

HB 871_CHW Coalition_Favorable_FIN.pdf

Uploaded by: Ashley Woolard

Position: FAV



<https://bit.ly/CHW-MD>
TELEPHONE: (410) 625-9409
FAX: (410) 625-9423

HB 871
Health Services Cost Review Commission -Community Benefits –
Community Health Worker Workforce Program
Hearing of the Senate Finance Committee
March 25, 2025
1:00 PM

FAVORABLE

The **Community Health Workers Empowerment Coalition of Maryland (CHWEC-MD)** is a coalition of CHWs and those who train, hire, support, and employ them across the state of Maryland. Our collective goals are to 1) reduce disparities in healthcare access and outcomes for Marylanders by expanding access to CHWs, 2) ensure that the voices of Maryland's CHWs are represented in the creation of laws and policies that impact the profession, and 3) advocate with CHWs for solutions that address systemic inequities that they experience in the field, including a lack of reimbursement for their services.

We stand in **strong support of HB 871**, which would provide a financially sustainable pathway for Maryland's CHW workforce through Community Benefit program funds that non-profit hospitals receive. HB 871 would alter the definition of a "community benefit" to include a collaboration between a non-profit hospital and community-based organization to develop a CHW workforce for the purpose of improving patient health outcomes and reducing health disparities. It would also provide guidance to non-profit hospitals and CBOs on parameters to include in a memorandum of understanding (MOU), including program design, data collection and sharing protocols, and employer-sponsored health insurance arrangements for CHWs working in the program.

A CHW is a frontline public health worker that is a trusted member of their community with a deep understanding of the barriers to attaining good health that their community faces. They often share similar lived experiences with the communities they serve, which puts them in the position to be a connection between healthcare providers and the community. CHWs are part of a comprehensive approach to patient health. They not only provide education and information to patients on health, but they also help address social determinants of health like access to food, transportation, and housing by helping patients navigate social services. CHWs in Maryland are embedded in a variety of settings across our healthcare system such as

substance use disorder and mental health clinics, hospitals, and maternal health providers. In fact, Maryland is the proud home of the 4th largest CHW workforce in the country with nearly 2,500 employed CHWs.¹

CHWs advance health equity in Maryland but rely heavily on short-term grant funds to support their vital work. While 24 states have expanded their Medicaid programs to reimburse CHW services, Maryland's Medicaid program does not yet cover their services. Thus, many CHW positions in Maryland are supported through short-term funding through state and federal grants and philanthropic organizations. Grants available to support CHWs often restrict them to working with patients with specific diseases or in a specific setting instead of engaging in the holistic, community-focused work that make CHW services such an effective health intervention. Once the grant funding dries up, CHWs often have no choice but to leave (or lose) their positions and potentially leave the field entirely. In fact, research supports that the leading reasons CHWs cite for leaving the field, including positions in state and local health departments, are poor job security, low pay and lack of organizational support. Similarly, many community-based organizations that have a CHW workforce cite lack of organizational resources and short-term grant cycles as a barrier to retaining their workforce.

Hospital Community Benefit programs serve as a pathway to sustaining and retaining our CHW workforce. Under the Affordable Care Act and Maryland law, the Community Benefit program requires non-profit hospitals to invest in “planned, organized, and measured” activities that are designed to meet identified community health needs within their service area to maintain their federal tax-exempt status.² Hospitals are incentivized through budget adjustments to make these investments. While hospitals are not required to develop CHW workforce programs as a community benefit activity, some of Maryland's hospitals have already invested in these programs for hospital patients to reduce health disparities, including heart disease, diabetes, and increasing access to substance use disorder treatment. CHW services are also associated with significant cost savings for health systems as every dollar invested in CHW services yields \$2.47 in savings for state Medicaid programs.³

