SB923 RHEAM SUPPORT.pdf
Uploaded by: Blalock, Isabel
Position: FAV

REPRODUCTIVE HEALTH EQUITY ALLIANCE OF MARYLAND

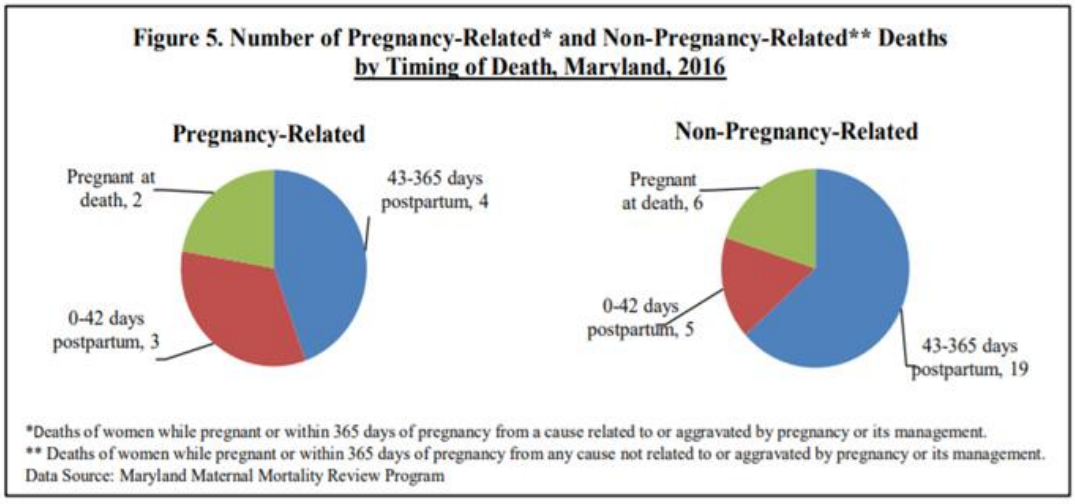
SB0923

Maryland Medical Assistance Program - Eligibility and Disenrollment
Hearing of the Senate Finance Committee
March 10, 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 reproductive, pregnancy and infant health options designed to build healthy and stable families of color. We **stand in strong support of SB0923 Maryland Medical Assistance Program - Eligibility and Disenrollment**, sponsored by Senator Mary Washington, which would ensure increased access to health care for postpartum Medicaid recipients.

While there have been improvements in the Maryland mortality rate over the last 5 years, these improvements are concentrated among white people—the racial disparity in maternal mortality not only persists but has widened. According to the 2019 Maternal Mortality review committee report, the Black maternal mortality rate is 4 times higher than the white maternal mortality rate. (1) Both pregnancy related and non-pregnancy related deaths are considered in the assessment of maternal mortality by the Maternal Mortality Review committee. The report by the committee reveals that 7% of pregnancy related deaths occurred after 42 days postpartum; and 59% of non-pregnancy related deaths that occurred within 43 to 365 days after giving birth. (1)



Meanwhile, states that have extended Medicaid coverage have been given the opportunity to address diseases contributing to maternal morbidity and severe maternal morbidity. Currently, Medicaid coverage lasts up to 60 days postpartum. After this duration, postpartum people are reassessed for qualification as low-earning partners, which frequently results in coverage gaps. This discontinuous coverage is often referred to as insurance churn. Insurance coverage churn is associated with "disruptions in physician care, increased emergency department use, and worsened health status." (2) While expansion of Medicaid eligibility criteria has reduced coverage churn, the problem still remains. (2,3)

Extending postpartum Medicaid to the one year postpartum presents an opportunity to reduce coverage churn in the vulnerable postpartum period (which extends to one year after delivery); improve postpartum primary care utilization; address chronic medical conditions that present before they reach severity and become expensive to treat; and, importantly intervene upon potential causes of maternal deaths that may present after 60 days postpartum. (4,5) National data shows us that states that retain the 60-day postpartum coverage program are seeing a higher rate of adverse outcomes in maternal health and morbidity. The outcomes in those states show improvements in maternal health outcomes as well as cost effectiveness when having to treat these health issues.

