SB 213_PJC_Favorable_FIN.pdf
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Position: FAV

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SB 213
Health – Maternal and Child Health Population Health Improvement Fund – Use
Hearing of the House Health & Government Operations Committee
January 15, 2025
10:30 AM

FAVORABLE

The Public Justice Center (PJC) is a not-for-profit civil rights and anti-poverty legal services organization which seeks to advance social justice, economic and racial equity, and fundamental human rights in Maryland. Our Health and Benefits Equity Project advocates to protect and expand access to healthcare and safety net services for Marylanders struggling to make ends meet. We support policies and practices that are designed to eliminate economic and racial inequities and enable every Marylander to attain their highest level of health. Expanding access to prenatal, birth and postpartum care is one of our longstanding advocacy priorities. **PJC strongly supports SB 213**, which would extend the date through which the Maternal and Child Health Population Health Improvement Fund may be used for expenses associated with maternal and child health population health improvements from December 31, 2025 to December 31, 2027.

The Fund provided a significant investment towards maternal and child health initiatives in Maryland, including the establishment of Medicaid reimbursement for doulas. Research supports that doula care improves health outcomes for pregnant individuals and their infants, including shorter labors, lower cesarean rates and higher breastfeeding initiation rates.[1] **Doulas** are non-medical birth workers who provide information, emotional support and advocacy for pregnant individuals during the prenatal, birth and postpartum period. While they do not provide medical advice, they augment routine prenatal care by providing necessary social and emotional support, individualized education and strategies to reduce stress and other barriers to healthy pregnancies.[2] As a direct result of this funding and the General Assembly's efforts to codify the doula Medicaid reimbursement regulations through Senate Bill 166 - Maryland Medical Assistance Program – Doula Services – Coverage (2022), Medicaid beneficiaries can now access these vital services. SB 213 would extend the timeframe in which the State may utilize the Fund, allowing more Marylanders to access necessary maternal and child health care.

[1] Amy Chen, *Routes to Success for Medicaid Coverage of Doula Care* (December 14, 2018) https://9kqpw4dcaw91s37kozm5jx17-wpengine.netdna-ssl.com/wp-content/uploads/2018/12/NHeathLawP-PTBi-Issue-Brief-DoulaMedicaidCoverage.pdf.

[2] *Id.*

The Public Justice Center is a 501(c)(3) charitable organization and as such does not endorse or oppose any political party or candidate for elected office.

For these reasons, the Public Justice Center urges the committee to issue a **FAVORABLE** report for **SB 213.** Thank you for your consideration of our testimony. If you have any questions about this testimony, please contact Ashley Woolard at 410-625-9409 x 224 or woolarda@publicjustice.org.

The Public Justice Center is a 501(c)(3) charitable organization and as such does not endorse or oppose any political party or candidate for elected office.

Maryland Catholic Conference_FAV_SB213.pdf
Uploaded by: Diane Arias
Position: FAV

MARYLAND CATHOLIC CONFERENCE

January 15, 2025

Senate Bill 213
Health - Maternal and Child Health Population Health Improvement Fund – Use
Senate Finance Committee

Position: Favorable

The Maryland Catholic Conference (MCC) is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

Senate Bill 213 alters from December 31, 2025, to December 31, 2027, the date through which the Maternal and Child Health Population Health Improvement Fund may be used for expenses associated with maternal and child health population health improvements.

The continuation of this fund is essential to improving health outcomes for new mothers and their babies, particularly in addressing the disparities that disproportionately impact women of color. Black women face a maternal mortality rate (MMR) that is four times higher than that of White women, highlighting the urgent need for resources in maternal-fetal medicine.[1] Maryland currently lags in this area, and improving maternal and child health outcomes requires targeted investments, particularly for addressing postpartum complications.