HB 871 encourages and promotes collaborations between non-profit hospitals and CBOs to deploy CHWs to address social determinants of health and improve patient health outcomes. While leaving ample flexibility for program design and innovation to enable non-profit hospitals to best meet the unique needs of its patient communities, HB 871 would provide guidance to non-profit hospitals and CBOs who wish to memorialize their agreement as an MOU to promote genuine collaboration and accountability as well as thoughtful program design intended to advance health equity in our communities. Additionally, documenting the impact of these programs on health outcomes and health system cost savings aligns with our State's goals to not only reduce health disparities, but to also reduce avoidable emergency room utilization. Finally, by encouraging the parties to develop a plan to provide health insurance to the CHW if the

¹ Bureau of Labor Statistics, Occupational Employment and Wages – 21-1094 Community Health Workers (May 2022), <https://www.bls.gov/oes/current/oes211094.htm>.

² Exemption from tax on corporations, certain trusts, etc., 26 U.S.C. § 501(r) (West 2024); Md. Code Ann. Health-General §19-303 (2024).

³ Shreya Kangovi et. al., *Community Health Worker Program Address Unmet Social Needs and Generates Positive Return on Investment*, 2 Culture of Health 207 (2020), <https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.00981>.

individual needs coverage and wants it, HB 871 would help ensure that our CHWs who are often working with uninsured and underinsured patients are not themselves lacking access to health insurance and care.

Thank you for your consideration, and we respectfully urge this Committee to issue a **FAVORABLE** report for **HB 871**. Should you have any questions about this testimony, please contact Ashley Woolard at woolarda@publicjustice.org, or call 410-625-9409 ext. 224.

HB871 Additional Sponsor Amendment.pdf

Uploaded by: Heather Bagnall

Position: FAV



HB0871/883425/1

AMENDMENTS
PREPARED
BY THE
DEPT. OF LEGISLATIVE
SERVICES

27 FEB 25
12:32:56

BY: Delegate Bagnall
(To be offered in the Health and Government Operations
Committee)

AMENDMENTS TO HOUSE BILL 871
(First Reading File Bill)

AMENDMENT NO. 1

On page 1, strike beginning with “through” in line 6 down through “understanding” in line 7; and in line 8, after “benefit;” insert “providing that a partnership that establishes a community health worker workforce program may be executed through a memorandum of understanding;”.

AMENDMENT NO. 2

On page 4, in line 5, strike “SHALL” and substitute “MAY”.

HB871_FAV_Sponsor_Senate.pdf

Uploaded by: Heather Bagnall

Position: FAV

HEATHER BAGNALL
Legislative District 33C
Anne Arundel County



Annapolis Office
The Maryland House of Delegates
6 Bladen Street, Room 160
Annapolis, Maryland 21401
410-841-3406 · 301-858-3406
800-492-7122 Ext. 3406
Heather.Bagnall@house.state.md.us

Health and Government Operations
Committee

Subcommittees

Health Occupations and Long-Term Care

Public Health and
Minority Health Disparities

THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

25 March 2025

HB871 – Health Services Cost Review Commission - Community Benefits - Community Health Worker Workforce Program

Madame Chair, Vice Chair, and members of the Finance Committee. Thank you for the opportunity to present House Bill 871.

Community Health Workers (CHWs) and Community Based Organizations (CBOs) are an essential part of Maryland's public health framework. Through cultural competency and targeted community outreach, they work to facilitate access to social services and bridge the healthcare gap in underserved communities. CHWs are effective at improving health outcomes and are an integral part of our overall health system, but in many ways they still struggle to attain financial support for their work.