In addition, we have also considered that the passing of this bill would contribute to the following of our state's Title V Block Grant goals:

- •Creating access to quality healthcare for mothers and children, especially for people with low incomes and/or limited availability of care
- •Creating access to comprehensive prenatal and postnatal care for women, especially low-income and/or at-risk pregnant women
- •Creating an increase in health assessments and follow-up diagnostic and treatment services, especially for low-income children

RHEAM believes that the passage of SB0923 will improve access to care, allow for timely assessment and management of medical conditions that arise in the postpartum period, reduce overall costs related to providing care for families through preventative care provision, and most importantly reduce racial disparities in maternal and health outcomes and improve maternal health and equity. For these reasons, RHEAM **SUPPORTS SB0923** and urges a **FAVORABLE** report. Should you have any questions about this testimony, please contact Dr. Michelle Ogunwole* at sogunwo1@jhmi.edu or Patricia Liggins at birthersunited@gmail.com.

Sincerely,

Reproductive Health Equity Alliance of Maryland Members

Andrea Williams-Muhammad, **Co-Chair**
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Organizations
Baltimore Doula Project
Birth Supporters United
Family League of Baltimore
MOM Cares

NARAL Pro-Choice Maryland
Nzuri Malkia Birth Collective
Planned Parenthood of Maryland
Public Justice Center

Individuals
Alexis Covington
Cassidy Spence
Christine Galarza
Imani Jackson
Jazmyn Covington
Dr. Michelle Ogunwole*
Teneele M. Bailey

*Note: This testimony represents the viewpoint of the individual and not of Johns Hopkins Hospital or Johns Hopkins University.

References:

1.Maryland Maternal Mortality Review Annual Report. 2019. https://phpa.health.maryland.gov/mch/Documents/Health-General%20Article,%20%C2%A713-1207,%20Annotated%20Code%20of%20Maryland%20-%202019%20Annual%20Report%20%E2%80%93%20Maryland%20Maternal%20Mortality%20Review.pdf
2.Daw, Jamie R, Kozhimmanil, Katy B, Admon Lindsay K.High rates of perinatal insurance churn persist after the aca | health affairs blog.
3 K https://www.kff.org/womens-health-policy/issue-brief/expanding-postpartum-medicaid-coverage/
4. Eckert E. Preserving the Momentum to Extend Postpartum Medicaid Coverage. *Womens Health Issues*. 2020;30(6):401-404. doi:10.1016/j.whi.2020.07.006
5. Gordon SH, Sommers BD, Wilson IB, Trivedi AN. Effects Of Medicaid Expansion On Postpartum Coverage And Outpatient Utilization. *Health Aff (Millwood)*. 2020;39(1):77-84. doi:10.1377/hlthaff.2019.00547

MMCOA SB923 03 10 2021.pdf
Uploaded by: Briemann, Jennifer
Position: FAV

MMCOA
MARYLAND MCO ASSOCIATION

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

SUPPORT

Senate Finance Committee
March 10, 2021

Thank you for the opportunity to submit testimony in support of Senate Bill 923- Maryland Medical Assistance Program – Eligibility and Disenrollment.

The Maryland Managed Care Organization Association's (MMCOA) nine member Medicaid MCOs that serve over 1.5 million Marylanders through the Medicaid HealthChoice program are committed to supporting all efforts to improve health outcomes for the individuals that we serve. We support the provisions of SB 923 extending comprehensive medical and other health care services for all eligible pregnant women enrolled in the HealthChoice program for the duration of their pregnancies and for one year immediately following the pregnancy.

MMCOA supports all efforts to eradicate the health disparities that exacerbate many chronic health conditions, including infant and maternal mortality. Maryland's HealthChoice members will benefit from the passage of this legislation and the MCOs welcome the opportunity to support any effort to improve the health and well-being of those we serve.

The MMCOA looks forward to continued collaboration with the State as we work to identify ways to improve health outcomes and provide access to affordable high-quality care for all Medicaid participants.

Please contact Jennifer Briemann, Executive Director of MMCOA, with any questions regarding this testimony at jbriemann@marylandmco.org.

MedNax Testimony - Support - Senate Bill 923.pdf
Uploaded by: Brocato, Barbara
Position: FAV

BROCATO & SHATTUCK

SUBJECT: **Senate Bill 923 - Maryland Medical Assistance Program - Eligibility and Disenrollment**
COMMITTEE: Senate Finance Committee
The Honorable Delores Kelley, Chair
DATE: Wednesday, March 10, 2021
POSITION: **SUPPORT**

On behalf of our client MEDNAX National Medical Group we support **Senate Bill 923.** 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.

