



## DEPARTMENT OF HEALTH

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

January 15, 2025

The Honorable Joseline Peña-Melnyk  
Chair, House Health and Government Operations Committee  
241 House Office Building  
Annapolis, MD 21401-1991

**RE: House Bill (HB) 170 - Maternal and Child Health Population Health Improvement Fund - Letter of Support**

Dear Chair Peña-Melnyk and Committee Members:

The Maryland Department of Health (Department) respectfully submits this letter of support for House Bill (HB) 170 – Maternal and Child Health Population Health Improvement Fund (the Fund). HB 170 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 and 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](mailto:sarah.case-herron@maryland.gov).

Sincerely,



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