To provide more formal support for CHWs, HB871 clarifies the eligibility of CBOs for Community Benefit funding and provides an MOU framework for partnerships between hospitals and CBOs. There are several requirements included in the HB871 hospital/CBO partnership framework:

- Identifying accountability for patient health outcomes
- Developing criteria for measuring the impact of a partnership
- Creating responsibility for recruitment and training
- Providing insurance and other financial benefits as necessary

Non-Profit Hospitals are already required to fund Community Benefit initiatives that address health disparities in the communities they serve; however, CBOs may be overlooked as potential recipients. By providing a clear framework for partnership, HB871 encourages greater partnership between hospitals and CBOs, moving us closer to long-term support of CHWs. Requirements for an MOU also protect CHWs under hospital/CBO partnerships by giving clear guidelines for how funding should be used to support their work, and provide greater mobility for CHWs across our entire healthcare continuum.

HB871 was amended in the House after receiving comments from both the advocates and MHA to give more flexibility to some provisions of the agreement described in the bill. We mistakenly missed one sponsor amendment in the House that had consensus support from the advocates and MHA, which we have included in our written testimony. We ask that the Finance Committee please consider this amendment.

HB871 will provide non-profit hospitals a clearer way to fund and support Maryland's CHW workforce through partnerships with CBOs. This approach will not only benefit the CHW workforce, but also allows hospitals to better address social determinants of health in their communities. I respectfully request a favorable report on HB871.

Health Care for the Homeless - HB 871 FAV - CHW Co

Uploaded by: Joanna Diamond

Position: FAV

**HEALTH CARE FOR THE HOMELESS TESTIMONY
IN SUPPORT OF
HB 871: Health Services Cost Review Commission - Community Benefits -
Community Health Worker Workforce Program**

**Senate Finance Committee
March 25, 2025**



**Submitted by:
Lilian Amaya, CCHW
Community Health Coordinator
Health Care for the Homeless**

Honorable Chair and Members of the Committee,

I am here to express my full support for HB0871, a bill that recognizes the vital role of community health workers (CHWs) in improving health outcomes and promoting health equity within our communities. As both a community health worker and a supervisor, I have seen firsthand the transformative impact that CHWs have on the health and well-being of individuals, families, and entire communities. This bill is a critical step in stabilizing and securing that CHW's can continue providing care to those who need it the most. CHWs will have the support that we need to continue this important work without concerns of losing funding or a grant ending.

As a community health worker, I have had the privilege of working directly with individuals who face significant barriers to accessing healthcare, including homelessness. The individuals I work with experience a range of competing challenges and priorities, including economic instability, cultural and language barriers, and chronic health conditions that are often left untreated or undiagnosed. In these settings, the role of the CHW is invaluable. We serve as trusted connectors between patients and the healthcare system, helping individuals navigate complex healthcare processes, providing culturally relevant health education, and offering support for managing chronic conditions.

I met a gentleman last week that is staying in a tent. He was physically assaulted and suffered injuries that left him with limited ability to use one of his arms. He is not able to work because of this injury and does not feel safe living in a shelter. This gentleman is connected to care at Health Care for the Homeless and was willing to talk with me.

In my role as a supervisor, I see how CHWs are able to build trust within communities and create meaningful relationships with patients that go beyond clinical encounters. CHWs don't just educate; we advocate for patients, ensuring they receive the care they need and addressing the social determinants of health that often go unaddressed in traditional healthcare settings. This relationship is so critical for long-term health improvements, as patients are more likely to engage in care when they feel understood and supported.

The provisions in HB0871 that focus on building a sustainable CHW workforce are essential. By allowing nonprofit hospitals and community-based organizations to establish community health worker programs through formal partnerships, this bill helps provide the structure needed for long-term success. However, for these programs to thrive, we must also ensure that CHWs are compensated fairly and receive benefits that support their well-being. Everyone on my team, including myself, have to work a part-time in addition to our full-time positions as CHW's. I can honestly say that I see the commitment my team has to the communities we serve, and this keeps us going every day. We need your support to continue this work.

I have seen the positive results of CHW programs in real-time—whether it's helping a family navigate their medical appointments, providing follow-up care for individuals after a hospital discharge, or guiding someone through a preventative health program. These programs reduce emergency room visits, improve chronic disease management, and, most importantly, empower individuals to take control of their health. With the inclusion of community health worker programs as a recognized "community benefit," this bill will help expand these successful models and extend their reach to more individuals who need them most.