Among the major provisions of Senate Bill 923 it *"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."*

Senate Bill 923 will extend Medicaid postpartum coverage for 1 year after the end of a woman's pregnancy. Current law provides Medicaid coverage to pregnant women with incomes between 138 percent and 250 percent of the FPL for 60 days postpartum. Expanding postpartum coverage was a key recommendation of the Task Force on Maryland Maternal and Child Health.

The Task Force was created by Chapters 661 and 662 of the Acts of 2019 (House Bill 520/Senate Bill 406). Our client provided a Maternal & Fetal Medicine physician to serve as a member of the Task Force. The Task Force met over a period of a year and developed 9 recommendations to address issues facing maternal and child health care in Maryland. One of the recommendations was to extend Medicaid coverage for pregnant women until 12 months postpartum.

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, postpartum, maternal and infant care.

Senate Bill 923 can be an important tool improve maternal health outcomes and reduce maternal mortality and morbidity in the State.

For these reasons we ask for a **FAVORABLE** report on **Senate Bill 923.**

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

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2021 ACNM SB 923 Senate Side.pdf
Uploaded by: Chitalia, Suhani
Position: FAV

AFFILIATE OF
AMERICAN COLLEGE of NURSE-MIDWIVES
With women, for a lifetime®

Committee:	**Senate Finance Committee**
Bill Number:	**Senate Bill 923**
Title:	**Maryland Medical Assistance Program – Eligibility and Disenrollment**
Hearing Date:	**March 10, 2021**
Position:	**Support**

The Maryland Affiliate of the American College of Nurse Midwives (ACNM) supports *Senate Bill 923- Maryland Medical Assistance Program -- Eligibility and Disenrollment.* The bill extends 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.[i]

Midwifery encompasses a full range of health care services for women. As midwives, we strongly support initiatives that increase health promotion, disease prevention, and ongoing care for pregnant women and newborns. ACNM also strongly supports a continuity of care for women following birth.

ACNM strongly supports this bill for the following reasons:

- **Extending Medicaid postpartum coverage can improve maternal health outcomes**: An increasing number of maternal deaths – which are defined as deaths during pregnancy and up to 365 days after – are occurring in the postpartum period. Data from the Centers for Disease Control and Prevention confirm that roughly one-third of all pregnancy related deaths occur one week to one year after a pregnancy ends- with 12% of maternal mortality incidents occurring 43 to 365 days after pregnancy.[ii] Extending Medicaid coverage for pregnant women to 12 months postpartum will allow women access care and address health concerns in the critical 12 months after the birth of a baby, including care for diabetes or high blood pressure, treatment for a substance use disorder, or behavioral or other mental health services.[iii] Extending access to care for at

least a year beyond pregnancy can greatly improve maternal health outcomes. In Medicaid expansion states, maternal mortality dropped by 1.6 deaths per 100,000 women.[iv]

- **Extending Medicaid postpartum coverage can address racial disparities in maternal mortality**: The stark racial disparities in maternal mortality are concerning: Black women are three to four times more likely to die from a pregnancy- related complication than non-Hispanic white women.[v] In Maryland, the maternal mortality rate for Black women is 3.7 times that of White women and the racial disparity has widened in recent years.[vi] Several studies suggest that Medicaid expansion has narrowed disparities for Black and Hispanic people in certain measures of maternal and infant health, including health coverage, maternal mortality, infant mortality, low birthweight and preterm birth.[vii]

ACNM strongly supports bills and initiatives that provide postpartum coverage for women. Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Suhani Chitalia at schitalia@policypartners.net or (240) 506-9325.

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[i] Report of the Senate President's Advisory Workgroup on Equity and Inclusion (2021), http://www.mgaleg.maryland.gov/pubs-current/SenatePresidentAdvisoryWorkgrouponEquityandInclusion.pdf
[ii] CDC, *Vital Signs: Pregnancy-Related Deaths, United States, 2011-2015 and Strategies for Prevention, 13 States, 2013-2017* (2019), https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm
[iii] Report of the Senate President's Advisory Workgroup on Equity and Inclusion (2021), http://www.mgaleg.maryland.gov/pubs-current/SenatePresidentAdvisoryWorkgrouponEquityandInclusion.pdf
[iv] The Commonwealth Fund, *Increasing Postpartum Medicaid Coverage Could Reduce Maternal Deaths and Improve Outcomes*, https://www.commonwealthfund.org/blog/2019/increasing-postpartum-medicaid-coverage
[v] CDC Newsroom: *Black, American Indian/ Alaska Native Women Most Affected*, https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html
[vi] Report of the Senate President's Advisory Workgroup on Equity and Inclusion (2021), http://www.mgaleg.maryland.gov/pubs-current/SenatePresidentAdvisoryWorkgrouponEquityandInclusion.pdf
[vii] Kaiser Family Foundation, *Medicaid Initiatives to Improve Maternal and Infant Health and Address Disparities* (2020), https://www.kff.org/racial-equity-and-health-policy/issue-brief/medicaid-initiatives-improve-maternal-infant-health-address-racial-disparities/view/footnotes/#footnote-494791-3

