

**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



## **SB 923 -Maryland Medical Assistance Program – Eligibility and Disenrollment**

### **Position: Support**

Thank you for the opportunity to provide written comments in support of Senate Bill 923. This bill expands the scope of Medicaid coverage for pregnant women to include comprehensive medical and other health care services for all eligible pregnant women whose family income is at or below 250 percent of the poverty level for the duration of the pregnancy and for 1 year immediately following the end of the woman's pregnancy, as permitted by the federal law. The bill also requires the Maryland Department of Health (MDH) to develop and provide written materials regarding health literacy to help facilitate the disenrollment of a program recipient and to adopt regulations for ensuring care coordination between providers on the disenrollment of a program recipient.

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 outcomes. For example, Black women are three times more likely to die from pregnancy-related causes than white women. A significant determining factor for maternal health outcomes is access to quality prenatal, delivery, and postpartum care services. To address these disparities, we strongly support Senate Bill 923, which would extend comprehensive Medicaid coverage to low-income women during pregnancy and 12 months postpartum, provide care coordination after disenrollment from program, and help to reduce the racial gaps in maternal health care. We believe this bill presents a promising policy solution to improve health outcomes and reduce maternal health disparities in the state.

CareFirst is fully supportive of federal efforts to allow states to extend Medicaid coverage to 12 months postpartum. CareFirst also supported the inclusion of maternal and child health as the third population health focus area under Maryland's Total Cost of Care Model's Statewide Integrated Health Improvement Strategy.

Additionally, CareFirst has made significant investment in Maryland and regionwide to improve maternal health and reduce outcome disparities:

- Since 2009, CareFirst has invested more than \$20 million to support maternal health 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 Senate Bill 923. 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](http://www.carefirst.com) and our transforming healthcare page at [www.carefirst.com/transformation](http://www.carefirst.com/transformation), or follow us on [Facebook](#), [Twitter](#), [LinkedIn](#) or [Instagram](#).*