As a community health worker and a supervisor, I strongly urge the committee to pass HB0871. This bill will not only provide greater resources to CHWs, but it will also formalize the important role we play in improving health outcomes and tackling health inequities. With the support of this bill, we can continue to build stronger communities and a more inclusive healthcare system for all.

Thank you for your time and consideration.

Sincerely,

Lilian Amaya
Community Health Coordinator

Health Care for the Homeless is Maryland's leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We deliver medical care, mental health services, state-certified addiction treatment, dental care, social services, housing support services, and housing for over 11,000 Marylanders annually at sites in Baltimore City and Baltimore County.

*Our Vision: Everyone is healthy and has a safe home in a just and respectful community.
Our Mission: We work to end homelessness through racially equitable health care, housing and advocacy in partnership with those of us who have experienced it.*

For more information, visit www.hchmd.org.

HB871 FAV MGA25.pdf

Uploaded by: Leslie Frey

Position: FAV



Montgomery County

Office of Intergovernmental Relations

ROCKVILLE: 240-777-6550

ANNAPOLIS: 240-777-8270

HB 871

DATE: March 25, 2025

SPONSOR: Delegates Bagnall, et al.

ASSIGNED TO: Finance

CONTACT PERSON: Leslie Frey

(leslie.frey@montgomerycountymd.gov)

POSITION: FAVORABLE (Montgomery County Department of Health and Human Services)

Health Services Cost Review Commission - Community Benefits - Community Health Worker Workforce Program

House Bill 871 adds community health workers (CHW) workforce program between a nonprofit hospital and a community-based organization to the definition of community benefit. A “community benefit” is a planned, organized, and measured activity that is intended to meet identified community health needs within a service area. Under the bill, a CHW workforce program provides services to patients of a nonprofit hospital that are intended to improve health outcomes and address social determinants of health.

CHWs are frontline public health workers who are trusted members of their community with a deep understanding of the barriers to attaining good health that their community faces. They often share similar lived experiences with the communities they serve, creating a connection between healthcare providers and the community. In Maryland, nearly 2,500 CHWs are embedded in a variety of settings across the healthcare system such as substance use disorder and mental health clinics, hospitals, and maternal health providers. CHWs advance health equity in Maryland but rely heavily on short-term grant funds to support their vital work. While 24 states have expanded their Medicaid programs to reimburse CHW services, Maryland’s Medicaid program does not yet cover their services. Thus, many CHW positions in Maryland are supported through short-term funding through state and federal grants and philanthropic organizations. Grants available to support CHWs often restrict them to working with patients with specific diseases or in a specific setting instead of engaging in the holistic, community-focused work that make CHWs an effective health intervention.

House Bill 871 is an important step to securing the workforce stability of CHWs in many of Maryland’s hospitals. Critically, the bill offers health insurance coverage to a CHW if they are uninsured and participating in the workforce program. Because House Bill 871 would improve health outcomes for both participating CHWs and the community members they serve, the Montgomery County Department of Health and Human Services respectfully urges the committee to issue a favorable report on House Bill 871.

2025 ACNM HB 871 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

Bill: House Bill 871 – Health Services Cost Review Commission - Community Benefits - Community Health Worker Workforce Program

Hearing Date: March 25, 2025

Position: Support

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) supports *House Bill 871 – Health Services Cost Review Commission - Community Benefits - Community Health Worker Workforce Program*. The legislation delineates how hospitals can meet community benefit program requirements through the establishment of community health worker programs.