High-risk pregnancies frequently lead to conditions such as gestational diabetes, hypertension, and eclampsia. Alarmingly, nearly two-thirds of severe maternal morbidity (SMM) events are preventable.[2] To reduce these incidents, timely assessment, screening, vital sign monitoring, and follow-up on abnormal tests are critical. The purpose of the fund is to improve maternal and child health through initiatives led by the Medical Care Programs Administration and the Prevention and Health Promotion Administration. Extending and maintaining this fund is necessary to fill existing gaps and ensure the health and safety of both mothers and babies.

Postpartum depression remains a significant concern, as many mothers may not experience symptoms until months after delivery. Widely disseminating resources for new mothers—

[1] https://mchb.tvisdata.hrsa.gov/Narratives/View/IIBFiveYearNeedsAssessmentSummary/MD/2022
[2] https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2799025

especially for those experiencing high-risk pregnancies—through patient forms, education, and referrals is vital. The Maryland Catholic Conference remains steadfast in its commitment to ensuring the safety and well-being of mothers and their children.

For these reasons, the Maryland Catholic Conference asks for a favorable report on **SB 213**.

Thank you for your consideration.

SB213_DoulaAllianceofMD_FAV
Uploaded by: Doula Alliance of Maryland
Position: FAV

Doula Alliance of Maryland
doulaalliancemd@gmail.com
http://www.doulaallianceofmd.org

January 15, 2025

The Honorable Pamela Beidle
Chair, Senate Finance Committee
223 James Senate Office Building
11 Bladen Street
Annapolis, MD 21401

The Honorable Antonio Hayes
Vice Chair, Senate Finance Committee
223 James Senate Office Building
11 Bladen Street
Annapolis, MD 21401

Re: Letter in Support of Senate Bill 213 - Health – Maternal and Child Health Population Health Improvement Fund – Use

Dear Chair Beidle & Vice Chair Hayes:

The Doula Alliance of Maryland (DAM) works to connect doulas with other birth workers, resources, events, and ongoing advocacy efforts in the state. DAM was co-founded by doulas and community advocates in Baltimore. We are composed of community-based doulas, researchers, and policy and legal advocates who are combating the maternal mortality crisis from the ground up. We are community perinatal health workers, mothers, and Baltimore residents, and come from the communities we serve. **DAM strongly supports SB 213**, which would extend the date through which the Maternal and Child Health Population Health Improvement Fund may be used for expenses associated with maternal and child health population health improvements from December 31, 2025 to December 31, 2027.

Maryland took the important step to expand its Medicaid program to provide doula services to beneficiaries on February 21, 2022 as a direct result of funding from the Maternal and Child Health Population Health Improvement Fund. We thank the Maryland General Assembly for passing Senate Bill 166 - Maryland Medical Assistance Program – Doula Services – Coverage (2022) which made doula services a permanent fixture in Maryland's Medicaid program. For nearly two years, we have been supporting individual doulas and doula groups through the Medicaid enrollment and reimbursement process, engaging with the Maryland Department of Health on improvements to Medicaid enrollment, and working towards birth worker coalition building in Baltimore and across the state.

Research supports a strong, well-documented link between structural racism and health disparities, especially for Black communities, in the United States. In Maryland, Black birthing individuals are 2.3 times more likely to die of pregnancy-related and pregnancy-associated causes than their White counterparts. Maryland's infant mortality rate for Black non-Hispanic babies is almost 3 times as high as the rate for White non-Hispanic babies. The Maryland Medicaid doula program is one step toward maternal health parity and an acknowledgement that all pregnant and postpartum people deserve access to full spectrum doula care.

Although doulas are a key component of holistic birth care that results in healthier parents and babies, they are facing their own disparities to access training and workforce development, and are suffering from high rates of burnout. Our own community doula landscape survey and listening sessions have revealed that doulas face many barriers associated with training, certification, access, and registration with the Medicaid doula benefit. Community doulas often experience the same challenges as the communities they serve and benefit from similar support. "[We're] in the same neigSBorhood, lifestyle, tax bracket as our clients. Their stressors are most likely our stressors," a doula listening session participant explained. Doula work is emotionally taxing and doulas need to be connected to resources to manage the impact of their work.

