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Maryland

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TESTIMONY IN SUPPORT WITH AMENDMENT OF SB 923

Maryland Medical Assistance Program - Eligibility and Disenrollment

Senate Finance Committee
March 10, 2021

Submitted by Stacey Jefferson and Julia Gross, Co-Chairs

Marylanders Against Poverty (MAP) strongly supports- with an amendment- SB 923, which would extend Medicaid postpartum coverage from up to 60 days to 1 year after pregnancy. This bill stems from the *Report of the Senate President's Advisory Workgroup on Equity and Inclusion's* recommendation to extend Medicaid coverage for pregnant women until 12 months postpartum and provide care coordination and health literacy education for individuals as they transition from Medicaid coverage. We strongly advocate that the committee adopt an amendment to include dental coverage in the bill.

Extending Medicaid postpartum coverage can improve maternal health outcomes. In Maryland, Black women die at a rate that is 4 times higher than their white counterparts. Medicaid postpartum coverage is a critical tool for improving maternal health outcomes. However, as the program currently exists, it only covers women for 60 days immediately following the end of the pregnancy. After this point, the woman is either enrolled in standard Medicaid coverage if she qualifies or is left without insurance coverage.

The 12 months following birth can be the most dangerous time for a woman as most maternal deaths occur after birth. In Maryland in particular, among the 15 pregnancy-related deaths in 2017, 9 (60%) occurred within 42 days postpartum and one (7%) occurred between 43-365 days postpartum.² During the same year, of 37 non-pregnancy related deaths, 2 (5%) occurred within 42 days postpartum and 22 (59%) occurred between 43-365 days postpartum.³ Extending Medicaid from 60 days to 12 months postpartum could greatly aid the state in its fight to eliminate maternal mortality by ensuring that postpartum women are able to access care without delay. This policy change is also a key recommendation of the Maryland Maternal Mortality Review Committee in the 2019 Maryland Maternal Mortality Review Report.

MAP supports an amendment to ensure the term "health coverage" is inclusive of dental coverage. Dental coverage is important to improve health outcomes of women during the postpartum period, and children in the early months of their development:

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

^{1 1} Maryland Department of Health, *Annual Report Maryland Maternal Mortality Review* (2019),

 $[\]frac{1}{2}$ Id.

 $^{^3}$ Id.

- Poor oral health is linked to cardiovascular disease, diabetes, pneumonia, and strokes.²
- Mothers may transmit the infection that causes tooth decay to their infants.³ Dental coverage would improve both the health of the new mom and baby.
- Infants are 32 times more at risk for early childhood caries if they are from low-income families, have a diet high in sugar, and have mothers with low-income levels.⁴

To ensure dental coverage is included under this bill, we ask for the following amendment:

On page 2 in line 22, insert ", DENTAL," after "medical"

MAP appreciates your consideration and urges the committee to issue a favorable report with the amendment for dental coverage for SB 923.

Marylanders Against Poverty (MAP) is a coalition of service providers, faith communities, and advocacy organizations advancing statewide public policies and programs necessary to alleviate the burdens faced by Marylanders living in or near poverty, and to address the underlying systemic causes of poverty.

¹ Report of the Senate President's Advisory Workgroup on Equity and Inclusion (2021), http://www.mgaleg.maryland.gov/pubs-

current/Senate President Advisory Work group on Equity and Inclusion. pdf

² https://www.ada.org/~/media/ADA/Publications/Files/patient_61.ashx

³ Damle, S G et al. "Transmission of mutans streptococci in mother-child pairs." *The Indian journal of medical research* vol. 144,2 (2016): 264-270. doi:10.4103/0971-5916.195042

⁴ American Academy of Pediatric Dentistry, Council on Clinical Affairs. Perinatal and Infant Oral Health Care. 2016.