ACNM supports this legislation because of the positive impact of community health workers on improving health outcomes and reducing health disparities. Community health workers have shown to improve maternal and newborn outcomes when integrated into prenatal and postpartum outreach programs.ⁱ

We ask for a favorable report on this legislation. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

ⁱ Meghea CI, Raffo JE, Yu X, et al. Community Health Worker Home Visiting, Birth Outcomes, Maternal Care, and Disparities Among Birthing Individuals With Medicaid Insurance. *JAMA Pediatr.* 2023;177(9):939–946. doi:10.1001/jamapediatrics.2023.2310

2025 MCHS HB 871 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Maryland Community Health System

Bill Number: House Bill 871 – Health Services Cost Review Commission - Community Benefits - Community Health Worker Workforce Program.

Committee: Senate Finance Committee

Hearing Date: March 25, 2025

Position: Support

The Maryland Community Health System (MCHS) supports *House Bill 871 – Health Services Cost Review Commission - Community Benefits - Community Health Worker Workforce Program*. This bill adds a community health worker workforce program to the list of defined community benefits that may be provided by hospitals in the state.

As a network of Federally Qualified Health Centers (FQHCs), we work towards more equitable health care by providing primary, behavioral, and dental services to underserved communities. We have great respect for Community Health Workers (CHWs), who play a unique role in the pursuit of more equitable health care by serving as a bridge between communities and health care systems. As trusted members of their communities, they connect community members to health care services and other resources, disseminate culturally and linguistically appropriate public health information, and serve as advocates for community members.

Recognition of CHWs has increased in recent years, but more needs to be done to educate people about the potential of the CHW workforce in the lives of Marylanders. For example, the Community Preventive Services Task Force recommends engaging CHWs to increase cervical cancer screening, based on strong evidence that CHW delivered interventions increased screenings.¹ This kind of recommendation highlights just one of the many ways CHWs can improve lives in the communities they serve.

We ask for a favorable report. If we can provide additional information, please contact Robyn Elliott at relliott@policypartners.net.

¹ <https://pmc.ncbi.nlm.nih.gov/articles/PMC10033345/>

2025 MDAC HB 871 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



10015 Old Columbia Road, Suite B-215
Columbia, Maryland 21046
www.mdac.us

Bill Number: House Bill 871 – Health Services Cost Review Commission - Community Benefits - Community Health Worker Workforce Program

Committee: Senate Finance Committee

Hearing Date: March 25, 2025

Position: Support

The Maryland Dental Action Coalition (MDAC) strongly supports *House Bill 871 – Health Services Cost Review Commission – Community Benefits – Community Health Worker Workforce Program*. The legislation provides that hospitals can include community health worker programs that meet certain requirements on their community benefits reports.

Community health workers can have a significant impact on improving the oral health of their communities and increasing access to dental homes.ⁱ Community health workers help people find dental providers, find transportation to appointments, and provide information on oral health. This legislation helps Maryland advance the integration of community health workers into healthcare models by identifying a financing mechanism. With the Total Cost of Care Model, it makes sense for hospitals to invest in community health worker programs.

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

ⁱ <https://pubmed.ncbi.nlm.nih.gov/34029018/>

Optimal Oral Health for All Marylanders

2025 MdAPA HB 871 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



To: Senate Finance Committee

Bill: House Bill 871 – Health Services Cost Review Commission - Community Benefits
- Community Health Worker Workforce Program

Date: March 25, 2025

Position: Favorable

The Maryland Academy of Physician Assistants supports *House Bill 871 – Health Services Cost Review Commission - Community Benefits - Community Health Worker Workforce Program*. The bill provides for the circumstances in hospitals can include community health worker programs with their community benefits reports to the Health Services Cost Review Commission.

MdAPA supports policies that advance integrating community health workers into health system programs. The effectiveness of CHWs is well documented and broadly agreed. A literature review conducted by the Association for State and Territorial Health Offices and the National Association of Community Health Workers found that “the number of research articles on the impact of CHW-led interventions and programs has escalated dramatically over the past fifty years, and the scientific rigor of study designs has improved notably.”ⁱ The review found that interventions by CHWs improve health outcomes and are cost-effective for certain health conditions, particularly among underserved communities.