2021 MNA SB 923 Senate Side.pdf
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Position: FAV

Committee:	**Senate Finance Committee**
Bill Number:	**Senate Bill 923**
Title:	**Maryland Medical Assistance Program – Eligibility and Disenrollment**
Hearing Date:	**March 10, 2021**
Position:	**Support**

The Maryland Nurses Association (MNA) strongly supports *Senate Bill 923- Maryland Medical Assistance Program -- Eligibility and Disenrollment.* The bill extends 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.[i]

MNA strongly supports initiatives that promote healthcare coverage, which in turn creates a healthier population. Promoting healthcare coverage is particularly important for women and babies after birth. As nurses, we strive to provide the highest care, and this bill will allow coverage for mothers and babies for a year after birth, a critical time period to better health outcomes.

MNA strongly supports this bill for the following reasons:

- **Extending Medicaid postpartum coverage can improve maternal health outcomes**: An increasing number of maternal deaths – which are defined as deaths during pregnancy and up to 365 days after – are occurring in the postpartum period. Data from the Centers for Disease Control and Prevention confirm that roughly one-third of all pregnancy related deaths occur one week to one year after a pregnancy ends- with 12% of maternal mortality incidents occurring 43 to 365 days after pregnancy.[ii] Extending Medicaid coverage for pregnant women to 12 months postpartum will allow women access care and address health concerns in the critical 12 months after the birth of a baby, including care for diabetes or high blood pressure, treatment for a substance use disorder, or behavioral or other mental health services.[iii] Extending access to care for at

least a year beyond pregnancy can greatly improve maternal health outcomes. In Medicaid expansion states, maternal mortality dropped by 1.6 deaths per 100,000 women.[iv]

- **Extending Medicaid postpartum coverage can address racial disparities in maternal mortality**: The stark racial disparities in maternal mortality are concerning: Black women are three to four times more likely to die from a pregnancy- related complication than non-Hispanic white women.[v] In Maryland, the maternal mortality rate for Black women is 3.7 times that of White women and the racial disparity has widened in recent years.[vi] Several studies suggest that Medicaid expansion has narrowed disparities for Black and Hispanic people in certain measures of maternal and infant health, including health coverage, maternal mortality, infant mortality, low birthweight and preterm birth.[vii]

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Suhani Chitalia at schitalia@policypartners.net or (240) 506-9325.

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[i] Report of the Senate President's Advisory Workgroup on Equity and Inclusion (2021), http://www.mgaleg.maryland.gov/pubs-current/SenatePresidentAdvisoryWorkgrouponEquityandInclusion.pdf
[ii] CDC, *Vital Signs: Pregnancy-Related Deaths, United States, 2011-2015 and Strategies for Prevention, 13 States, 2013-2017* (2019), https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm
[iii] Report of the Senate President's Advisory Workgroup on Equity and Inclusion (2021), http://www.mgaleg.maryland.gov/pubs-current/SenatePresidentAdvisoryWorkgrouponEquityandInclusion.pdf
[iv] The Commonwealth Fund, *Increasing Postpartum Medicaid Coverage Could Reduce Maternal Deaths and Improve Outcomes*, https://www.commonwealthfund.org/blog/2019/increasing-postpartum-medicaid-coverage
[v] CDC Newsroom: *Black, American Indian/ Alaska Native Women Most Affected*, https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html
[vi] Report of the Senate President's Advisory Workgroup on Equity and Inclusion (2021), http://www.mgaleg.maryland.gov/pubs-current/SenatePresidentAdvisoryWorkgrouponEquityandInclusion.pdf
[vii] Kaiser Family Foundation, *Medicaid Initiatives to Improve Maternal and Infant Health and Address Disparities* (2020), https://www.kff.org/racial-equity-and-health-policy/issue-brief/medicaid-initiatives-improve-maternal-infant-health-address-racial-disparities/view/footnotes/#footnote-494791-3

