

2024 Testimony - Favorable - Senate Bill 716.pdf

Uploaded by: Barbara Brocato

Position: FAV



BROCATO & SHATTUCK

Date: Tuesday, February 20, 2024
Committee: Senate Finance Committee - The Honorable Pam Beidle, Chair
Bill: Senate Bill 716 – Maryland Medical Assistance Program – Maternal Fetal Medicine Services - Reimbursement
Position: **Favorable**

On behalf of our client Pediatrix Medical Group we support this important legislation. Pediatrix is a national, physician-led health care organization that partners with hospitals, health systems and health care facilities to offer clinical services spanning the women’s and children’s continuum of care.

In Maryland there are 112 affiliated clinical providers specializing in Maternal Fetal Medicine, Neonatology, OB/GYN, Pediatric Intensivists & Hospitalists who focus on equitable, comprehensive services across the continuum of care. Pediatrix staffs 11 hospitals and has multiple outpatient offices throughout the State.

Senate Bill 716 “requires Medicaid to reimburse physicians billing for a “maternal fetal medicine code” at the rate associated with the code under the federal Medicare fee schedule.”

Maryland’s Medicaid E&M codes being paid at 100% of Medicare is very helpful for physicians to ensure that Maryland’s most at risk population has access to high quality care. However, in addition to E&M codes, the services provided by Maternal Fetal Medicine specialists would also benefit from Medicaid rate increases to improve access to care and outcomes for high-risk pregnant mothers and babies.

Maternal Fetal Medicine specialists provide and treat women whose pregnancies are considered high-risk, specifically with conditions such as diabetes, hypertension, multiple gestation, recurrent miscarriage, family history of genetic diseases, and other complications.

Advanced diagnostic procedures and imaging leads allows MFMs to:

- Manage complications that arise during pregnancy or delivery.
- Conduct and interpret diagnostic tests to determine a mother’s health and check the fetus’s growth and development.
- Identify and treat abnormalities, genetic disorders, heart conditions and blood disorders.
- Offer preconception counseling for patients with medical complications, working with families to develop treatment plans to optimize future pregnancy outcomes.

Now more than ever, additional Medicaid increases for MFM specialty services are critical to improve access to care and outcomes for high-risk pregnant mothers and babies.

For these reasons we ask for a **Favorable report on Senate Bill 716.**

For more information:

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SB716_Hettleman_FAV.pdf

Uploaded by: Shelly Hettleman

Position: FAV

SHELLY HETTLEMAN
Legislative District 11
Baltimore County

Chair
Rules Committee

Budget and Taxation Committee

Subcommittees

Health and Human Services

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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

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.

SB0716_FWA_MDACOG_Medicaid - Maternal Fetal Med. S

Uploaded by: Pam Kasemeyer

Position: FWA



Maryland Section

TO: The Honorable Pamela Beidle, Chair
Members, Senate Finance Committee
The Honorable Shelly Hettleman

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

DATE: February 20, 2024

RE: **SUPPORT WITH AMENDMENT** – Senate Bill 716 – *Maryland Medical Assistance Program – Maternal Fetal Medicine Services – Reimbursement*

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** Senate Bill 716.

Senate Bill 716 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.

2024 SB716 Opposition or Amend.pdf

Uploaded by: Deborah Brocato

Position: INFO



Opposition Statement SB716

Maryland Medical Assistance Program – Maternal Fetal Medicine Services - Reimbursement
Deborah Brocato, Legislative Consultant
Maryland Right to Life

We Oppose SB716

On behalf of our 200,000 followers across the state, we respectfully object to SB716. Maryland Right to Life requests an amendment that would exclude abortion purposes from this bill. Maternal fetal medicine specialists are physicians who specialize in high-risk pregnancies and treat two patients – the mother and her unborn baby. The codes reference on page 2 of this bill are used to describe a single or multiple pregnancy of less than 14 weeks and a single or multiple pregnancy of greater than or equal to 14 weeks. In other words, this refers to an entire pregnancy. The way this bill is worded, the abortion industry could easily exploit the intent and use it for further funding of the abortion industry. Drugs used for abortion are fetal drugs that kill the baby instead of helping the baby to survive a high-risk pregnancy. The Abortion Care Access Act already fully funds abortion through Medicaid and private health insurance. An amendment would clarify that any appropriations from this bill would go to support the lives of both the mother and her child.