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net.

ⁱ <https://www.astho.org/globalassets/pdf/community-health-workers-summary-evidence.pdf>

2025 Moveable HB 871 House Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: House Health and Government Operations Committee

Bill Number: House Bill 871 – Health Services Cost Review Commission - Community Benefits - Community Health Worker Workforce Program.

Hearing Date: February 26, 2025

Position: Support

Moveable Feast supports House *Bill 871 – Health Services Cost Review Commission - Community Benefits - Community Health Worker Workforce Program*. This bill adds a community health worker workforce program to the list of defined community benefits that may be provided by hospitals in the state.

Moveable Feast’s mission is centered on health equity. We provide medically tailored meals to improve the health outcomes of people with serious chronic or life-threatening disease. We support policies to advance the integration of community health workers into our healthcare system, as the research has demonstrated their impact on addressing health disparities and improving health outcomes.ⁱ Community health workers are an essential part of Maryland’s strategy in successful implementation of the AHEAD Program and Total Cost of Care Model.

We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at relliott@policypartners.net.

ⁱ <https://www.astho.org/globalassets/pdf/community-health-workers-summary-evidence.pdf>

2025 TCC HB 871 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

Bill Number: House Bill 871 – Health Services Cost Review Commission - Community Benefits - Community Health Worker Workforce Program.

Hearing Date: March 25, 2025

Position: Support

The Coordinating Center supports House *Bill 871 – Health Services Cost Review Commission - Community Benefits - Community Health Worker Workforce Program*. This legislation provides for hospitals to include community health worker programs that meet certain requirements on their community benefits reports.

The Coordinating Center, a Maryland statewide nonprofit care coordination organization for people living with disabilities and complex medical needs, supports this legislation because of the importance of community health workers in effective population health programs. Community health workers, as part of an integrated care team, can improve health outcomes and reduce health disparities.ⁱ Community health workers are an essential part of Maryland’s strategy in successful implementation of the AHEAD Program and Total Cost of Care Model.

We ask for a favorable report. If we can provide any additional information that is helpful, please contact Robyn Elliott at relliott@policypartners.net.

ⁱ <https://www.astho.org/globalassets/pdf/community-health-workers-summary-evidence.pdf>

UNFAVORABLE.HB871.Senate.LauraBogley.MDRTL.pdf

Uploaded by: Laura Bogley

Position: UNF



UNFAVORABLE

HB871 Community Health Worker Workforce Program

Laura Bogley, JD
Executive Director
Maryland Right to Life, Inc.

On behalf of our Board of Directors and many chapters across the state, we oppose House Bill 871 and urge your unfavorable report. This bill seeks to establish a state policy and program to pressure hospitals and other medical establishments to contract with and compensate abortion workers under the guise of “Community Health”. Induced abortion is not healthcare, is never medically necessary and confers no “community benefit” to the people of Maryland.

This program will allow the abortion industry to receive pass-through federal taxpayer funding that is intended for hospitals but prohibited for abortion purposes. The bill also would make hospitals responsible for providing health insurance benefits for abortion workers. What begins as voluntary is likely to become a compulsory requirement for all hospitals. Additional state taxpayer funding appropriations for abortion organizations and workers will likely increase as a result of this policy.

MARYLAND’S SUBSTANDARD ABORTION WORKFORCE

As a result of the Abortion Care Access Act of 2022, state taxpayers were forced to fund an additional \$3.5 million dollars annually for the training of a substandard abortion workforce. The Act removed one of the few remaining safeguards in law for women seeking abortion, and repealed the physician-only requirement for abortion. As a result, any individual who is certified by the state may perform or provide abortions. This bill will require additional taxpayer funding to support and promote the coordination of abortion workforce agreements.

