

SB777 RHEAM SUPPORT.pdf

Uploaded by: Blalock, Isabel

Position: FAV



Andrea Williams-Muhammad, Co-Chair

443-452-7283

andnic.williams@gmail.com

Ashley Black, Esq., Co-Chair

410-625-9409, ext. 224

blacka@publicjustice.org

SB 777
Public Health - Maryland Prenatal and Infant Care Grant Program Fund
Hearing of the Senate Budget and Taxation Committee
February 24, 2021 1:00pm

SUPPORT

The Reproductive Health Equity Alliance of Maryland (RHEAM) is a cohort of community-based birth workers, policy and legal advocates, and organizations focusing on reproductive justice, pregnancy and infant health. We aim to reduce pregnancy and infant health disparities in Maryland's Black, Brown and immigrant communities by advocating for evidence-based legislative and policy solutions that expand access to quality health options designed to build healthy and stable families of color. We stand in strong support of SB777, sponsored by Senator Sarah Elfreth, because all people, including undocumented and low-income folks, are deserving of meaningful access to the health care and resources necessary to have healthy pregnancies and birth outcomes.

Undocumented individuals are much less likely than the general US population to receive adequate prenatal care,¹ and have higher rates of complications during labor.² This is likely the reason why undocumented foreign born Latinx individuals report lower birth weights (LBW) compared to their documented foreign-born Latinx counterparts, as well as other negative health outcomes.³ Considering that undocumented folks have extremely limited access to federal- and state-regulated health insurance due to structural policy barriers, federally qualified health centers (FQHCs) play an essential role in providing health care to the nation's most vulnerable populations.

SB 777 would provide grants to FQHCs, hospitals, and providers so that individuals who are uninsured and unable to access health insurance can get the prenatal care they need in order to have a successful pregnancy and birth experience. This bill will help to ensure that the state's FQHCs and providers who care for these individuals can afford to remain open while expanding health care access to undocumented pregnant folks. We applaud the bill's directive to prioritize funding for FQHCs and providers in counties with the highest rates of infant mortality, preterm birth, and Maryland Medicaid enrollees. Not only is providing uniform access to prenatal care for all people living in the state the humane thing to do, but it makes economic sense. The

¹ Korinek K, Smith KR. Prenatal care among immigrant and racial-ethnic minority women in a new immigrant destination: exploring the impact of immigrant legal status. *Soc Sci Med.* 2011;72(10):1695-1703.

² *AMA J Ethics.* 2019;21(1):E93-99. doi: 10.1001/amajethics.2019.93.

³ *Ibid*

children of undocumented immigrants are U.S. citizens that the state is charged with caring for, and prenatal care has found to be cost-saving on many fronts.⁴

All pregnant people are deserving of healthy and safe pregnancies, birth outcomes, and access to comprehensive support, resources, and healthcare. For these reasons, RHEAM urges the committee to issue a **favorable** report on **SB 777**. Please contact Isabel Blalock at 410.868.4055 or isabel@prochoicemd.org if you have any questions about this testimony.

Thank you for your time and consideration.

⁴ Gorsky RD, Colby JP Jr. The cost effectiveness of prenatal care in reducing low birth weight in New Hampshire. Health Serv Res. 1989 Dec;24(5):583-98. PMID: 2511163; PMCID: PMC1065587.

MedNax Testimony - SUPPORT - Senate Bill 777 - Pub

Uploaded by: Brocato, Barbara

Position: FAV

BROCATO & SHATTUCK

SUBJECT: Senate Bill 777 - Public Health - Maryland Prenatal and Infant Care Grant Program Fund

COMMITTEES: Senate Budget & Taxation Committee
The Honorable Guy Guzzone, Chair

DATE: February 24, 2021

POSITION: SUPPORT

On behalf of our client MEDNAX National Medical Group we support **Senate Bill 777**. MEDNAX provides prenatal, neonatal, maternal-fetal and pediatric services across the state of Maryland, with a strong concentration in Western Maryland and the Baltimore/DC corridor. MEDNAX providers treat a significant number of mothers and infants on Medicaid.

Senate Bill 777 "Renames the Maryland Prenatal and Infant Care Coordination Services Grant Program Fund to be the Maryland Prenatal and Infant Care Grant Program Fund; alters the purpose of the Fund to include making grants to federally qualified health centers, hospitals, and certain providers to increase access to prenatal care; requires the Governor to include in the annual budget bill certain appropriations for the Fund; requires that priority for awarding grants under certain provisions of the Act be given to certain proposals."

This bill will not only increase the amount of funds in the current Program, but allows for prenatal care providers to apply for funds. This is an important addition to the Program as it opens the door to providers to implement programs and extend services to the underserved in areas of the state with the most need.

The COVID crisis has only intensified the need for access to care for pregnant women, mothers and infants. MEDNAX physicians have risen to the challenge to ensure that access to patient care continued according to the State and Federal emergency guidance in effect at any given point of time. We know that more needs to be done and can be done to reach those in need of appropriate and essential prenatal, maternal and infant care.

Senate Bill 777 can be an important tool in expanding access to care and support innovative outreach and care delivery programs.

For these reasons we ask for a **FAVORABLE** report on **Senate Bill 777**.

For additional information please contact us at 410-269-1503 or barbara@bmbassoc.com

200 DUKE OF GLOUCESTER STREET, ANNAPOLIS, MD 21401
P: 410-269-1503 * F: 410-269-5021 * BARBARA@BMBASSOC.COM

SB777_Sen Elfreth FAV.pdf

Uploaded by: Elfreth, Sarah

Position: FAV

SENATOR SARAH ELFRETH
Legislative District 30
Anne Arundel County

Budget and Taxation Committee

Subcommittees

Education, Business and Administration

Chair, Pensions

Senate Chair

Joint Committee on Administrative,
Executive, and Legislative Review

Joint Committee on the Chesapeake and
Atlantic Coastal Bays Critical Area



James Senate Office Building
11 Bladen Street, Room 103
Annapolis, Maryland 21401
410-841-3578 · 301-858-3578
800-492-7122 Ext. 3578
Fax 410-841-3156 · 301-858-3156
Sarah.Elfreth@senate.state.md.us

THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

February 24, 2021

Testimony in Favor of SB777
Public Health - Maryland Prenatal and Infant Care Grant Program Fund

Chairman Guzzone, Vice-Chair Rosapepe, and fellow members of the Budget and Taxation Committee,

I respectfully request a favorable report of Senate Bill 777, legislation which would reinvigorate and expand the Maryland Prenatal and Infant Care Coordination Services Grant Program Fund to provide more direct care to expecting mothers throughout the State.

The Senate President's Workgroup on Equity and Inclusion, led by Senate President Pro Temp Griffith, spent the interim exploring, among other topics, policy tools this General Assembly can employ to close health disparities facing people of color in Maryland. This legislation, recommended in the Workgroup's final report, is intended to help address the particularly troubling rates of maternal and infant mortality too many Maryland women face. Let's begin with the facts:

1. Maryland's maternal mortality rate for Black women is 3.7 times that of White women and the racial disparity has widened in recent years.
2. Maryland's infant mortality rate for all races/ethnicities has remained level, but remains highest (10.2 per 1,000 in 2018) among the Black non-Hispanic population, nearly 2.5 times higher than the rate for the White non-Hispanic population.
3. According to the CDC, Maryland's 2013 to 2017 maternal mortality rate of 24.8 maternal deaths per 100,000 live births ranks 22nd among states. The maternal mortality rate for African American mothers is almost four times that of White mothers. For infant and neonatal mortality, Maryland ranks 35th and 39th among states, respectively, significantly higher than the national rate.
4. 7.3 percent of pregnant women in Maryland received late or no prenatal care.