2021 PPM SB 923 Senate Side.pdf
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Position: FAV

Planned Parenthood
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Planned Parenthood of Maryland

330 N. Howard Street
Baltimore, MD 21201
(410) 576-1400
www.plannedparenthood.org/maryland

Committee: **Senate Finance Committee**

Bill Number: **Senate Bill 923**

Title: **Maryland Medical Assistance Program – Eligibility and Disenrollment**

Hearing Date: **March 10, 2021**

Position: **Support**

Planned Parenthood of Maryland (PPM) supports *Senate Bill 923- Maryland Medical Assistance Program -- Eligibility and Disenrollment.* The bill extends 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.[i]

PPM is committed to initiatives that expand health care coverage. Providing Medicaid coverage for pregnant women to 12 months postpartum will allow women to access care and address health concerns in the critical 12 months after a pregnancy ends. Additionally, PPM strongly support efforts that address health disparities. In Maryland, the maternal mortality rate for Black women is 3.7 times that of white women. Medicaid expansion has shown to narrow disparities for Black and Hispanic people in certain measures of maternal and infant health.

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Suhani Chitalia at schitalia@policypartners.net or (240) 506-9325.

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[i] Report of the Senate President's Advisory Workgroup on Equity and Inclusion (2021), http://www.mgaleg.maryland.gov/pubs-current/SenatePresidentAdvisoryWorkgrouponEquityandInclusion.pdf

SB923-Hopkins-FAV.pdf
Uploaded by: Coble, Annie
Position: FAV

JOHNS HOPKINS
UNIVERSITY & MEDICINE
Government and Community Affairs

SB923
Favorable

TO: The Honorable Delores Kelley, Chair
Senate Finance Committee

FROM: Annie Coble
Assistant Director, State Affairs, Johns Hopkins University and Medicine

DATE: February 10, 2021

Johns Hopkins would like to offer its full support for Senate Bill923, Maryland Medical Assistance Program - Eligibility and Disenrollment. The bill extends a woman's Medicaid eligibility for the duration of her pregnancy and for one year immediately following the end of the pregnancy. Current Medicaid eligibility ends two months after the end of pregnancy. Extending Medicaid eligibility and therefore access to health care is important not only for the health of the mother, but for the health of the baby as well.

This bill addresses a recommendation in the Report of the Senate President's Advisory Workgroup on Equity and Inclusion. That Workgroup identified several pieces of data indicating health disparities for maternal and infant mortality and recommended extending Medicaid coverage as a means to close those gaps in racial health disparities.
Johns Hopkins experts agree that extending coverage has a particular role for women who are otherwise insurance ineligible. Women with pregnancy-related health problems such as preeclampsia and gestational diabetes often need intermittent follow-up for several months, or longer term follow-up. They also often need time to identify a primary care provider who is accessible and affordable.

As the Workgroup's report stated, Maryland's maternal mortality rate for Black women is 3.7 times that of White women and the racial disparity has widened in recent year. Johns Hopkins is actively working to reduce this disparity through research by the Johns Hopkins School of Public Health and through targeted, innovative programs, such as the Center for Addiction and Pregnancy on the Bayview Medical Campus.

SB 923 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. For these reasons and more, Johns Hopkins would urge a favorable report on SB923, Maryland Medical Assistance Program – Eligibility and Disenrollment.

2021 MFeast SB 923 Senate Side.pdf
Uploaded by: Elliott, Robyn
Position: FAV

Committee:	**Senate Finance Committee**
Bill Number:	**SB 923 - Maryland Medical Assistance Program – Eligibility and Disenrollment**
Hearing Date:	**March 10, 2021**
Position:	**Support**

Moveable Feast supports *Senate Bill 923- Maryland Medical Assistance Program -- Eligibility and Disenrollment.* The bill extends 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.[i]

We know that when pregnant women are faced with a chronic illness, the process of supporting themselves through a healthy pregnancy can be even more challenging. Moveable Feast serves people with a range of chronic health concerns, including gestational diabetes. It is critical that low-income women living with chronic illnesses get appropriate healthcare before, during and after giving birth.

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.