CONSCIENCE RIGHTS MUST NOT BE INFRINGED

The freedom to practice one’s religion is one of our most cherished rights. According to a January 2025 Marist poll, 62% of people, including 51% of democrats, responded that medical providers should not be legally required to perform induced abortions against their conscience.

Federal [law](#) recognizes this and protects medical personnel from being compelled to do something against their religious convictions. Without comprehensive protection, healthcare rights of conscience may be violated in various ways, such as harassment, demotion, salary reduction, transfer, termination, loss of staffing privileges, denial of aid or benefits, and refusal to license or refusal to certify.

But by enacting this bill, the Maryland General Assembly would induce hospitals to infringe upon the Constitutional right to the free exercise of religion guaranteed to all citizens under the **First Amendment** and force physicians to violate their Hippocratic Oath in which they swore first to do no



harm to their patients. As a result, healthcare providers will be forced to leave the state, exacerbating the problem of medical scarcity in Maryland.

The State would be encouraging hospitals to violate their employees' rights under federal [Title VII of the Civil Rights Act of 1964](#), which states that an employer must not discriminate against an employee based on the employee's religious beliefs. Employees cannot be subjected to harassment because of their religious beliefs or practices. Title VII requires employers to grant reasonable requests for religious accommodations unless doing so would result in undue hardship to the employer.

CONSCIENCE PROTECTIONS ARE COMMON SENSE

Current state laws do not provide adequate protections for healthcare providers. While statute protects the right of a provider to refuse to participate in abortion practices on the basis of religious beliefs, the law does not shield the provider from civil suit. Further non-religiously affiliated pro-life professionals, institutions, and payers may have moral (though not religious) objections to participating in, facilitating, and funding life-ending drugs and devices, but are left unprotected. Given this lack of conscience protections, pro-life healthcare providers, institutions, and taxpayers still face coercive efforts by the state government and private institutions to perform induced abortions.

Protecting the freedom of conscience is common sense. Conscience-respecting legislation does not ban any procedure or prescription and does not mandate any particular belief or morality. Protecting conscience helps ensure that healthcare providers enter and remain in their professions, helping to meet the rising demand for quality health care in Maryland.

ABORTION IS NOT HEALTHCARE

Abortion is not healthcare. It is violence and brutality that ends the lives of unborn children through suction, dismemberment, chemical poisoning or starvation. The fact that 85% of OB/GYNs in a representative national survey refuse to commit induced abortions is glaring evidence that abortion is not an essential part of women's healthcare.

The sole purpose of induced abortion is to end the life of a preborn patient. Doctors regularly treat serious pregnancy complications without intentionally killing a preborn child. This includes being able to perform maternal-fetal separations when a woman's life is endangered by a pregnancy complication – something that is already allowed by EMTALA as well as by every state law in the country. **No law in any state prohibits medical intervention to treat miscarriage, ectopic pregnancy or to save the physical life of the mother.**

NO PUBLIC FUNDING FOR ABORTION VIOLENCE

Maryland is one of only 4 states that forces taxpayers to fund abortions. There is longstanding bipartisan unity on prohibiting the use of taxpayer funding for abortion. 57% percent of those surveyed in a January 2025 Marist poll say they oppose taxpayer funding of abortion.



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. The Supreme Court affirmed in *Harris v. McRae* (1980), 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.*”

Furthermore, a state is under no constitutional duty to provide induced abortion services for those within its borders (*Youngberg v. Romeo*, 457 U.S. 307, 317 (1982)). There is no constitutional requirement for a state to fund non-therapeutic abortions (*Maher v. Roe*, 432 U.S. 464, 469 (1977)).

For these reasons we respectfully urge your unfavorable report on this bill. 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.