This data is not new, and in 2019 the General Assembly established the Task Force on Maryland Maternal and Child Health to investigate the health of Maryland's mothers and children to make recommendations on how MDH and the General Assembly can enact policies to support maternal and child health.

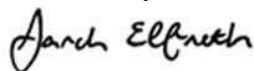
A key recommendation of this report was to drastically increase State support for prenatal care for expecting mothers who are left out of the coverage system and do not have access to care. This bill is a critical step in addressing Maryland's unacceptably high rates of maternal and infant mortality, particularly amongst women and babies of color. There are also real economic repercussions as well: every dollar spent on prenatal care saves an estimated \$3.33, primarily through reduced spending for low birthweight and preterm infants.

If passed, Senate Bill 777 will:

1. Rename the grant fund established in 2018 to the Maryland Prenatal and Infant Care Grant Program Fund;
2. Increase funding for the grant fund from its current \$100,000 to \$1.1M, \$2.1M, and \$3.1M in FY23, FY24, and FY25, respectively;
3. Expand those eligible to receive grants under the fund to include federally qualified health centers, hospitals, and providers of prenatal care;
4. Require the Secretary of MDH to consult with the Maternal and Child Health Bureau in establishing procedures on awarding the funds;
5. Ensure that priority is given to proposals that utilize the grant funds to serve communities that have: a high number of births to women enrolled in Medicaid, have high rates of infant mortality, and high rates of preterm births;
6. Require the recipient of the grant to provide at least 25% matching funds in the outyears in order to encourage partnerships and lasting programs; and
7. Require annual reports from MDH to the General Assembly on the distribution of these grants, statistics on the Marylanders served, and outcomes generated by this program.

Maryland is one of the wealthiest states in one of the wealthiest nations in the world, yet our healthcare system does not provide critical, live-saving preventative care to the most vulnerable in our communities: expectant mothers. Today you will hear from the authors of the report that recommended this policy investment, from doctors who are on the frontlines of caring for pregnant mothers who did not have access to prenatal care, and from the community groups working to fill in the gaps. Passing SB 777 could be one of the most consequential policy decisions this General Assembly makes all term. I respectfully urge a favorable report.

Sincerely,



Sarah Elfreth

2021 PPM SB 777 Senate Side.pdf

Uploaded by: Elliott, Robyn

Position: FAV

Planned Parenthood of Maryland

Committee: Senate Budget and Taxation Committee

Bill Number: SB 777

Title: Public Health – Maryland Prenatal and Infant Care Grant Program Fund

Hearing Date: February 24, 2021

Position: Support

Planned Parenthood of Maryland (PPM) supports with amendments *Senate Bill 777 – Public Health – Maryland Prenatal and Infant Care Grant Program Fund*. This bill would alter the Maryland Prenatal and Infant Care Coordination Services Grant Program fund to make grants available to federally qualified health centers, hospitals, and certain providers to increase access and funding for prenatal care.

Increasing access to prenatal care is incredibly important for the health and safety of pregnant women and babies. By allowing women and providers to identify and address health problems and behaviors that may cause particular harm during early fetal development, first-trimester prenatal care can lead to improved outcomes. While health promotion and access to assessment and treatment of health risks is needed by all pregnant women, prenatal care can be particularly important for low-income women who may lack ongoing preventative health care prior to pregnancy.¹

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

¹ <https://www.kff.org/wp-content/uploads/2003/05/3332-promoting-access-to-prenatal-care-report.pdf>

SB 777- Public Health - Maryland Prenatal and Infa

Uploaded by: Hafey, Elizabeth

Position: FAV

TO: The Honorable Guy Guzzone, Chairman
Senate Budget and Taxation Committee

FROM: Elizabeth A. Hafey, Esq.
Associate Director, State Affairs, Johns Hopkins University and Medicine

DATE: February 24, 2021

Thank you for the opportunity to express Johns Hopkins University and Medicine's support for SB777, Public Health - Maryland Prenatal and Infant Care Grant Program Fund. This legislation, consistent with recommendations from the Report on Senate President's Workgroup on Equity and Inclusion and the 2020 Task Force on Maryland Maternal and Child Health, takes meaningful action and provides increased funding to address Maryland's high rates of maternal and infant mortality, particularly amongst women and babies of color.

Specifically, the legislation will provide critical prenatal care services to underinsured and uninsured women by restructuring the Maryland Prenatal and Infant Care Coordination Services Grant Program Fund into the Maryland Prenatal and Infant Care Grant Program (Program) and will dedicate \$1.1M in FY23, \$2.1M in FY24, and \$3.1M in FY25 for the Program. SB777 will also expand access to healthcare for mothers whose citizenship status and lack of health insurance often prevents them from seeking prenatal care, thereby exacerbating the risk of poor outcomes for themselves and their babies.

The Program may award grants to Federally Qualified Health Centers, hospitals, county health departments and other providers. Priorities will be given to entities that propose to serve communities that have a high number of births to women enrolled in the Maryland Medical Assistance Program, high rates of infant mortality, and high rates of preterm births. There is also a provision to award grants to those proposals that increase accessibility to prenatal care in communities with members who would otherwise not receive prenatal care, including women who cannot obtain prenatal care due to their immigration status.

SB777 is especially timely as the urgent need to address health disparities is now more apparent than ever. The COVID-19 pandemic has illuminated the fact that Maryland Black and Latinx communities bear an undeserved burden of racial, economic, and health disparities. According to the CDC, Maryland's 2013 to 2017 maternal mortality rate of 24.8 maternal deaths per 100,000 live births ranks 22nd among states. The maternal mortality rate for African American mothers is almost four times that of White mothers. For infant and neonatal mortality, Maryland ranks 35th and 39th among states, respectively, significantly higher than the national rate.

This legislation provides a significant opportunity to turn the tide in the battle against health inequities and particularly Maryland's mothers and children. All Marylanders deserve access to high-quality, affordable health care. Johns Hopkins applauds the leadership of the General Assembly and the sponsors of this legislation for recognizing the critical need to address this issue; **we urge a favorable report on SB777.**

cc: Senator Sarah Elfreth
Members of Senate Budget and Taxation Committee

SB0777_FAV_MedChi, MDAAP, MDACOG, MACHC_PH - MD Pr

Uploaded by: Kasemeyer, Pam

Position: FAV



MID-ATLANTIC ASSOCIATION OF
COMMUNITY HEALTH CENTERS

TO: The Honorable Guy Guzzone, Chair
Members, Senate Budget and Taxation Committee
The Honorable Sarah K. Elfreth

FROM: Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman

DATE: February 24, 2021

RE: **SUPPORT** – Senate Bill 777 – *Public Health – Maryland Prenatal and Infant Care Grant Program Fund*

On behalf of the Maryland State Medical Society, the Maryland Chapter of the American Academy of Pediatrics, the Maryland Section of the American College of Obstetricians and Gynecologists, and the Mid-Atlantic Association of Community Health Centers, we submit this letter of **support** for Senate Bill 777.

Senate Bill 777 expands the current Prenatal and Infant Care grant program to include grant funding for the provision of prenatal care services to low-income residents who do not otherwise have access to Medicaid or other health care services. The bill reflects the recommendations included in the final report of the Maternal and Child Health Task Force created by the General Assembly to comprehensively assess and identify policies and programs to address maternal and child health disparities. It also is reflected in the recommendations of the Senate President's Advisory Group on Equity and Inclusion.

