



Statement of Maryland Rural Health Association

To the Finance Committee

March 10, 2021

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

POSITION: SUPPORT

Chair Kelley, Vice Chair Feldman, Senator Washington, and members of the Finance Committee, the Maryland Rural Health Association (MRHA) is in SUPPORT of Senate Bill 923 that requires the Maryland Medical Assistance Program to provide comprehensive medical and other health care services for a pregnant Program recipient for the duration of the pregnancy and for 1 year immediately following the end of the woman's pregnancy.

According to the Study of Mortality Rates of African American Infants and Infants in Rural Areas, Maryland continues to “fall short” of the Healthy People 2020 Benchmark rate of 6.0 infant deaths per 1,000 live births¹. Between 2014 and 2017, the state’s infant mortality rate remained 1 percentage point above the national average and has historically been above the national average for the past 25 years¹. This mortality rate translates to approximately 1,908 potentially preventable infant deaths¹.

The infant mortality rate is dependent on a number of social, racial, and geographic determinants. In rural communities, mothers face a lack of access to high quality maternal health services as a result of hospital and obstetric department closures, workforce shortages, lack of transportation and quality health service infrastructure². These determinants have contributed to a high rate of negative maternal health outcomes including premature birth, low birth weight and maternal mortality, among other morbidities.

Medicaid is the nation’s single largest payer of perinatal care in the United States, and in 2017, paid for an estimated of 50-60% of births in rural areas². Up until 60 days after birth, women continue to receive postnatal care through Medicaid. However, between 10 and 40% of women do not complete a postpartum visit². In rural areas, this is due to lack of medical coverage, geographic isolation, limited transportation, a lack of child care, among other barriers to care rural residents regularly experience. Women of color disproportionately experience these burdens at higher rates due to experiences of discrimination and stigmatization in accessing maternal health services².

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1. Pollack, A.D., Steffen, B. (2019). *Study of Mortality Rates of African American Infants and Infants in Rural Areas: Report to the Senate Finance Committee and the House Health and Government Operations Committee*. Maryland Healthcare Commission.

2. (2019). *Improving Access to Maternal Health Care in Rural Communities: Issue Brief*. Centers for Medicaid and Medicaid Services.

Given these vast disparities rural mothers face in attempting to access pre and post-natal care, MRHA believes this legislation will lower the risk of rural women experiencing negative health outcomes. By allowing rural mothers to access necessary post-partum care for a longer period of time, they are able to utilize health services for themselves and their family without significant financial burden, build relationships with providers to ensure continuity of care, and reduce the risk of experiencing negative maternal and infant health outcomes. The continuity of expanded care piece is especially important in rural areas to promote utilization of necessary oral and primary health services that are regularly not routinely accessed by rural women due to geographic, transportation and access barriers.

MRHA's mission is to educate and advocate for the optimal health and wellness of rural communities and their residents. MRHA believes this legislation is important to support our rural communities and we thank you for your consideration.

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