SB 213 would enable our State to spend the remaining $24 million in the Fund on maternal and child health initiatives designed to reduce maternal and child health disparities. We highly recommend that a portion of these remaining funds be invested not only in the doula Medicaid reimbursement program, but also in addressing the barriers described above that prevent many of Maryland's doulas, particularly community-based doulas, from participating in the program. This could include establishing scholarships for doulas to obtain their certifications and pay for liability insurance, two Medicaid program requirements that are financial barriers to participation.

For these reasons, the Doula Alliance of Maryland urges the committee to issue a **FAVORABLE** report for **SB 213.** Thank you for your consideration of our letter of support. If you have any questions about this letter or our coalition, please contact Ana Rodney at doulaalliancemd@gmail.com.

Sincerely,

Doula Alliance of Maryland

SB 213 - HSCRC - FIN - LOS.pdf
Uploaded by: Maryland State of
Position: FAV

maryland
health services
cost review commission

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January 15, 2025

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

RE: Senate Bill 213 - Health - Maternal and Child Health Population Health Improvement Fund - Use - Letter of Support

Dear Chair Beidle:

The Health Services Cost Review Commission (HSCRC) appreciates the opportunity to express strong support for Senate Bill (SB) 213, "Health - Maternal and Child Health Population Health Improvement Fund - Use," and respectfully requests that the Committee issue a favorable report.

SB 213 ensures continued funding for critical maternal and child health programs in Maryland only using existing funds, not requesting additional money. In addition, some of the dollars in this fund will be leveraged to draw down additional federal dollars in Medicaid, effectively doubling the resources available for these vital initiatives.

Under Maryland's Total Cost of Care Model, the state has set ambitious goals to improve health outcomes related to severe maternal morbidity and childhood asthma. The Maternal and Child Health Improvement Fund (MCHIF), established by the legislature in 2021 through the Budget Reconciliation and Financing Act (House Bill 589), provides essential seed funding to create and expand programs designed to meet these goals. The HSCRC approved a set of programs led by Medicaid and the Prevention and Health Promotion Administration (PHPA) within the Maryland Department of Health (MDH) when this fund was established. These programs were specifically selected for their alignment with the State's maternal and child health goals under the Total Cost of Care Model. The dedicated funds approved by the Commission can not be diverted to other programs or uses.

To date, the Health Services Cost Review Commission (HSCRC) has allocated $40 million to support maternal and child health interventions led by Medicaid and the Prevention and Health Promotion Administration (PHPA) within the Maryland Department of Health (MDH). This funding was collected through a broad-based, uniform hospital assessment.

The Maternal and Child Health Fund is currently set to sunset on December 31, 2025. SB 213 proposes to change the sunset provision to sustain and expand these essential programs, enabling the Maryland Department of Health (MDH) to utilize the fund's balance through December 31, 2027. The HSCRC projects a remaining fund balance of $24.1 million at the end of fiscal year 2025 (June 2025), with less funding available in the account by the current sunset date, December 31, 2025. As with any new initiative, it has taken time to develop programs, including identifying participants and recruiting workers, resulting in money remaining in the fund to date. To date, MDH has implemented regulations, established necessary contracts, recruited programs, and provided education and support to those programs. Those

programs have recruited participants and workers, in addition to providing services. Program activities (and expenditures) have increased in each subsequent year as program activities expand. Standing up these programs in 2022 and early 2023 was particularly challenging due to the COVID-19 pandemic. If this bill passes, MDH intends to spend the entirety of the remaining fund balance by the end of 2027.