901 North Milton Avenue, Baltimore, MD 21205 • 410.327.3420 • 410.327.3426 Fax • www.mfeast.org

[i] Report of the Senate President's Advisory Workgroup on Equity and Inclusion (2021), http://www.mgaleg.maryland.gov/pubs-current/SenatePresidentAdvisoryWorkgrouponEquityandInclusion.pdf

SB0923_FAV_MedChi, MDAAP, MDACOG, MACHC_MD Medical
Uploaded by: Kasemeyer, Pam
Position: FAV

TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Mary Washington

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

DATE: March 7, 2021

RE: **SUPPORT** – Senate Bill 923 – *Maryland Medical Assistance Program – Eligibility and Disenrollment*

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 923.

Senate Bill 923 would extend Medicaid coverage for pregnant women from 60 days postpartum to 12 months postpartum. Currently, Medicaid provides coverage for pregnant woman up to 250% of poverty. That coverage is in effect until 60 days postpartum. At that time, the infant retains coverage for 12 months, but the mother loses coverage 60 days after the birth of the child. The Maternal Child Health Task Force, the Senate President's Workgroup on Equity and Inclusion, as well as Maryland's Maternal Mortality Review Committee have identified extension of Medicaid to 12 months postpartum as a key recommendation to address maternal child health challenges, improve health outcomes, and save unnecessary health care costs.

The U.S., including Maryland, is battling a maternal health crisis. It is the only industrialized nation with a maternal mortality rate that is on the rise. The crisis is disproportionately impacting women of color, and the majority of pregnancy-related deaths are preventable. Furthermore, for every woman who dies from pregnancy-related causes, another 70 suffer from severe maternal morbidity. Medicaid has a vital role to play in improving maternal health outcomes. More than 40% of all births in Maryland are financed by Medicaid, and Medicaid enrolled pregnant women are more likely than women enrolled in private coverage to have certain chronic conditions and have a preterm birth or low birthweight baby, putting them at higher risk for poor maternal outcomes.

Since Congress established the 60-day postpartum period for Medicaid coverage for pregnant women in 1986, much more is known about maternal deaths and the delivery of postpartum care. Based on the science, there is broad agreement among healthcare providers, health plans, and consumer advocacy groups that the Medicaid postpartum coverage period should be 12 months. The simple step of extending postpartum coverage in Medicaid provides an automatic 12-month coverage pathway during a very vulnerable time, providing coverage for women without other options, and preventing disruptions in care. In addition to improving maternal and child health outcomes, a Medicaid postpartum coverage extension will reduce Medicaid costs because postpartum complications and chronic conditions will not be left untreated only to worsen over time. Many of the women who lose Medicaid coverage postpartum re-enroll in Medicaid at a later time; timely interventions will avoid more expensive care later on.

Furthermore, extending coverage to the mother aligns continuous coverage for both mother and baby for 12 months postpartum, regardless of changes in family income. It has been found that parental enrollment in Medicaid is associated with a 29-percentage point higher probability that a child will receive an annual well-child visit. Continuing Medicaid coverage for postpartum mothers will also improve health outcomes for children because children's healthy development is dependent on healthy parents.

Passage of Senate Bill 923 is critical to improving Maryland's maternal and child health outcomes, thereby reducing both health disparities and unnecessary health care costs. A favorable report is requested.

For more information call:
Pamela Metz Kasemeyer
J. Steven Wise
Danna L. Kauffman
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SB923_Support_MCHI.pdf
Uploaded by: Klapper, Stephanie
Position: FAV

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TESTIMONY IN SUPPORT OF SENATE BILL 923

Before the Senate Finance Committee
By Stephanie Klapper, Deputy Director, Maryland Citizens' Health Initiative, Inc.
March 10, 2021

Madam Chair and Members of the Finance Committee, thank you for this opportunity to testify in support of Senate Bill 923, which would extend the length of time that eligible women can receive pregnancy-related Medicaid from 60 days postpartum to 12 months postpartum.

At least one-third of maternal deaths occur in the postpartum period,[1] and the disparity between white and Black maternal deaths in Maryland is currently getting worse, not better. Death rates during pregnancy and one-year post-partum are higher for Black women than for white women in Maryland.[2] This makes reducing maternal deaths an issue of health equity, and extending Medicaid coverage can help by preventing a loss of health coverage during the post-partum period. Physician groups recommend the extension of Medicaid coverage from 60 days to 12 months in order to save lives, including the American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, American College of Physicians, American Osteopathic Association, and American Psychiatric Association.[3]

In addition, research shows that when parents are enrolled in Medicaid, their children are more likely to be insured and to have an annual well-child visit. Improved maternal access to health care can affect children in other ways—for example, by helping mothers to address maternal depression which can impact children's cognitive and social-emotional development.[4] This legislation can therefore help promote children's health in addition to helping their mothers.