This legislation is a priority of the above-named organizations and they look forward to working with the sponsor and members of the Committee to address the need to enhance birth outcomes and reduce unnecessary health disparities and inequities for both maternal and child health. A favorable report is requested.

For more information call:

Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
410-244-7000

SB 777- Public Health - Maryland Prenatal and Infa

Uploaded by: Krienke, Jane

Position: FAV



Maryland
Hospital Association

February 24, 2021

To: The Honorable Guy Guzzone, Chair, Senate Budget & Taxation Committee

Re: Letter of Support- Senate Bill 777- Public Health - Maryland Prenatal and Infant Care Grant Program Fund

Dear Chair Guzzone:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to offer our support for Senate Bill 777.

Over the last 10 years Maryland's maternal mortality rate has declined, but the racial disparity has only widened. Black women alarmingly die from childbirth at four times the rate of White women.¹ According to the Maryland Maternal Mortality Review Program, 81% of the pregnancy-associated deaths between 2013-2017 were preventable or potentially preventable.² These trends show there are opportunities to address the underlying risk factors and save lives.

Identifying and preventing severe maternal morbidity (SMM) events—"unintended outcomes of the process of labor and delivery that result in significant short-term or long-term consequences to a woman's health"—is essential.³ These include heart attack, eclampsia, and sepsis. In 2018, of the 62,423 deliveries in Maryland hospitals, there were 1,508 SMM events. Many of these instances of severe maternal morbidity were preventable.⁴ Black, Asian Pacific Islander, and Hispanic mothers experience SMM events nearly one and a half to two times the rate as white mothers.⁵

SB 777 complements the state's ambitious and life-saving goal of reducing rates of severe maternal morbidity

As part of our Total Cost of Care Model agreement with the federal government, the state submitted the State Integrated Health Improvement Strategy in December. It includes goals for three population health domains: diabetes, opioid use disorder, and maternal and child health. For the maternal and child health domain, the state committed to reduce the overall SMM rate by

¹ Maryland Department of Health. (April 6, 2020). "[Health-General Article, §13-1207, Annotated Code of Maryland - 2019 Annual Report – Maryland Maternal Mortality Review](#)".

² Maryland Maternal Health Innovation Program. (n.d.). "[Maternal Mortality in Maryland](#)".

³ The American College of Obstetricians and Gynecologists. (September, 2016). "[Severe Maternal Morbidity: Screening and Review](#)".

⁴ Maryland Health Services Cost Review Commission. (December 14, 2020). "[Statewide Integrated Health Improvement Strategy Proposal](#)".

⁵ Ibid.

19% by 2026, focusing on closing the racial gap by reducing the Black Non-Hispanic rate by 20%.⁶

SB 777 plays a critical role toward achieving this goal. The bill expands the eligibility of the Maryland Prenatal and Infant Care Grant Program Fund beyond county governments to include hospitals, federally qualified health centers, and perinatal care professionals. Prioritization is given to projects that serve communities with a high number of Medicaid beneficiaries and greater rates of infant mortality and preterm births. **By providing funding directly to those delivering care, the state is investing in interventions to improve health care outcomes for mothers and babies before, during, and after birth.**

Studies show uninsured pregnant women receive less prenatal care and have a greater chance of adverse outcomes, including low birth weight and infant mortality.^{7,8} Throughout the state there are clinics committed to caring for uninsured pregnant women. One hospital-affiliated prenatal clinic in Montgomery County served more than 1,000 patients last year, the majority identifying as Hispanic and either uninsured or uninsurable. The clinic reported a 1.9% low birth weight rate compared with the statewide rate of 6.9% for Hispanic infants. Low birth weight is one of the leading causes of infant mortality and is often impacted by factors like the health and socio-economic status of the mother.^{9,10} This is just one example of a potential beneficiary of the grant funding available through SB 777.

Achieving the goals outlined in the State Integrated Health Improvement Strategy will take an all-hands-on-deck approach. Success will demonstrate the effectiveness of the Maryland Model and, more importantly, advance the health of all Marylanders. This bill complements the state's ongoing work to address disparate maternal and child health outcomes, including creating a statewide process to review cases of severe maternal morbidity, providing implicit bias training for perinatal caregivers, and coordinating hospital-based quality improvement initiatives.

For these reasons, we request a favorable report on SB 777.

For more information, please contact:
Jane Krienke, Legislative Analyst, Government Affairs
Jkrienke@mhaonline.org

⁶ Maryland Health Services Cost Review Commission. (December 14, 2020). "[Statewide Integrated Health Improvement Strategy Proposal](#)".

⁷ The American College of Obstetricians and Gynecologists. (January, 2013). "[Benefits to Women of Medicaid Expansion Through the Affordable Care Act](#)".

⁸ Georgetown University Health Policy Institute Center for Children and Families. (May, 2019). "[Medicaid Expansion Fills Gaps in Maternal Health Coverage Leading to Healthier Mothers and Babies](#)".

⁹ Maryland Department of Health. (October, 2019). "[Maryland Vital Statistics Infant Mortality in Maryland, 2018](#)".

¹⁰ March of Dimes. (March, 2018). "[Low Birthweight](#)".

SB 777_FAV_Macsherry_Prenatal.pdf

Uploaded by: Macsherry, Clinton

Position: FAV



Testimony Concerning SB 777
“Public Health – Maryland Prenatal and Infant Care Grant Program Fund”
Submitted to the Senate Budget & Taxation Committee
February 24, 2021

Position: Support

Maryland Family Network (MFN) strongly supports SB 777, which would expand the purposes and funding for a grant program focused on prenatal services for low-income pregnant women as well as care for postpartum women and their children from birth to age three.

MFN has worked since 1945 to improve the availability and quality of child care and other supports for children and families in Maryland. As the largest and oldest statewide child advocacy organization in Maryland, MFN is strongly committed to ensuring the health and well-being of children across our state.

An existing grant program, established by statute in 2018, seeks to improve the coordination of services to at-risk pregnant women and new mothers, services that can prove challenging from both a programmatic and funding standpoint. Care coordination links pregnant women to services that support a healthy pregnancy with the goal of reducing poor birth outcomes, such as premature birth, low birth weight, and infant mortality. After the child’s birth, care coordination identifies and integrates supports for both mother and baby, which can range from home visiting and evaluation for maternal depression to intervention related to developmental delays and linkages to insurance and nutrition programs.

And yet we know that serious gaps exist not only in the coordination but also the provision of services. Maryland experiences a high number of births to Medicaid-eligible mothers, and their circumstances pose significant risks for both mother and child. While retaining the existing program’s focus on this underserved population, SB 777 would expand the potential uses of the grant funds, broaden the types of health providers eligible to receive grants, and ensure much more robust funding on an annual basis. Accountability is woven into the provisions of the legislation.

To help ensure healthy pregnancies and healthy babies for some of our most vulnerable Marylanders, MFN urges your favorable consideration of SB 777.

MRHA SB777 - Public Health - Maryland Prenatal and

Uploaded by: Orosz, Samantha

Position: FAV



Statement of Maryland Rural Health Association

To the Budget and Taxation Committee

February 24, 2021

Senate Bill 777 Public Health - Maryland Prenatal and Infant Care Grant Program Fund

POSITION: SUPPORT

Chair Guzzone, Vice Chair Rosapepe, Senator Elfreth, and members of the Budget and Taxation Committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 777 Public Health - Maryland Prenatal and Infant Care Grant Program Fund.