Program Highlights and Impact

In the short period of time that HSCRC has funded these programs, they have demonstrated significant success in improving health outcomes and addressing health disparities:

- **Perinatal Home Visiting:** Medicaid has enrolled 16 home visiting providers serving 14 of Maryland's 24 jurisdictions. In 2023, 5,412 services were provided to 627 participants, with 63% in rural areas. None of the participants experienced birth complications. PRHA supports additional home visiting sites.
- **Doula Services:** Among Medicaid-funded doula service participants none experienced birth complications.
- **CenteringPregnancy:** This evidence-based group prenatal care program has grown from 4 sites in 2021 to 17 sites in 8 counties by 2023, with significant coverage in underserved areas such as Prince George's County and Baltimore City. No participants experienced birth complications.
- **MOM Program:** This program provides enhanced case management for pregnant and postpartum Medicaid participants with opioid use disorder (OUD). None of its participants experienced birth complications.
- **HealthySteps:** In FY 2023, this pediatric care model served 1,370 infants and toddlers, promoting positive parenting and healthy child development.
- **Asthma Home Visiting:** MDH operates programs in 11 jurisdictions, serving 897 children in FY 2024. Statewide, Maryland has seen a decline in childhood asthma emergency department visit rates.

These programs are essential in reducing health disparities and improving outcomes for Maryland's mothers, children, and families. Extending the sunset provision for 2 additional years allows MDH to sustain and expand these efforts, paving the way for a healthier future across the state.

The Commission urges a favorable report on SB 213. If you have any questions or if we may provide you with any further information, please do not hesitate to contact Jon Kromm, Executive Director, at jon.kromm@maryland.gov or Deborah Rivkin, Director of Government Affairs, at deborah.rivkin@maryland.gov.

Sincerely,

Jon Kromm
Executive Director

SB 213 - MDH - HGO - LOS.docx.pdf
Uploaded by: State of Maryland (MD)
Position: FAV

Maryland
DEPARTMENT OF HEALTH

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

January 15, 2025

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

RE: Senate Bill (SB) 213 - Maternal and Child Health Population Health Improvement Fund - Use - Letter of Support

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of support for Senate Bill (SB) 213 – Maternal and Child Health Population Health Improvement Fund (the Fund). SB 213 extends the date through which funds from the Maternal and Child Health Population Improvement Fund may be used from December 31, 2025 to December 31, 2027.

The Maryland Health Services Cost Review Commission (HSCRC) is authorized to assess up to $10 million annually from fiscal year (FY) 2022 through FY 2025, for a total revenue of $40 million. The assessment ends June 30, 2025; no additional monies will be assessed under the Fund after that date. This legislation will permit ongoing use of existing fund dollars beyond December 31, 2025.

The Fund supports the state share of a suite of priority maternal and child health (MCH) services in the Medical Assistance ("Medicaid") program designed to provide much needed support to Maryland families. These services align with the Department's Women's Health Action Plan and advance Priority 8 of the Governor's State Plan, *Ensuring World-Class Health Systems for All Marylanders*. The services include:

- **Home Visiting Services.** Home Visiting Services are in-home services for pregnant individuals and children up to age of three, provided by a specially trained professional or nurse, focusing on patient education and support during and after pregnancy.
- **CenteringPregnancy.** CenteringPregnancy is a model of prenatal services that brings together small groups of pregnant individuals, building relationships and health literacy amongst its participants.
- **MOM Program.** MOM enhanced case management services address the health (including health-related social needs), wellbeing, treatment, and recovery of pregnant and postpartum Medicaid participants who have an opioid use disorder.

- **Doula Services.** A doula, or birth worker, is a trained professional who provides physical, emotional, and informational support to birthing parents. Many studies have shown that doulas help the health of both birth parents and their babies, especially for families of color.
- **HealthySteps.** HealthySteps is a pediatric primary care model that promotes positive parenting and healthy development for babies and toddlers. A HealthySteps Specialist, a child development expert, joins the pediatric primary care team to ensure universal screening, provide successful interventions, referrals and follow-up to the whole family.

