



Maryland
Hospital Association

Senate Bill 923 - Maryland Medical Assistance Program - Eligibility and Disenrollment

Position: *Support with Sponsor Amendments*

March 10, 2021

Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 923. Over the last 10 years, Maryland's maternal mortality rate 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 More than 50% occurred between six weeks and one year after the end of the pregnancy, with unintentional drug overdose ranking as the top cause for the fifth consecutive year. Women who died by overdose were almost four times as likely to have one or more mental health diagnoses. These trends show there are opportunities to address the underlying risk factors and save lives.

In alignment with federal law, Medicaid coverage in Maryland for pregnant women extends through pregnancy up to 60 days after the birth.³ **SB 923 would extend Medicaid coverage for women to one year postpartum.** The state already took this step for women covered by Medicaid for their pregnancy on or after March 18, 2020 in compliance with the Families First Coronavirus Response Act. All states were required to extend Medicaid coverage for the duration of the national emergency, including for women enrolled because of their pregnancy.⁴ Extending Medicaid coverage one year after a woman gives birth is supported by Maryland hospitals and is recommended by numerous state and national groups, including the Maryland Mortality Review Committee, the Senate President's Advisory Workgroup on Equity and Inclusion, The American College of Obstetricians and Gynecologists (ACOG) and the Medicaid and CHIP Payment and Access Commission, a nonpartisan legislative branch agency that advises Congress and the Secretary of Health and Human Services.^{5,6,7}

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 Maryland Department of Health. (n.d.). "[Coverage for Pregnant Women](#)".

⁴ The American College of Obstetricians and Gynecologists. (n.d.). "[Postpartum Medicaid Coverage Extended During COVID-19: Resources for Your Practice](#)".

⁵ Maryland Department of Health. (April 6, 2020). "[Health-General Article, §13-1207, Annotated Code of Maryland - 2019 Annual Report – Maryland Maternal Mortality Review](#)".

⁶ Senate President's Advisory Workgroup on Equity and Inclusion. (January, 2021). "[Report of the Senate President's Advisory Workgroup on Equity and Inclusion](#)".

⁷ Medicaid and CHIP Payment and Access Commission. (February 4, 2021). "[Priority Areas for Action and Forthcoming Recommendations](#)".

ACOG recommends extending coverage in alignment with a “fourth trimester” approach to care. This paradigm shift focuses on individualized and woman-centered care with check-ups scheduled within the first three weeks and then at 12 weeks postpartum.^{8,9} Follow-up care is critical for all women, but especially for those with chronic conditions and pre-existing health and social challenges.¹⁰ **Expanding Medicaid coverage from 60 days to a year would address coverage loss and promote continuity of care for postpartum women.**

Passage of SB 923 would not only benefit the roughly 44% of births covered by Medicaid in Maryland, but also complement the state’s ambitious and life-saving goal to reduce the overall severe maternal morbidity (SMM) rate. As part of our Total Cost of Care Model agreement with the federal government, the state submitted the Statewide 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 SMM rate by 19% by 2026, focusing on closing the racial gap by reducing the Black Non-Hispanic rate by 20%.^{11,12} SMM events include complications such as heart attack, eclampsia, and sepsis that are “unintended outcomes of the process of labor and delivery that result in significant short-term or long-term consequences to a woman’s health.”¹³

Maryland hospitals also support the first provision of SB 923, which incorporates the Senate President’s Advisory Workgroup on Equity and Inclusion’s recommendation to “provide care coordination and health literacy education for individuals as they transition from Medicaid coverage.” We support the sponsor’s amendment to strike the first section of the bill and add language to require the Department of Health to work with stakeholders to develop consumer-friendly materials to help patients transition when they disenroll from the Medicaid program.

Everyone has a role to play in improving maternal health outcomes: hospitals, health care professionals, payers, policy makers, patients, and their families. This bill complements the state’s current workstreams to address disparate outcomes, including a statewide process to review cases of severe maternal morbidity, mandatory implicit bias training, and hospital-based quality improvement initiatives.

For more information, please contact:
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⁸ The American College of Obstetricians and Gynecologists. (May, 2018). “[Optimizing Postpartum Care](#)”.

⁹ The American College of Obstetricians and Gynecologists. (n.d.). “[Extend Postpartum Medicaid Coverage](#)”.

¹⁰ The American College of Obstetricians and Gynecologists. (May, 2018). “[Optimizing Postpartum Care](#)”.

¹¹ Kaiser Family Foundation. (n.d.). “[State Facts: Births Financed by Medicaid](#)”.

¹² Maryland Health Services Cost Review Commission. (December 14, 2020). “[Statewide Integrated Health Improvement Strategy Proposal](#)”.

¹³ The American College of Obstetricians and Gynecologists. (September, 2016). “[Severe Maternal Morbidity: Screening and Review](#)”.