MRHA supports this legislation that allows the Maryland Prenatal and Infant Care Grant Program Fund to distribute grants to federally qualified health centers, hospitals, and certain providers to increase access to prenatal care.

This legislation would increase access to prenatal care in rural communities that depend on quality health care services from federally qualified health centers and other community-based providers. Rural Marylanders suffer from chronic lack of care, and this increase in funding for prenatal services would greatly benefit rural communities.

MRHA's mission is to educate and advocate for the optimal health and wellness of rural communities and their residents. Membership is comprised of health departments, hospitals, community health centers, health professionals, and community members in rural Maryland.

Rural Maryland represents almost 80 percent of Maryland's land area and 25% of its population. Of Maryland's 24 counties, 18 are considered rural by the state, and with a population of over 1.6 million they differ greatly from the urban areas in the state.

And while Maryland is one of the richest states, there is great disparity in how wealth is distributed. The greatest portion of wealth resides around the Baltimore/Washington Region; while further away from the I-95 corridor, differences in the social and economic environment are very apparent.

MHRA believes this legislation is important to support our rural communities and we thank you for your consideration.

Lara Wilson, Executive Director, larawilson@mdruralhealth.org, 410-693-6988

SB0777 MD NARAL SUPPORT.pdf

Uploaded by: Philip, Diana

Position: FAV



SB0777 Public Health – Maryland Prenatal and Infant Care Grant Program Fund
Presented to the Hon. Guy Guzzone and Members of the Senate Budget and Taxation Committee
February 24, 2021 1:00 p.m.

POSITION: SUPPORT

NARAL Pro-Choice Maryland urges **the Senate Budget and Taxation Committee to issue a favorable report on SB0777 Public Health – Maryland Prenatal and Infant Care Grant Program**, sponsored by Senator Sarah Elfreth.

Our organization is an advocate for reproductive health, rights, and justice. We strive to ensure every individual has the freedom to decide if, when, and how to form their families, and to parent with dignity, in safety, and in good health. In doing so, we recognize the importance of programs dedicated to ensuring that all pregnant people can get the health care they need in order to experience safe and positive pregnancy and birth outcomes.

Affordable, comprehensive prenatal care is critical to ensuring healthy and stable Maryland families. We believe that extending the funds of the Maryland Prenatal and Infant Care Grant Program Fund to federally qualified health centers (FQHCs), hospitals, and providers of prenatal care will foster positive health outcomes in our state. Undocumented individuals are much less likely than the general U.S. population to receive adequate prenatal care,¹ and have higher rates of complications during labor.² This is likely the reason why undocumented foreign born Latinx individuals report lower birth weights (LBW) compared to their documented foreign-born Latinx counterparts, as well as other negative health outcomes.

Under SB0777, competitive grants would be awarded to qualified health centers, hospitals, and providers of prenatal care in communities with members who would otherwise not receive pre-natal care including women who cannot obtain prenatal care due to their immigration status. While most U.S.-born low-income women are eligible for Medicaid or the Children’s Health Insurance Program (CHIP) during pregnancy, it is extremely difficult for undocumented people to access comprehensive federal- and state-regulated health insurance. Considering these limitations, FQHCs play an essential role in providing healthcare to the nation’s most vulnerable populations. By including women who cannot obtain prenatal care due to their immigration status in SB0777, we can ensure that future American citizens will have a lower incidence of low birthweight, preterm birth, being small for gestational age, and infant death.

Access to quality and affordable health care is a basic right that all people deserve to enjoy regardless of immigration status. For these reasons, **NARAL Pro-Choice Maryland urges a favorable committee report on SB0777**. Thank you for your time and consideration.

¹ Korinek K, Smith KR. Prenatal care among immigrant and racial-ethnic minority women in a new immigrant destination: exploring the impact of immigrant legal status. *Soc Sci Med.* 2011;72(10):1695-1703.

² AMA J Ethics. 2019;21(1):E93-99. doi: 10.1001/amajethics.2019.93.

CareFirst Testimony in Support of HB1349_SB 777 Ma

Uploaded by: Rivkin, Deborah

Position: FAV

Deborah Rivkin
Vice President
Government Affairs – Maryland

CareFirst BlueCross BlueShield
1501 S. Clinton Street, Suite 700
Baltimore, MD 21224-5744
Tel. 410-528-7054
Fax 410-528-7981



HB 1349 / SB 777 -Public Health – Maryland Prenatal and Infant Care Grant Program Fund

Position: Support

Thank you for the opportunity to provide written comments in support of House Bill 1349 / Senate Bill 777. This bill provides enhanced grant funding and expanded eligibility under the Maryland Prenatal and Infant Care Grant Program Fund. The bill requires the Program Fund to award this enhanced funding to Federally Qualified Health Centers (FQHCs), hospitals, and providers of prenatal care that propose a program to provide and promote prenatal care to women who would otherwise not receive such care, including women who cannot obtain prenatal care due to their immigration status.

As part of our mission, CareFirst is committed to driving transformation of the healthcare experience with and for our members and communities, with a focus on quality, equity, affordability, and access to care. Racial and ethnic minorities in traditionally underserved communities experience significant disparities in maternal/child health (MCH) outcomes due to lack of access to care, especially prenatal care. To combat these disparities, we strongly support House Bill 1349 / Senate Bill 777, which would provide necessary funding and resources to FQHCs, hospitals, and providers that provide direct healthcare services to these underserved communities, strengthen access to prenatal care, and ultimately improve health outcomes for women who would otherwise not receive needed prenatal care. We believe this bill presents a promising policy solution to reduce MCH disparities in the state.

CareFirst, along with the BlueCross BlueShield Association and other Blues plans, are committed to support and partner with stakeholders to reduce disparities in MCH outcomes. CareFirst supported the inclusion of MCH as the third population health focus area under the state Total Cost of Care Model's Statewide Integrated Health Improvement Strategy. CareFirst has also made significant investment in Maryland and regionwide to improve MCH and reduce outcome disparities:

- Since 2009, CareFirst has invested more than \$20 million to support MCH efforts in Maryland, D.C., and Northern Virginia.
- In Baltimore City, CareFirst has provided more than \$10 million since 2009 to support the B'more for Healthy Babies Initiative. Through services like home visiting, central intake/triage, between 2009 and 2018, the initiative resulted in:
 - 15-30% decrease in infant mortality rate;
 - 71% decrease in sleep-related infant deaths; and
 - 75% decrease in teen birth rate.
- In 2018, CareFirst supported key MCH programming in Anne Arundel County, Montgomery County, Prince George's County, St. Mary's County, and Wicomico County. A few examples include:
 - Anne Arundel Medical Center Foundation, \$100,000 to support staff training, doula services, and prenatal care;
 - Chesapeake Health Care, \$250,000 to expand obstetrical services addressing prenatal care and substance use services to more than 3,000 patients on Maryland's Eastern Shore;
 - Mary's Center, \$200,000 to expand prenatal care including group care prenatal services, substance use services and postpartum depression treatment to mothers in Prince George's County; and
 - Prince George's County Health Department, \$150,000 to expand prenatal care, home visits, and breastfeeding consultative services.

- In 2019, CareFirst released additional funding to support programming that expands access to care, organizes community resources, supports expectant mothers, and addresses factors that contribute to premature births, low birth weight, infant mortality, and unsafe sleep.

