

March 1, 2022

**Senate Finance Committee
Testimony on SB 778: Healthy Babies Equity Act**

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Position: Support

Prince George's Child Resource Center (PGCRC) has been working tirelessly since 1990 to support parents as they create nurturing environments for their children and child care providers in their efforts to strive for quality in their child care program. Therefore, we are avid supporters of The Healthy Babies Equity Act. We are pleased that legislation in support of healthy babies and equity is being heard in Maryland.

PGCRC's home visiting programs -Healthy Families Prince George's and Family Connects Prince George's – are funded in part by state dollars and combined provide support to over 500 families with newborns each year. Our evidence-based strategies target pregnant caregivers facing a staggering and dangerous lack of access to prenatal and postpartum care due to financial hardship and insufficient providers in the federally qualified medical centers. We begin working with these moms and their families early to promote healthy birth outcomes and prevent child abuse and neglect, and while nearly all understand the importance of prenatal care for a healthy newborn, over 61% of families served in 2021 remained without insurance for prenatal and post-partum care.

Investing in prenatal and postpartum care, regardless of immigration status, will **increase the yield on the investment you have already made** in home visiting programs across the state. Our staff spends a great deal of time linking families to needed services, such as prenatal and postpartum care for the birthing person. One of the greatest sources of stress, burnout and eventual attrition from home visiting work is caused by knowing exactly what a family needs to address their challenges and simultaneously experiencing the barriers a family faces when trying to access it. When prenatal and postpartum care is not available, our local government spends funds on crisis care. Care coordination would increase the effectiveness of our Family Support Specialists, save Maryland precious dollars, and, most importantly, promote healthy outcomes for our most vulnerable children.



We know that a healthier America is a stronger America. Yet too many Marylanders don't have the opportunity to lead a healthy life. As a result they suffer substantially more health problems than others. Some Americans can expect to live 20 years less than others because of where they live, their race, their education or income.*

We know that although the overall health of Americans has improved, differences in health for racial, ethnic and underserved communities have been persistent and pervasive for years. Lack of access to equitable prenatal and postpartum care creates a significant problem for newborn Marylanders.*

We know that reducing health disparities is not only the right thing to do; it is the smart thing to do. Poor health influences a student's ability to pay attention in class, a parent's ability to care for their children and a worker's ability to perform well at his job. It also hurts our country's ability to reach its potential and be competitive in the global market.*

We know that health disparities adversely affect groups of people who have systematically experienced greater social and/or economic obstacles to health and/or a clean environment based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.*

Do you know the National Institute of Medicine reports that for every preterm birth averted saves \$51,600, and prenatal care coordination has been found to reduce preterm birth rates by as much as 17%. Our ability to link our participants to quality prenatal and postpartum care will help reduce health disparities and improve outcomes for children in our communities so that families can thrive.*

Do you know the cost of significant maternal morbidity (SMM)? Research shows the occurrence of SMM was associated with an increase in maternity-related costs of 111% in the Commercial and 175% in the Medicaid population. Many of the pregnancy-related complications (gestational hypertension, preeclampsia, obstetric infection, *etc.*) associated with higher costs are preventable. Some of the factors associated with increased delivery hospitalization costs could be treated or avoided.¹

¹ Black, C. M., Vesco, K. K., Mehta, V., Ohman-Strickland, P., Demissie, K., & Schneider, D. (2021). Costs of Severe Maternal Morbidity in U.S. Commercially Insured and Medicaid Populations: An Updated Analysis. *Women's health reports (New Rochelle, N.Y.)*, 2(1), 443–451.

<https://doi.org/10.1089/whr.2021.0026>

*Adapted from the National Partnership for Action to End Health Disparities Toolkit for Community Action (available at:

https://minorityhealth.hhs.gov/npa/files/Plans/Toolkit/NPA_Toolkit.pdf)



In our experience, leaders in Maryland understand that our future relies on the strength of their families and with ongoing financial support for the Healthy Babies Equity Act,

Thank you in advance for your thoughtful consideration of SB 778, and PGCRC urges you to offer your support.

If you would like to know more about Healthy Families and/or Family Connects please see www.healthyfamilies.org and www.familyconnectsinternational.org

Prince George's Child Resource Center helps create healthy and nurturing environments for children by supporting their families and educating their caregivers.