Delaware-Maryland Synod
Evangelical Lutheran Church in America
God's work. Our hands.

Testimony prepared for the
Finance Committee
on
Senate Bill 213
January 15, 2025
Comment

Madam Chair and members of the Committee, thank you for the opportunity to comment about access to health care in our State. I am Lee Hudson, assistant to the bishop for public policy in the Delaware-Maryland Synod, Evangelical Lutheran Church in America; a faith community with three synods in every region of our State.

In a 2003 national assembly our community committed *to advocate that all people living in the United States of America, Puerto Rico, and U.S. territories have equitable access to a basic level of preventive, acute, and chronic physical and mental health care*. My community's position is that access to adequate and appropriate health care is the best standard for managing health costs by improving well-being for everyone.

United States maternal health outcomes remain poor compared to our economic peers. In Maryland, which has done much to improve health outcomes with expanded access (*thanks to this Committee and other Maryland actors*), a similar pattern exists.

The benefit of pre-natal care is well documented. Against a range of untreated pregnancy complications, which can include ICU admission, it is a bargain. Maternal post-partum health, similarly, offers multiple potentials for good birth outcomes. It's an assumption of national health services in other nations where post-partum care is included on the health care continuum.

Senate Bill 778 of 2022 removed document status as an eligibility requirement of Maryland's Medicaid program for pregnant women and newborns. That seemed an appropriate policy for reducing health costs across the Maryland health care market.

Understanding that every Maryland policy decision is now being made under the current State revenue shortfall, the decision to add two more years to an effort to improve maternal and child health outcomes seems likely to be fiscally self-defeating. Additionally, it happens often enough that an implementation delay can be a *prima facie* for permanent rescission. We ardently hope that does not become a strategy to return to *status quo ante* on maternal and infant health.

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