The Maryland Medical Assistance Program and the Maryland Children’s Health Program (MHCP) are the two primary programs used for publicly funded reimbursements to abortion providers in Maryland. The Maryland Department of Legislative Services, in their *Analysis of the FY 2022 Maryland Executive Budget*, shows that Maryland taxpayers are forced to fund elective abortions. For the years 2018, 2019 and 2020, over \$6 million was spent each year for almost 10,000 abortions each year. In that same report, we see that for Fiscal 2020, less than 10 of the almost 10,000 abortions were due to rape, incest or to save the life of the mother. With the advent of chemical abortion, those prescriptions are easily obtained via the internet.

Abortion is about revenue. The state of Maryland forces taxpayers to subsidize the abortion industry through direct Maryland Medicaid reimbursements to abortion providers, through various state grants and contracts, and through pass-through funding in various state programs. Health insurance carriers must cover abortion without deductibles, copays or cost-sharing.

D-I-Y Abortions endanger women. Public policy has failed to keep pace with the abortion industry’s rapid deployment of chemical abortion pills. The Assembly removed the final safeguard in law for women seeking abortion when they enacted the Abortion Care Access Act of 2022 and removed the physician only requirement. Chemical abortion is 4 times more likely to result in complications than surgical abortion. The abortion industry itself calls these pills “Do-It-Yourself” abortions. Telehealth has made these pills easily accessible making women and girls victims of the predatory abortion industry. A telehealth prescription removes any serious assessment of the woman or girl’s physical condition and whether or not she is getting this prescription voluntarily or by coercion. Do not assist sex traffickers and other abusers to continue their criminal behavior.



Abortion is not healthcare and abortion is never medically necessary. A miscarriage is the ending of a pregnancy *after* the baby has died; an ectopic pregnancy is not a viable pregnancy and the baby cannot continue to develop. Abortion is the destruction of a developing human being and often causes physical and psychological injury to the mother. In the black community, abortion has reached epidemic proportions with half of pregnancies of Black women ending in abortion. The abortion industry has long targeted the Black community with 78% of abortion clinics located in minority communities. **Abortion is the leading killer of black lives.** See www.BlackGenocide.org.

Americans oppose taxpayer funding of abortion. Taxpayers should not be forced to fund elective abortions, which make up the vast majority of abortions committed in Maryland. The 2023 Marist poll shows that 60% of Americans, pro-life and pro-choice, oppose taxpayer funding of abortion. 81% of Americans favor public funds being prioritized for health and family planning services that save the lives of mothers and their children including programs for improving maternal health and birth and delivery outcomes, well baby care and parenting classes.

Funding restrictions are constitutional. The Supreme Court of the United States, in *Dobbs v. Jackson Women's Health* (2022), overturned *Roe v. Wade* (1973) and held that there is no right to abortion found in the Constitution of the United States. As early as 1980 the Supreme Court affirmed in *Harris v. McRae*, that *Roe* had created a limitation on government, not a government funding entitlement. The Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that "*no other procedure involves the purposeful termination of a potential life*", and held that there is "*no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds.*"

Women and girls experiencing a high-risk pregnancy deserve funding to support them and their unborn children without the abortion industry competing for those same funds. Maryland Right to Life urges the addition of an amendment to exclude any funding for this bill to be used for abortion purposes. Without this amendment, we ask that you oppose this SB716 in its entirety.

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Uploaded by: Jason Caplan

Position: INFO



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

February 20, 2024

Senator Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401-1991

RE: Senate Bill 716 – Maryland Medical Assistance Program and Health Insurance – Maternal Fetal Medicine Services – Reimbursement – Letter of Information

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of information for Senate Bill (SB) 716 – Maryland Medical Assistance Program and Health Insurance – Maternal Fetal Medicine Services – Reimbursement.