CareFirst enthusiastically supports the policy goals advanced by House Bill 1349 / Senate Bill 777. We look forward to partnering with legislators, health departments, public health groups, and other stakeholders to advance health equity, as we continue to deploy and invest in targeted strategies outside and within our own organization to ensure the health and wellbeing of our members and communities.

We urge a favorable report.

About CareFirst BlueCross BlueShield

In its 83rd year of service, CareFirst, an independent licensee of the Blue Cross and Blue Shield Association, is a not-for-profit healthcare company which, through its affiliates and subsidiaries, offers a comprehensive portfolio of health insurance products and administrative services to 3.4 million individuals and employers in Maryland, the District of Columbia and Northern Virginia. In 2019, CareFirst invested \$43 million to improve overall health, and increase the accessibility, affordability, safety, and quality of healthcare throughout its market areas. To learn more about CareFirst BlueCross BlueShield, visit our website at www.carefirst.com and our transforming healthcare page at www.carefirst.com/transformation, or follow us on [Facebook](#), [Twitter](#), [LinkedIn](#) or [Instagram](#).

Maryland Catholic Conference_FAV_SB777.pdf

Uploaded by: Sheahan, Molly

Position: FAV



ARCHDIOCESE OF BALTIMORE † ARCHDIOCESE OF WASHINGTON † DIOCESE OF WILMINGTON

February 24, 2021

Senate Bill 777

**Public Health - Maryland Prenatal and Infant Care Grant Program Fund
Senate Budget and Taxation Committee**

Position: Support

The Maryland Catholic Conference represents the public policy interests of the three Roman Catholic (arch)dioceses serving Maryland: the Archdiocese of Baltimore, the Archdiocese of Washington, and the Diocese of Wilmington, which together encompass over one million Marylanders.

Senate Bill 777 would expand the Maryland Prenatal and Infant Care Grant Program Fund to \$1.1 million in 2023, \$2.1 million in 2024, and \$3.1 million in 2025. It would also expand the eligible grant applicants to include not just counties but also federally qualified health centers, hospitals and other prenatal care providers.

In 2018, 30% of pregnant women in Maryland received inadequate prenatal care, and 7% of pregnant women received late (third trimester) or no prenatal care. The picture worsens for Black and Latina mothers who were twice as likely to receive late or no prenatal care.¹ In Prince George's County, just half of Latina mothers received adequate prenatal care in 2017.²

Lack of prenatal care is implicated in maternal and infant mortality, preterm birth, low birth weight, and worse health outcomes for mothers and infants, all of which disproportionately impact our low-income, minority and immigrant communities in the state. The barriers for women receiving prenatal care include lack of access, high cost especially for the uninsured, and the fact that thousands of undocumented mothers are ineligible for Medicaid.

Our Catholic healthcare systems, hospitals and clinics serve mothers who could not otherwise afford healthcare every day and this bill would help to ensure more women receive the care they need. The Conference works to support efforts that are life-affirming. Providing grants to qualified prenatal care providers will ensure the health and safety of mothers and babies who are at risk.

It is for these reasons that the Maryland Catholic Conference asks for a favorable report for **SB777**. Thank you for your consideration.

¹ Maryland Department of Health, [Vital Statistics Report](#), 2018

² Prince George's County Health Department, [Maternal and Infant Health Report](#), 2019

10 FRANCIS STREET † ANNAPOLIS, MARYLAND 21401-1714
410.269.1155 • 301.261.1979 • FAX 410.269.1790 • WWW.MDCATHOLIC.ORG

2021 ACNM SB 777 Senate Side.pdf

Uploaded by: Chitalia, Suhani

Position: FWA



Committee: Senate Budget and Taxation Committee
Bill Number: SB 777
Title: Public Health – Maryland Prenatal and Infant Care Grant Program Fund
Hearing Date: February 24, 2021
Position: Support with Amendments

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) strongly supports *Senate Bill 777 – Public Health – Maryland Prenatal and Infant Care Grant Program Fund*. This bill would enhance the Maryland Prenatal and Infant Care Coordination Services Grant Program by making funds available to federally qualified health centers and other practitioners to provide services related to prenatal care.

Prenatal care is essential to ensuring positive health outcomes for pregnant women and newborns. According to the Kaiser Family Foundation, “as many as 60% of all maternal deaths in the U.S. are preventable and that increasing access to preconception, prenatal, and interconception care can reduce pregnancy-related complications.”ⁱ

The Maryland Medical Assistance Program provides coverage for prenatal services for pregnant individuals, but some low-income individuals are still unable to qualify. When left without coverage, these individuals may forgo needed prenatal services – leading to poor outcomes for themselves and their newborns. This legislation proposes a grant program that will provide basic prenatal services for individuals who do not qualify for Medicaid, but cannot afford health care services on their own.

ACNM requests a technical amendment to recognize certified nurse-midwives and other non-physician providers of prenatal care. We are working with the bill sponsor on this amendment. We ask for a favorable report with technical amendments on this critical piece of legislation. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

ⁱ Artiga, Samantha et al. “Racial Disparities in Maternal and Infant Health: An Overview. Kaiser Family Foundation. November 10, 2020. <https://www.kff.org/report-section/racial-disparities-in-maternal-and-infant-health-an-overview-issue-brief/>

2021 MCHS SB 777 Senate Side.pdf

Uploaded by: Chitalia, Suhani

Position: FWA



Maryland Community Health System

Committee: Senate Budget and Taxation Committee
Bill Number: Senate Bill 777 – Public Health – Maryland Prenatal and Infant Care Grant Program Fund
Hearing Date: February 24, 2021
Position: Support with Technical Amendments

Maryland Community Health System (MCHS) supports with technical amendments *Senate Bill 777 – Public Health – Maryland Prenatal and Infant Care Grant Program Fund*. This bill would alter the Maryland Prenatal and Infant Care Coordination Services Grant Program fund to make grants available to federally qualified health centers, hospitals, and certain providers to increase access and funding to prenatal care.

As a network of federally qualified health centers (FQHCS), Maryland Community Health System is focused on serving patients who are uninsured or have coverage through Medicaid or Medicare. Every day, our health centers see patients who have delayed seeking prenatal care because they did not have insurance coverage. They are at higher risk for conditions such as gestational diabetes, preterm births, and low birthweight newborns. We support the legislation because not all low-income pregnant women qualify for the Maryland Medical Assistance Program. The legislation addresses the coverage gap by creating a grant program that will cover prenatal services.

We request a technical amendment that clarifies that prenatal services could include behavioral health and oral health services. This amendment will ensure providers can treat all health conditions that affect the outcome of a pregnancy.

Thank you for your consideration of our testimony, and we urge a favorable vote with a technical amendment related to behavioral and oral health. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

2021 MDAC SB 777 Senate Side.pdf

Uploaded by: Chitalia, Suhani

Position: FWA



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

Committee: Senate Budget and Taxation Committee

Bill Number: SB 777

Title: Public Health – Maryland Prenatal and Infant Care Grant Program Fund

Hearing Date: February 24, 2021

Position: Support with Technical Amendments

The Maryland Dental Action Coalition (MDAC) strongly supports *Senate Bill 777 – Public Health – Maryland Prenatal and Infant Care Grant Program Fund*. This bill would enhance the Maryland Prenatal and Infant Care Coordination Services Grant Program by making funds available to federally qualified health centers and other practitioners to provide services related to prenatal care.