Thank you again to the Committee for your recognized efforts toward improving access to quality, affordable health care for all Marylanders. We urge a favorable report on Senate Bill 923.

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[1] CDC (2019). Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm?s_cid=mm6818e1_w

[2] Maryland Department of Health (2019). Maryland Maternal Mortality Review 2019 Annual Report. https://phpa.health.maryland.gov/mch/Pages/mmr.aspx

[3] 2019. Helping Ensure Healthy Mothers and Healthy Babies: Eliminating Preventable Maternal Mortality and Morbidity. http://www.groupof6.org/content/dam/AAFP/documents/advocacy/prevention/women/ST-G6-MaternalMortality-091619.pdf

[4] Center on Budget and Policy Priorities (2020). Expanding Medicaid for Parents Improves Coverage and Heatlh for Both Parents and Children. https://www.cbpp.org/research/health/expanding-medicaid-for-parents-improves-coverage-and-health-for-both-parents-and

MRHA SB923 Maryland Medical Assistance Program - E
Uploaded by: Orosz, Samantha
Position: FAV

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 births[1]. 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 years[1]. This mortality rate translates to approximately 1,908 potentially preventable infant deaths[1].

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 infrastructure[2]. 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 areas[2]. 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 visit[2]. 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 services[2].

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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.

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

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.

SB 923 CareFirst Testimony Favorable.pdf
Uploaded by: Rivkin, Deborah
Position: FAV

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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 and our transforming healthcare page at www.carefirst.com/transformation, or follow us on Facebook, Twitter, LinkedIn or Instagram.

2021 MCHS SB 923 Senate Side.pdf
Uploaded by: Chitalia, Suhani
Position: FWA

Maryland Community Health System

Committee: **Senate Finance Committee**

Bill Number: **SB 923 – Maryland Medical Assistance Program – Eligibility and Disenrollment**

Hearing Date: **March 10, 2021**

Position: **Support with Amendment**

Maryland Community Health System (MCHS) strongly supports *Senate Bill 923- Maryland Medical Assistance Program -- Eligibility and Disenrollment.* The bill extends 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.[i]

MCHS strongly supports this bill for the following reasons:

- **Extending Medicaid postpartum coverage can improve maternal health outcomes**: An increasing number of maternal deaths – which are defined as deaths during pregnancy and up to 365 days after – are occurring in the postpartum period. Data from the Centers for Disease Control and Prevention confirm that roughly one-third of all pregnancy related deaths occur one week to one year after a pregnancy ends - with 12% of maternal mortality incidents occurring 43 to 365 days after pregnancy.[ii] Extending Medicaid coverage for pregnant women to 12 months postpartum will allow women to access care and address health concerns in the critical 12 months after the birth of the baby, including care for diabetes or high blood pressure, treatment for a substance use disorder, or behavioral or other mental health services.[iii] Extending access to care for at least a year beyond pregnancy can greatly improve maternal health outcomes. In Medicaid expansion states, maternal mortality dropped by 1.6 deaths per 100,000 women.[iv]

- **Extending Medicaid postpartum coverage can address racial disparities in maternal mortality**: The stark racial disparities in maternal mortality are concerning: Black women are three to four times more likely to die from a pregnancy- related complication than non-Hispanic white women.[v] In Maryland, the maternal mortality rate for Black women

is 3.7 times that of White women and the racial disparity has widened in recent years.[vi] Several studies suggest that Medicaid expansion has narrowed disparities for Black and Hispanic people in certain measures of maternal and infant health, including health coverage, maternal mortality, infant mortality, low birthweight and preterm birth.[vii]

MCHS also 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:

- Poor oral health is linked to cardiovascular disease, diabetes, pneumonia, and strokes.[viii]
- Mothers may transmit the infection that causes tooth decay to their infants.[ix] 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.[x]

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

On page 2 in line 22, insert "<u>, DENTAL</u>," after "medical"

Thank you for your consideration of our testimony, and we urge a favorable vote. If we can provide any further information, please contact Suhani Chitalia at schitalia@policypartners.net or (240) 506-9325.