HB 871 - FIN - HSCRC - LOI.pdf

Uploaded by: State of Maryland (MD)

Position: INFO

March 19, 2025

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

**RE: House Bill 871 – Health Services Cost Review Commission-
Community Benefits - Community Health Worker Workforce
Program – Letter of Information**

Chair Beidle and Committee Members:

The Health Services Cost Review Commission (HSCRC) submits this letter of information for House Bill (HB) 871 titled, “Health Services Cost Review Commission – Community Benefits – Community Health Worker Workforce Program.” This bill would allow nonprofit hospitals to include investments in “community health worker workforce programs” in their state community benefit reports. Hospital participation in these programs is voluntary. The programs have specific requirements for hospitals and community organizations that opt to take part.

Hospital Community Benefit Reporting

Nonprofit hospitals must conduct and report community benefit activities annually. At the federal level, these reports are required to maintain the hospital’s tax-exempt status. Maryland’s reporting requirements build on federal standards, requiring additional details while not affecting a hospital’s tax-exempt status. HSCRC publishes each hospital’s report [online](#) and submits an annual statewide analysis to the General Assembly. In fiscal year 2023, nonprofit hospitals in Maryland reported providing \$2.3 million in community benefits, representing 11% of their total operating expenses.

Joshua Sharfstein, MD
Chairman

Joseph Antos, PhD
Vice-Chairman

James N. Elliott, MD

Ricardo R. Johnson

Maulik Joshi, DrPH

Adam Kane, Esq

Nicki McCann, JD

Jonathan Kromm, PhD *****
Executive Director

William Henderson
Director
Medical Economics & Data Analytics

Allan Pack
Director
Population-Based Methodologies

Gerard J. Schmith
Director
Revenue & Regulation Compliance

Claudine Williams
Director
Healthcare Data Management & Integrity

Maryland Definition of Community Benefits

Maryland law defines "community benefit" as a planned, organized effort to address identified community health needs. Qualifying activities include community health services, professional education, research, financial contributions, partnerships with community organizations, financial assistance, and behavioral health crisis support. HB 871 would add community health worker workforce programs to this list.

Community Health Workers and Reporting

Federal guidelines already permit hospitals to report some community health worker activities as community benefits, such as public health education and screenings. Maryland also includes these activities in state reports. HB 871 would explicitly add community health worker workforce programs as an eligible community benefit.

HB 871's Unique Requirements

Maryland law does not provide detailed requirements for how hospitals conduct the activities listed in the definition of "community benefit" (Health General §19-303(a)(3)). However, HB 871 would create a new statutory section (Health General §19-303.1) outlining specific requirements for community health worker workforce programs. These programs must be formal partnerships between nonprofit hospitals and community-based organizations, documented through a memorandum of understanding that includes provisions for health insurance coverage for participating workers. While it is common to include detailed requirements for programs in law, it is unusual to tie them to community benefits reporting.

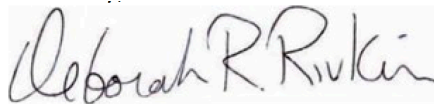
Maryland's Rate Setting System Supports Hospital Community Investment

Maryland's hospital community benefits reporting law does not mandate specific community benefit spending levels. Maryland's best tool to incentivize hospital investment in communities is through the hospital rate-setting system. Programs like Revenue for Reform allow hospitals to invest in approved community health initiatives that the hospital would otherwise lose under HSCRC's rate-setting policies. In FY 2024, this program directed \$26 million to community health efforts. HSCRC has also used the rate setting system to facilitate a \$79 million investment in behavioral health crisis services over five years. Additional programs support maternal and child health programs and workforce development.



The HSCRC remains committed to monitoring hospital community benefits and building programs, through the hospital rate-setting system, that support community health. If you have any questions or if I may provide you with any further information, please do not hesitate to contact me at 410-991-7422 or deborah.rivkin@maryland.gov, or Jon Kromm, Executive Director, at jon.kromm@maryland.gov.

Sincerely,

A handwritten signature in black ink that reads "Deborah R. Rivkin". The signature is written in a cursive style with a large initial "D".

Deborah Rivkin
Director, Government Affairs