MDAC supports the establishment of a grant program to support prenatal services offered by trusted community providers. Not all individuals with lower incomes qualify for the Maryland Medicaid Program. Without coverage, pregnant women may not be able to get the services needed for a healthy pregnancy and birth. Expanding prenatal service will help Maryland address health disparities. According to the Kaiser Family Foundation, “Black and Hispanic women are at significantly higher risk for severe maternal morbidity, such as preeclampsia, which is significantly more common than maternal death.”ⁱ

MDAC requests a technical amendment to clarify that grant funds could cover oral health services if needed to maintain a healthy pregnancy. According to a recent analysis of 23 systemic reviews, researchers “found strong evidence for an association between periodontal disease and various adverse pregnancy outcomes.”ⁱⁱ

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

Optimal Oral Health for All Marylanders

ⁱ Artiga, Samantha et al. "Racial Disparities in Maternal and Infant Health: An Overview. Kaiser Family Foundation. November 10, 2020. [h/ttps://www.kff.org/report-section/racial-disparities-in-maternal-and-infant-health-an-overview-issue-brief](https://www.kff.org/report-section/racial-disparities-in-maternal-and-infant-health-an-overview-issue-brief)

ⁱⁱ Daalderop LA, Wieland BV, Tomsin K, et al. Periodontal Disease and Pregnancy Outcomes: Overview of Systematic Reviews. JDR Clinical & Translational Research. 2018;3(1):10-27. doi:10.1177/2380084417731097

Optimal Oral Health for All Marylanders

2021 MNA SB 777 Senate Side.pdf

Uploaded by: Chitalia, Suhani

Position: FWA



Committee: Senate Budget and Taxation Committee
Bill Number: SB 777
Title: Public Health – Maryland Prenatal and Infant Care Grant Program Fund
Hearing Date: February 24, 2021
Position: Support with Technical Amendments

The Maryland Nurses Association (MNA) supports with technical amendments *Senate Bill 777 – Public Health – Maryland Prenatal and Infant Care Grant Program Fund*. This bill would alter the Maryland Prenatal and Infant Care Coordination Services Grant Program fund to make grants available to federally qualified health centers, hospitals, and certain providers to increase access and funding for prenatal care.

Increasing access to prenatal care is incredibly important for the health and safety of pregnant women and babies. By allowing women and providers to identify and address health problems and behaviors that may cause particular harm during early fetal development, first-trimester prenatal care can lead to improved outcomes. While health promotion and access to assessment and treatment of health risks is needed by all pregnant women, prenatal care can be particularly important for low-income women who may lack ongoing preventative health care prior to pregnancy.¹

We are working with the bill sponsor on a technical amendment to clarify that prenatal providers include advanced practice registered nurses. Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

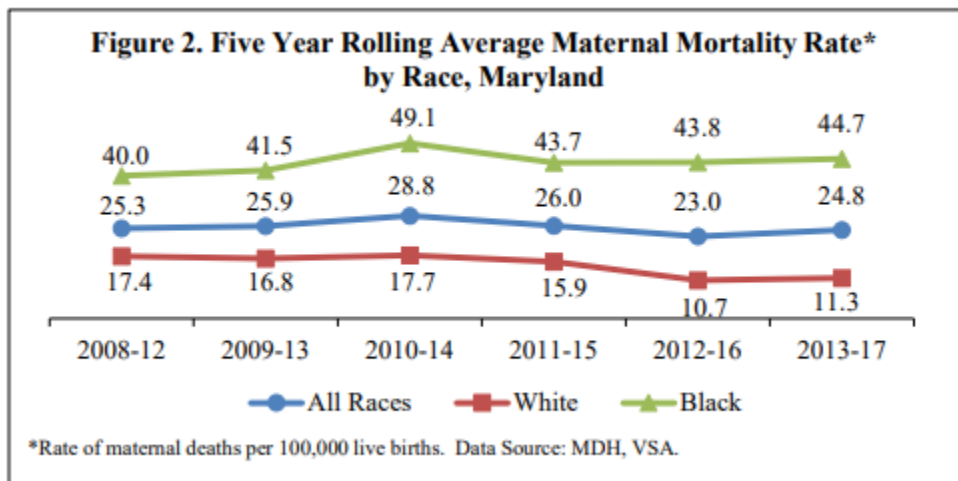
¹ <https://www.kff.org/wp-content/uploads/2003/05/3332-promoting-access-to-prenatal-care-report.pdf>

SB 777 FAV w.Amend_ACY_MRock.pdf

Uploaded by: Rock, Melissa

Position: FWA

To: The Honorable Chair, Senator Guy Guzzone, and members of the Budget and Taxation Committee
 From: Melissa S. Rock, Director, Birth to Three Strategic Initiative
 Re: **SB 777- Public Health - Maryland Prenatal and Infant Care Grant Program Fund**
 Date: February 24, 2021
 Position: **Support with Amendments**

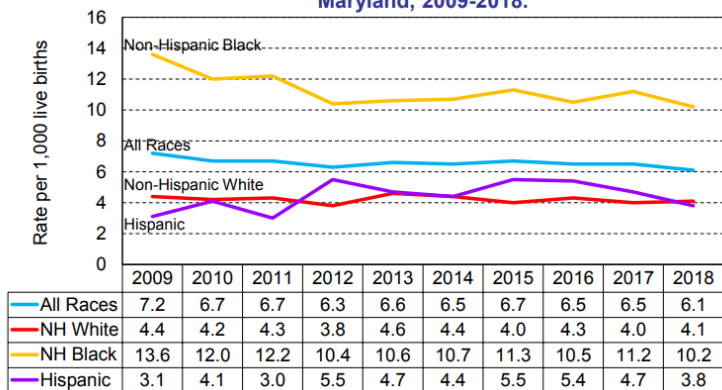


There are significant racial disparities in birth outcomes for Black pregnant individuals and Black babies. Black pregnant individuals in Maryland are 4 times more likely to die after childbirth than their White counterparts (see Figure 2 included here).ⁱ According to the State's Maternal Mortality Review Program, "compared to 2008- 2012, the 2013-2017 White MMR in Maryland **decreased 35.4 percent** and **The 2013-2017 Black MMR is 4**

the Black MMR **increased 11.9 percent**, increasing the racial difference. **The 2013-2017 Black MMR is 4 times the White MMR.**"ⁱⁱ (Emphasis Added.)

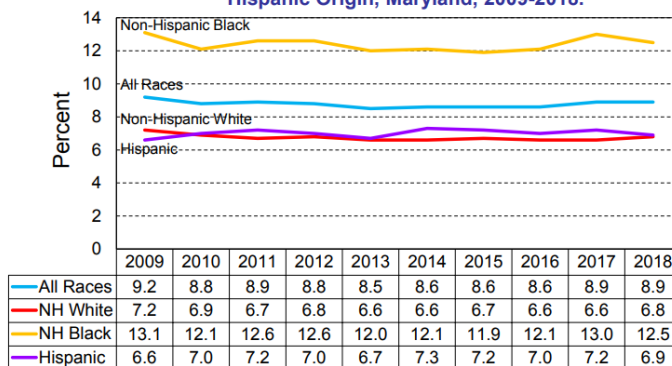
INFANT MORTALITY

Infant Mortality Rate by Race and Hispanic Origin, Maryland, 2009-2018.



LOW BIRTH WEIGHT

Percentage of Low Birth Weight Infants by Race and Hispanic Origin, Maryland, 2009-2018.



