Act)**

Position: Support
March 8, 2022
Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association’s (MHA) 60 member hospitals and health systems, we appreciate the opportunity to support Senate Bill 778. SB 778 closes a long-existing gap for women and children who, based on their immigration status, are not able to access necessary pregnancy and postpartum care.

In 2021, the Center for Medicare and Medicaid Innovation approved Maryland’s State Integrated Health Improvement Strategy (SIHIS), which is “a fundamental component of the [Maryland Total Cost of Care Model](#).”¹ SIHIS includes total population health goals specifically addressing maternal and child health.² The state committed to lower the severe maternal morbidity (SMM) rate by 19% by 2026, focusing on closing the racial gap by reducing the Black Non-Hispanic rate by 20%.^{3,4} SMM events include complications such as heart attack, eclampsia, and sepsis that are “unintended outcomes of the process of labor and delivery that result in significant short-term or long-term consequences to a woman’s health.”⁵

The American College of Obstetricians and Gynecologists (ACOG) recommends extending insurance coverage in alignment with a “fourth trimester” approach to care. This paradigm shift focuses on individualized and woman-centered care with check-ups scheduled within the first three weeks and then at 12 weeks post partum.^{6,7} Follow-up care is critical for all women, but especially for those with chronic conditions and pre-existing health and social challenges.⁸ Public coverage is available to undocumented individuals under Medicaid’s X02/X03 track, but it only covers emergency medical services. **Expanding Medicaid coverage to include women and children regardless of immigration status would help ensure coverage for vital**

¹ Center for Medicare and Medicaid Innovation. (March 17, 2021). “[Statewide Integrated Health Improvement Strategy Proposal](#).”

² Maryland Health Services Cost Review Commission. (May, 2021). “[Final Recommendation on Use of Maternal and Child Health Funding](#).”

³ Kaiser Family Foundation. (n.d.). “[State Facts: Births Financed by Medicaid](#)”.

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

⁵ The American College of Obstetricians and Gynecologists. (September, 2016). “[Severe Maternal Morbidity: Screening and Review](#)”.

⁶ The American College of Obstetricians and Gynecologists. (May, 2018). “[Optimizing Postpartum Care](#)”.

⁷ The American College of Obstetricians and Gynecologists. (n.d.). “[Extend Postpartum Medicaid Coverage](#)”.

⁸ The American College of Obstetricians and Gynecologists. (May, 2018). “[Optimizing Postpartum Care](#)”.

nonemergency services—thus preventing exacerbation to emergency SMM events—and promote continuity of care.

SB 778 also contemplates coverage of important prenatal care, which improves the chances of a healthy pregnancy. Uninsured pregnant women receive less prenatal care and have a greater chance of adverse outcomes, including low birth weight and infant mortality.^{9,10} 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.^{11,12}

SB 778 would complement the state’s ambitious and life-saving goal to reduce the overall SMM rate. Everyone has a role to play in improving maternal health outcomes: hospitals, health care professionals, payers, policy makers, patients, and their families. This bill complements the state’s current workstreams to address disparate outcomes by including a population of women and children who otherwise have difficulty accessing care.

For more information, please contact:
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⁹ The American College of Obstetricians and Gynecologists. (January, 2013). “[Benefits to Women of Medicaid Expansion Through the Affordable Care Act](#).”

¹⁰ 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](#)”.

¹¹ Maryland Department of Health. (October, 2019). “[Maryland Vital Statistics Infant Mortality in Maryland, 2018](#)”.

¹² March of Dimes. (March, 2018). “[Low Birthweight](#)”.