



## Maryland Section

TO: The Honorable Joseline A. Pena Melnyk, Chair  
Members, House Health and Government Operations Committee  
The Honorable Stephanie Smith

FROM: Pamela Metz Kasemeyer  
J. Steven Wise  
Danna L. Kauffman  
Christine K. Krone  
410-244-7000

DATE: March 6, 2024

RE: **SUPPORT WITH AMENDMENT** – House Bill 1036 – *Maryland Medical Assistance Program – Maternal Fetal Medicine Services – Reimbursement*

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The American College of Obstetricians and Gynecologists, Maryland Section (MDACOG), which represents the Maryland physicians who serve the obstetrical and gynecological needs of Maryland women and their families, **supports with amendment** House Bill 1036.

House Bill 1036 requires the Maryland Medical Assistance Program (Medicaid) to reimburse physicians billing for maternal fetal medicine services using specified codes at the rate associated with the codes under the federal Medicare fee schedule. Maternal fetal medicine services are critical to the priorities of protecting and advancing maternal and child health, which have been at the forefront of the General Assembly's priorities for several years.

Medicaid has not increased the majority of codes identified in this legislation for a number of years. Failure to ensure adequate reimbursement results in limited access to care for Maryland's most vulnerable woman and their newborns. Given the already challenging environment that limits access to care, including workforce shortages and adequate physician participation in Medicaid, failure to adopt reimbursement rates for Medicaid that are on par with Medicare and commercial insurance only serves to exacerbate the current access challenges.

Despite the notable objective of this legislation, MDACOG requests that the bill be amended to remove the specific identification of codes and the requirement to make them "on par" with Medicare. While Medicare rates may be higher at the current time, those rates may be reduced in future years and result in less than adequate reimbursement for these essential health care services. In place of the specified codes and parity with Medicare, MDACOG would request that uncodified language be adopted that requires the Maryland Department of Health (MDH) to study all maternal fetal medicine codes and determine how the rates compare to Medicare and private health insurance. Further, in accordance with the results of the study, MDH should be required to report on their plan to adjust rates for maternal fetal medicine services to ensure they are in line with both Medicare and commercial insurance. With the noted amendments, MDACOG requests a favorable report.