Similarly, the infant mortality rate for Black babies in Maryland is almost 2.5 times higher than the infant mortality rate for White babiesⁱⁱⁱ and low birth weight rates (a leading cause of infant mortality) for Black babies is almost 2 times that of White babies^{iv} (see graphs above). Please also see the attached graphs at the end of this testimony for county level racial disparity data in infant mortality^v and low birth weight^{vi} from Maryland's 2017 Vital Statistics Report.

ACY was pleased to be one of the organizations that supported the creation of the Maryland Department of Health's Maryland Prenatal and Infant Care Coordination Services Grant Program Fund. The impetus for creating that fund was to close the racial disparities in birth outcomes for Black Marylanders. High quality care coordination ensures that families are connected with the services best

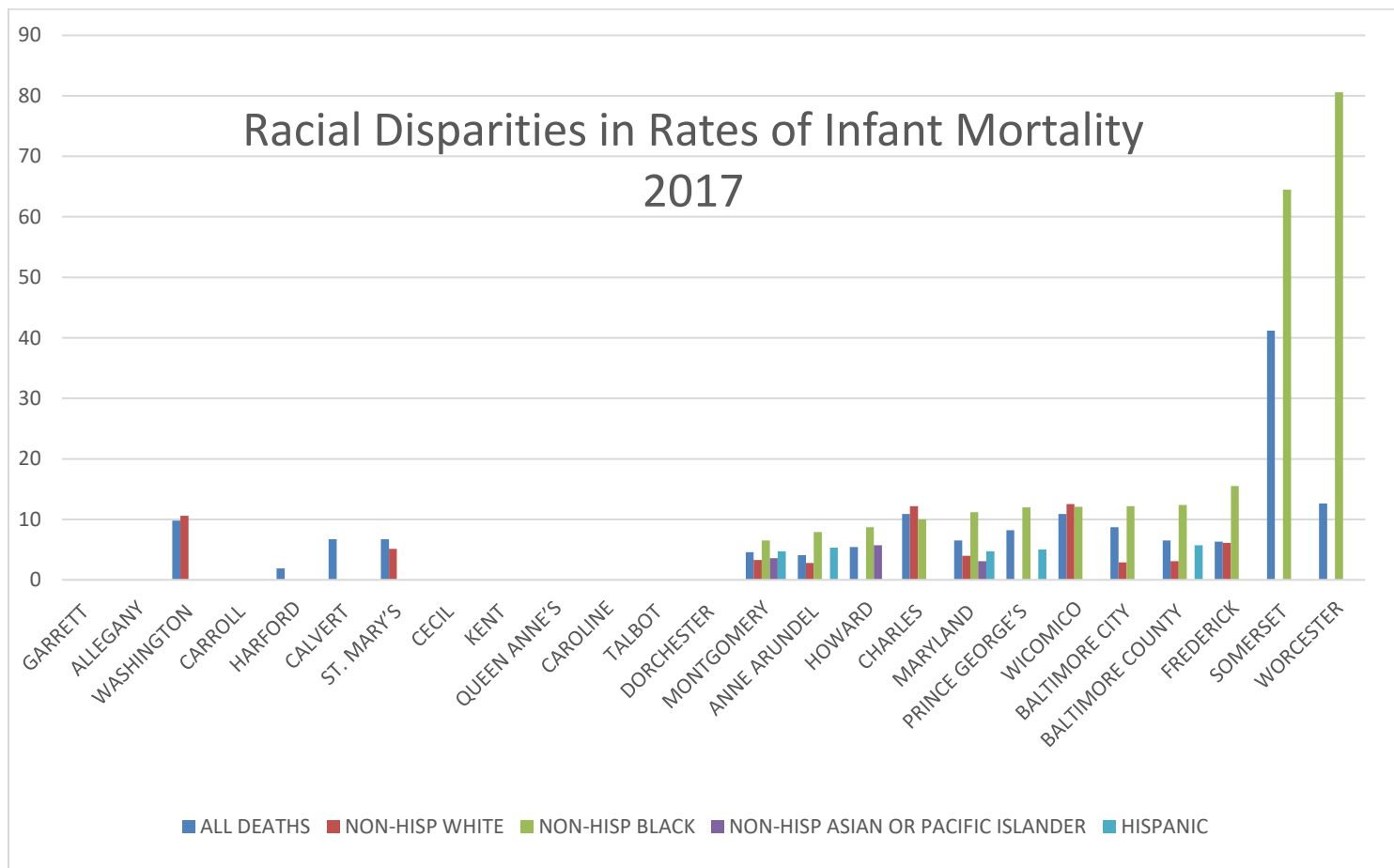


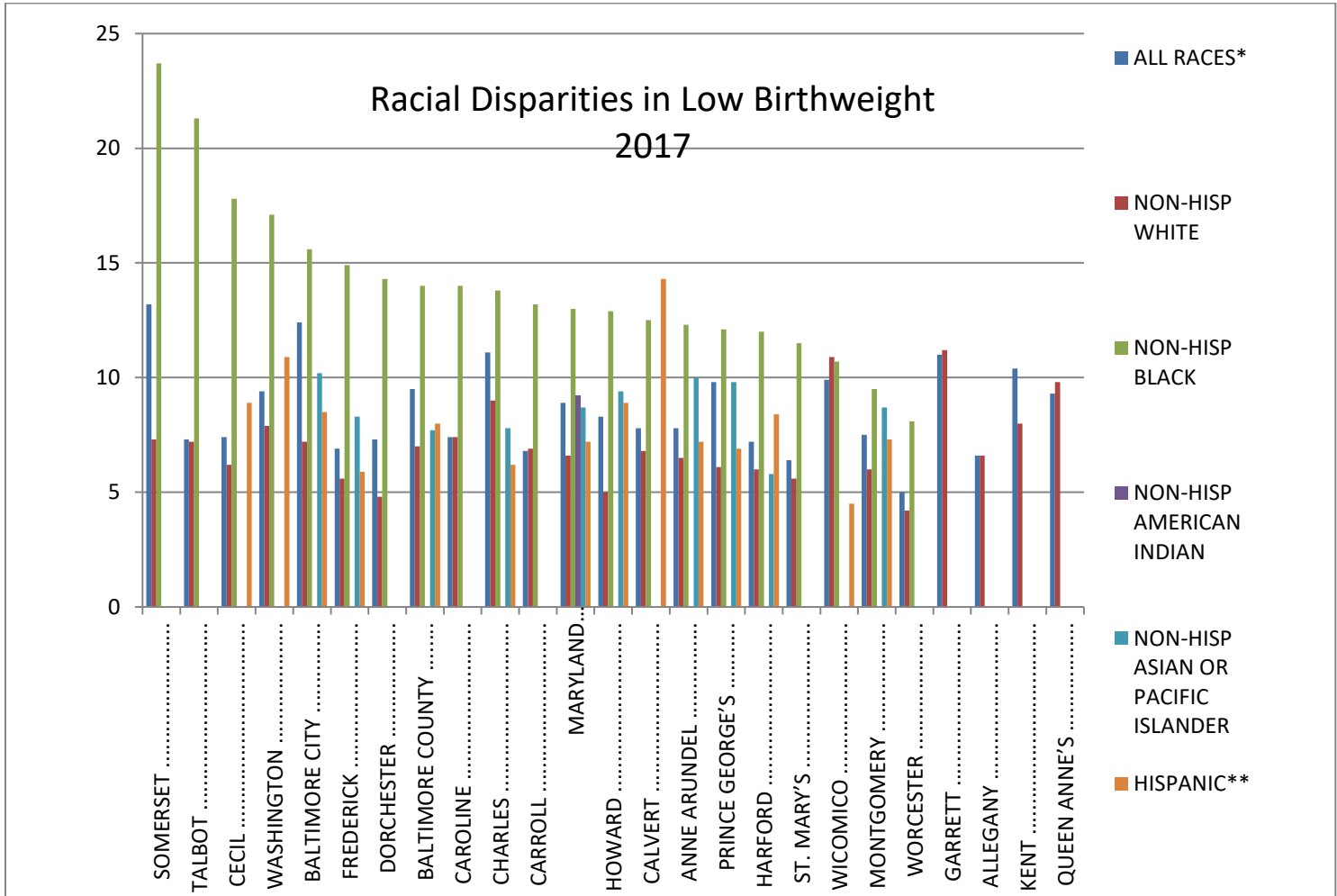
able to meet their needs. There are Medicaid restrictions about what funding can be used for care coordination, and this fund helps municipalities overcome those barriers to connecting families with critical services. Currently in Baltimore City, \$43 is saved for every \$1 invested in care coordination services.