The extension is needed to continue access to the Fund for another two fiscal years. Availability of these dollars to Medicaid is critical and allows the Department to draw down additional federal dollars, effectively doubling the resources available for these vital initiatives. If the Fund is discontinued, $8 million in state General Funds will need to be added to the Medicaid budget to continue these initiatives and draw down a 50 percent federal match, *i.e.,* to support $16 million in total funds, annually.

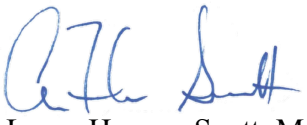
Thousands of Maryland families have already benefitted from these services, with uptake projected to continue to increase by the end of the extension period.

To date, evaluations of the Fund have demonstrated positive outcomes for severe maternal morbidity, birth complications, birth weight, and neonatal intensive care unit admissions.

Additionally, the extension of funding through 2027 will allow our Prevention and Health Promotion Administration (PHPA) and local health departments to continue providing essential home visiting services to families across the state, particularly those with additional needs for prenatal care, newborns, and children with moderate to severe asthma. These evidence-based preventive services, which complement the Medicaid interventions detailed above, improve childhood health and reduce medical costs to the state.

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.

Sincerely,



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

INFORMATIONAL.SB213.HB170.MDRTL.LauraBogley.pdf
Uploaded by: Laura Bogley
Position: INFO

INFORMATIONAL STATEMENT
HB170/SB213
Laura Bogley, JD, Executive Director
Maryland Right to Life, Inc.

On behalf of our Board of Directors and members across the state, we strongly object to the appropriation and use of any public funds for the purpose of abortion. Maryland Right to Life supports maternal health policy that recognizes the equal value of each human being and reminds policymakers that abortion is not a medical treatment and is never medically necessary.

We urge the Governor of Maryland and the Maryland General Assembly to prioritize public funding for legitimate maternal health care that results in healthy birth and delivery outcomes. Without amendment, this bill would allow the continued use of public funds to subsidize the abortion industry under the guise of "maternal health".

53% percent of those surveyed in a January 2024 Marist poll say they oppose taxpayer funding of abortion. 86% of Americans polled favor laws that protect both the lives of women and unborn children. Public funds should not be diverted from but prioritized for health and family planning services which have the objective of saving the lives of both mothers and children, including programs for improving maternal health and birth and delivery outcomes, well baby care, parenting classes, foster care reform and affordable adoption programs.

Maryland's Maternal Health Metrics are Unreliable
The abortion industry is financially invested in unplanned pregnancy and cannot be entrusted to provide for maternal health or reproductive health needs of Maryland women and families. The inhumane practice of abortion has failed to eliminate unplanned pregnancies. In fact, the amount of abortions has increased proportionately to the increase in public funding for the abortion industry.

Maryland is one of only three states that refuses to report abortion metrics to the U.S. Centers for Disease Control. Because of the state's refusal to adequately measure and report the impact of abortion practices on maternal health and maternal morbidity, all related state metrics are unreliable and incomplete. Until comprehensive reports are provided to the General Assembly, all appropriations for these programs should be withheld.

Pregnancy is not a Disease
The fact that 85% of OB-GYNs in a representative national survey will not participate in abortions is glaring evidence that abortion is not an essential part of women's healthcare. Women have

better options for family planning and maternal health, in fact there are 14 federally qualifying health centers for each Planned Parenthood in Maryland.

The deliberate killing of a fetal human being is never medically necessary to save the life of a woman. In the rare case of severe pregnancy complications, hospitals, not abortion clinics, may decide to separate the mother and child and make best efforts to sustain the lives of both. This is different from an abortion, which involves the purposeful termination of fetal human life. There is no state which has enacted a law to prohibit medical intervention in the case of medical emergencies including physical life of the mother, ectopic pregnancy or miscarriage.

Prior to the Supreme Court's imposition of their decision in *Roe v. Wade* in 1973, the Maryland legislature had enacted a ban on abortion and only would allow exception for the physical life of the mother, if two physicians agreed that termination of the pregnancy was necessary to avoid the imminent death of the mother. Science has advanced beyond this point to support that in many cases both lives can be saved.

