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TESTIMONY OF SENATOR SHELLY HETTLEMAN
SB716 MARYLAND MEDICAL ASSISTANCE PROGRAM - MATERNAL FETAL MEDICINE
SERVICES – REIMBURSEMENT

The rate of reimbursement for Medicaid services has a material effect on service coverage and health outcomes. Senate Bill 716 aims to readjust rates for maternal fetal medical care for the Maryland Medical Assistance Program to the federal Medicare fee schedule.

Maryland still faces challenges to improve maternal and infant health outcomes. According to the March of Dimes, the infant mortality rate is 6 per 1,000 live births in Maryland, higher than the national average. They also report that 17.3% report inadequate prenatal care in Maryland, also higher than the national average. Disparities in these outcomes remain stark: the infant mortality rate is 1.5 times higher for Black birthing persons than White birthing persons (March of Dimes) and the maternal mortality rate for Black women is 2.5 times higher than for White women (Maryland Maternal Health Improvement Task Force.)

To address these worrying outcomes and disparities, it is critical to expand access to maternal health care. Senate Bill 716 does so by aligning the reimbursement rates for maternal fetal medical care for the Maryland Medical Assistance Program to the federal Medicare fee schedule. According to the Commonwealth Fund, providers often spend more money caring for Medicaid beneficiaries than they receive in reimbursement- amounting to \$24.8 billion in underpayment nationally. This underpayment is related to the well documented phenomenon that Medicaid recipients experience lower access to care than privately insured patients and thereby, according to the American Journal of Managed Care, experience higher infant mortality rates.

The **rates addressed by this bill have not been readjusted in over a decade** and cover services needed by some of the most at-risk mothers and babies. It is high time to re-visit these rates to improve access to care for Marylanders expecting children.

According to the National Bureau of Economic Research, when Medicaid reimbursement rates have been adjusted in other contexts, each \$10 increase to the reimbursement rate per visit increased the likelihood that Medicaid recipients would report visiting a doctor and report very good or excellent health. Medicaid recipients were also less likely to be turned away by a physician.

By raising the reimbursement rates for maternal fetal medical care to the federal Medicare rates, we can expand access to care for the thousands of pregnant women insured by the Maryland Medical Assistance Program, improving the health of our state.