We fully support SB 777’s expansions of the Maryland Prenatal and Infant Care Coordination Services Grant Program Fund. Given the intention of this funding to close racial disparities for Black Marylanders, our single amendment is that the data grant recipients report include the race and ethnicity of the program participants. While previously it was only counties and Baltimore City that were eligible to apply, SB 777 expands the fund to hospitals, federally qualified health centers, and prenatal care providers working to expand access to prenatal care. We appreciate that for both these provider grant applicants and municipality applicants, preference will be given to communities with high numbers of births to Maryland Medicaid recipients, high rates of infant mortality, and high rates of preterm births. SB 777 also makes critical increases to the fund’s appropriation, without which we will not be able to improve birth outcomes for thousands of Marylanders. **We urge this committee to issue a favorable report on SB 777 as amended.**

Amendment

On p. 7, line 21 after “funding” insert: including the race and ethnicity of the program participants.





ⁱ "Maryland Maternal Mortality Review 2019 Annual Report," Health –General Article § 13-207 at p. 6.

ⁱⁱ https://phpa.health.maryland.gov/mch/Documents/MMR/MMR_2019_AnnualReport.pdf

ⁱⁱⁱ Id.

ⁱⁱⁱ https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/REV_2018annual.pdf at p. 16.

^{iv} https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/REV_2018annual.pdf at p. 15.

^v https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/REV_2017annual.pdf at p. 121.

^{vi} https://health.maryland.gov/vsa/Documents/Reports%20and%20Data/Annual%20Reports/REV_2017annual.pdf at p. 105.

SB777.UNFAVORABLE.MDRTL.L.Bogley.pdf

Uploaded by: Bogley, Laura

Position: UNF



**Opposition Statement SB777
Prenatal and Infant Care Grant Fund**
By Laura Bogley-Knickman, JD
Director of Legislation, Maryland Right to Life

On behalf of our chapters and members across the state of Maryland, we applaud any efforts of the state to support pregnant women in healthy birth outcomes. However, we must urge you to reject the bill as written as it will entrust those who profit from the sale of abortions with the care of pregnant women and maternal outcomes. The state continues to subsidize the abortion industry, increasing the number of abortions and decreasing the number of adoption referrals. We ask that you exclude abortion providers from eligibility for any public funding for prenatal or “well baby” care and prioritize public funding for prenatal programs and providers that protect the lives of both mothers and preborn children.

PRIORITIZE PRENATAL CARE – 58% of people in a January 2021 Marist poll said they oppose public funding for abortion. 80% said they prefer policies that support the lives of both mothers and children. Women have many more options for legitimate prenatal care and well woman care. There are 14 federally qualifying health centers for each Planned Parenthood in Maryland. The state should prioritize funding for prenatal programs that have proven successful birth outcomes, including the many pro-life medical pregnancy centers across the state.

MORE FUNDING = LESS CARE Planned Parenthood is not a legitimate service provider for prenatal care. **Planned Parenthood commits 41 abortions for every one prenatal care service and 133 abortions for every adoption referral. Planned Parenthood provides no pediatric care.** In their [Annual Report](#) released in January 2021, Planned Parenthood reports that the number of abortions they committed increased nearly 3% in 2019-2020 from the previous year for a record high total of 354,871 abortions. That’s over 972 babies killed annually- or one every 89 seconds. **In stark contrast, they report that their prenatal care and adoption referrals both dropped double digits from the previous year.** Despite its claims that its primary focus is to provide health care for women, Planned Parenthood’s business model is built on profiting from abortions and the exploitation of women and young girls, especially among minority communities and vulnerable populations. Planned Parenthood offers “prenatal” services as a means to sell abortion to vulnerable women and girls facing unplanned pregnancies ([LEARN MORE](#)).

For these reasons we respectfully urge you to amend SB777 to exclude abortion providers from eligibility to receive public prenatal care funds or issue an unfavorable report. Thank you.

SB 777 MD Prenatal and Infant Care Grant Program (

Uploaded by: Wilkins, Barbara

Position: INFO



Maryland

DEPARTMENT OF BUDGET
AND MANAGEMENT

LARRY HOGAN
Governor

BOYD K. RUTHERFORD
Lieutenant Governor

DAVID R. BRINKLEY
Secretary

MARC L. NICOLE
Deputy Secretary

SENATE BILL 777 Public Health – Maryland Prenatal and Infant Care Grant Program Fund (Elfreth, et al)

STATEMENT OF INFORMATION

DATE: February 24, 2021

COMMITTEE: Senate Budget & Taxation

SUMMARY OF BILL: SB 777 increases the \$100,000 annual mandated appropriation for the Maryland Prenatal and Infant Care Grant Program to \$1.1 million in FY 2023, \$2.1 million in FY 2024, and \$3.1 million in FY 2025, and each fiscal year thereafter. The bill also expands the purpose and recipients of grant funds, by including federally qualified health centers, hospitals, and providers of prenatal care to provide and promote prenatal care to women who would otherwise not receive prenatal care. The current program provides grants to counties and municipalities to provide care coordination services.

EXPLANATION: The Department of Budget and Management's focus is not on the underlying policy proposal being advanced by the legislation, but rather on the increase in the original mandated funding for this program. DBM has the responsibility of submitting a balanced budget to the General Assembly annually, which requires spending allocations for FY 2022 to be within the official revenues estimates approved by the Board of Revenue Estimates in December 2020.

Economic conditions remain precarious as a result of COVID-19, making revenue predictions for the remainder of FY 2021 and FY 2022 highly volatile. Many individuals and households are unemployed or underemployed, with many industry sectors operating at much less than 100% capacity. Federal stimulus programs are providing much needed relief, but the impact of the COVID-19 pandemic continues to present a significant budgetary vulnerability.

The General Assembly and Administration have successfully enacted the Governor's emergency Recovery for the Economy, Livelihoods, Industries, Entrepreneurs, and Families Act (SB 496 RELIEF Act), which provides \$1.2 billion in direct stimulus and tax relief for Maryland working families, small businesses, and those who have lost their jobs as a result of the COVID-19 pandemic. It is incumbent upon us to allow the impact of this unprecedented relief package on the State's economy to take effect. Further mandated spending increases need to be reevaluated within the context of an ongoing pandemic.

**For additional information, contact Barbara Wilkins at
(410) 260-6371 or barbara.wilkins1@maryland.gov**