Abortion is not Health Care - Abortion is NOT health care and is never medically necessary. Abortion is the violent destruction of a developing human being. Abortion always kills a human child and often causes physical and psychological injury to women. Abortion is the exploitation of women and girls and enables sexual abusers and sex traffickers to continue in the course of their crimes and victimization. Abortion is the leading cause of death among Black Americans and has become American genocide. Abortion is the greatest human and civil rights abuse of all time.

Radical enactments of the Maryland General Assembly have removed abortion from the spectrum of "healthcare" in all ways but funding. Because of the *Abortion Care Access Act of 2022*, the state is denying poor women access to care by licensed physicians making abortion unsafe in Maryland. With the deregulation of chemical "Do-It-Yourself" abortion pills, women are self-administering back-alley style abortions, where they suffer and bleed alone, without examination or care by a doctor. Many of those women require emergency room intervention, demanding that medical providers surgically complete failed chemical abortions in violation of their rights of conscience. This coerced participation in abortion exacerbates Maryland's medical scarcity crisis.

MDH is Failing Pregnant Women - The Maryland Department of Health has consistently failed to meet the needs of pregnant women and families in Maryland. Maryland is one of only 3 states that refuses to provide the annual report to the Centers for Disease Control to measure the number of abortions committed each year in Maryland, abortion reasons, funding sources and related health

complications or injuries. The Department has routinely failed to enforce existing state health and safety regulations of abortion clinics, even after two women were near fatally injured in botched abortions.

- The Department has routinely failed to provide women with information and access to abortion alternatives, including the Maryland Safe Haven Program (see Department of Human Services), affordable adoption programs or referral to quality prenatal care and family planning services that do not promote abortion.
- The Department has demonstrated systemic bias in favor of abortion providers, engaging in active partnerships with Planned Parenthood and other abortion organizations to develop and implement public programs, curriculum and training. In doing so the Department is failing to provide medically accurate information on pregnancy and abortion.
- The Department systemically discriminates against any reproductive health and educational providers who are unwilling to promote abortion and in doing so, suppresses pro-life speech and action in community-based programs and public education.
- The Department fails to collect, aggregate and report data about abortion and the correlation between abortion and maternal mortality, maternal injury, subsequent pre-term birth, miscarriage and infertility.
- The Department is failing to protect the Constitutionally-guaranteed rights of freedom of conscience and religion for health care workers, contributing to the scarcity of medical professions and personnel in Maryland.
- The Department is failing to protect women and girls from sexual abuse and sex trafficking by waiving reporting requirements for abortionists, waiving mandatory reporter requirements for abortionists, and failing to regulate abortion practices.

Disparate Impact Statement - Abortion has reached epidemic proportions among people of color with half of all pregnancies of Black women ending in abortion. It is believed that nearly half of all pregnancies of Black women end in abortion. As a result, Black Americans are no longer the leading minority population, dropping second to the Hispanic population.

People of color have long been targeted for elimination through sterilization and abortion by eugenicists like Planned Parenthood founder Margaret Sanger. Even today, 78% of abortion clinics are located in Minority communities. As a result abortion has become the leading killer of Black lives. Abortion is the greatest human and civil rights abuse of our time and as a civilized people we cannot continue to justify or subsidize this genocide. For more information please see www.BlackGenocide.org .

<u>Funding Restrictions are Constitutional</u> - 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*."

We appeal to you to prioritize the state's interest in human life and restore to all people, our natural and Constitutional rights to life, liberty, freedom of speech and religion. Please vote against any measure to allocate additional public funds to abortion providers or promotion under the guise of "maternal health".

sb213- mothers and infants, comment.pdf
Uploaded by: Lee Hudson
Position: INFO

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.

Lee Hudson

5699 Meridale Rd. Baltimore, MD 21228 410-230-2860 800-869-5492 fax 410-230-2871