SB 716 requires the Department to change the reimbursement amount for physicians billing Maryland Medical Assistance (“Medicaid”) for Maternal Fetal Medicine (MFM) codes to align with the Federal Medicare Fee Schedule. MFM services are provided to individuals with a high-risk pregnancy. This could include individuals with certain chronic conditions, such as lupus, hypertension, renal disease, and diabetes or those with multiple gestation, pre-eclampsia, or with a family history of genetic disease.

Reimbursement for 14 of the 15 affected codes listed in the bill will increase. One code (76820) currently exceeds the Medicare rate. Rates for these codes would be increased for all billing providers. As a result, there will be an annual fiscal impact of \$4.71 million total funds (\$2.59 million in federal funds and \$2.12 million in state general funds). From fiscal year (FY) 2025 through FY 2029, the total fiscal impact will be \$22.39 million total funds (\$12.31 million state general funds and \$10.08 million in federal funds). The Department notes that to the extent Medicare reimbursement for these codes increases, the fiscal impact will also increase.

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov or (410) 260-3190.

Sincerely,

Laura Herrera Scott, M.D., M.P.H.
Secretary

Senate Bill 716- Maryland Medical Assistance Progr

Uploaded by: Jennifer Witten

Position: INFO



Date: February 20, 2024

To: Finance Committee

Reference: **Senate Bill 716**- Maryland Medical Assistance Program – Maternal Fetal Medicine Services Reimbursement

Position: Letter of Information

Dear Chair Beidle, Vice Chair Klausmeier and Committee Members,

On behalf of LifeBridge Health, we appreciate the opportunity to share our thoughts and support for SB716. LifeBridge Health is a regional health system comprising Sinai Hospital of Baltimore, an independent academic medical center; Levindale Hebrew Geriatric Center and Hospital in Baltimore; Northwest Hospital, a community hospital in Baltimore County; Carroll Hospital, a sole community hospital in Carroll County; Grace Medical Center (formerly Bon Secours Hospital), a freestanding medical facility in West Baltimore; and Center for Hope a center of excellence focused on provided hope and services for trauma survivors in Baltimore City.

The Division of Maternal-Fetal Medicine within LifeBridge Health provides high-risk obstetric care and/or consultation and is immediately available to provide intrapartum or antepartum medical care. Along with genetic and diabetic counselors, and nurses, who specialize in caring for special pregnancies, our perinatologists offer expertise and state-of-the-art technology to monitor and manage complicated pregnancies. The Maternal-Fetal Testing Center provides complete prenatal assessment, testing, genetic counseling, and fetal therapy.

From the moment a prenatal diagnosis is made before conception, the Institute for Maternal-Fetal Medicine at Sinai Hospital offers comprehensive care and support to women facing high-risk pregnancies. In addition to our board-certified maternal-fetal medicine (MFM) specialists. They are committed to providing high-quality, compassionate care to women and their families—before, during and after pregnancy (including follow-up care for both mother and baby)—in a comfortable environment. Using state-of-the-art technology, our specialists monitor and manage potential medical issues during high-risk pregnancies including:

- Advanced maternal age
- Birth defects
- Fetuses at risk for stillbirth
- Chronic conditions (such as high blood pressure and diabetes)
- Multiple pregnancy (twins, triplets or more)

In Maryland, we continue to face challenges and barriers in addressing maternal mortality. There have been great strides in Maryland to improve the continuum of care, however early detection is critical.

CARE BRAVELY

Maternal-Fetal Medicine is an important part of the maternal management to identify concerns and issues during the prenatal phase of a mother's birth experience. However, several of the services rendered under Maternal-Fetal Medicine are not reimbursed at par with Medicare rates. To that end, we would recommend the state review parity among all payers, to ensure policies and access to services are consistent.

It is essential that federal and state health care policies are designed and implemented to improve access to maternity care and invest in maternal health. State Medicaid agencies that use the global obstetric codes have an opportunity to prioritize maternal health by updating their payment rates to match the rates provided across payers.

We support a process to further review the inaccuracy of the of associated codes and develop a better approach for equitable reimbursement for these critical services.

For more information, please contact:

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Vice President, Government Relations & Community Development

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