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410-761-8100

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[i] Report of the Senate President's Advisory Workgroup on Equity and Inclusion (2021), http://www.mgaleg.maryland.gov/pubs-current/SenatePresidentAdvisoryWorkgrouponEquityandInclusion.pdf
[ii] CDC, *Vital Signs: Pregnancy-Related Deaths, United States, 2011-2015 and Strategies for Prevention, 13 States, 2013-2017* (2019), https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm
[iii] Report of the Senate President's Advisory Workgroup on Equity and Inclusion (2021), http://www.mgaleg.maryland.gov/pubs-current/SenatePresidentAdvisoryWorkgrouponEquityandInclusion.pdf
[iv] The Commonwealth Fund, *Increasing Postpartum Medicaid Coverage Could Reduce Maternal Deaths and Improve Outcomes*, https://www.commonwealthfund.org/blog/2019/increasing-postpartum-medicaid-coverage
[v] CDC Newsroom: *Black, American Indian/ Alaska Native Women Most Affected*, https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html
[vi] Report of the Senate President's Advisory Workgroup on Equity and Inclusion (2021), http://www.mgaleg.maryland.gov/pubs-current/SenatePresidentAdvisoryWorkgrouponEquityandInclusion.pdf
[vii] Kaiser Family Foundation, *Medicaid Initiatives to Improve Maternal and Infant Health and Address Disparities* (2020), https://www.kff.org/racial-equity-and-health-policy/issue-brief/medicaid-initiatives-improve-maternal-infant-health-address-racial-disparities/view/footnotes/#footnote-494791-3
[viii] https://www.ada.org/~/media/ADA/Publications/Files/patient_61.ashx
[ix] 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
[x] American Academy of Pediatric Dentistry, Council on Clinical Affairs. Perinatal and Infant Oral Health Care. 2016.

Health Care for the Homeless - SB 923 FWA - Medica
Uploaded by: Diamond, Joanna
Position: FWA

HEALTH CARE FOR THE HOMELESS TESTIMONY
SUPPORT WITH AMENDMENT
SB 923 – Maryland Medical Assistance Program - Eligibility and Disenrollment

Senate Finance Committee
March 10, 2021

Health Care for the Homeless strongly supports SB 923, which would require 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. Health Care for the Homeless also supports an amendment to ensure the term "health coverage" is inclusive of dental coverage.

Importance of Medicaid Expansion

Nearly 350,000—or 6%—Marylanders lack health insurance.[1] Although the Maryland General Assembly has significantly increased access to health services for Marylanders, these efforts haven't resulted in universal access to health care: employer-sponsored health coverage continues to decline, premiums continue to rise, and Maryland residents continue to lack coverage. Without routine access to primary and preventative health care, the uninsured often are diagnosed at more advanced stages of disease and, once diagnosed, tend to receive less therapeutic care. When they are sick, many have few places to turn other than costly emergency rooms – generating a bill six to 12 times the amount of a primary care visit.

The danger of sickness is even higher for women who are pregnant and post partum. An alarming increase in maternal deaths are occurring in the post partum period, up to 365 days after giving birth. Data from the Centers for Disease Control and Prevention confirm that roughly one-third of all pregnancy related deaths occur one week to one year after a pregnancy ends- with 12% of maternal mortality incidents occurring 43 to 365 days after pregnancy.[2] Extending Medicaid coverage for pregnant women to 12 months postpartum will allow women access care and address health concerns in the critical 12 months after the birth of a baby, and will greatly improve maternal health outcomes. In Medicaid expansion states, maternal mortality dropped by 1.6 deaths per 100,000 women.

There are also stark and concerning racial disparities in maternal mortality are concerning: Black women are three to four times more likely to die from a pregnancy- related complication than non-Hispanic white women.[i] In Maryland, the maternal mortality rate for Black women is 3.7 times that of White women and the racial disparity has widened in recent years.[ii]

Inclusion of dental amendment

Health Care for the Homeless also supports an amendment to include dental coverage in the definition of "health coverage." To ensure dental coverage is included under this bill, we ask for the following amendment:

[1] Kaiser Family Foundation, *State Health Facts*, *Health Insurance Coverage of the Total Population, 2019*.
[2] CDC, *Vital Signs: Pregnancy-Related Deaths, United States, 2011-2015 and Strategies for Prevention, 13 States, 2013-2017* (2019), https://www.cdc.gov/mmwr/volumes/68/wr/mm6818e1.htm

For more information please contact Joanna Diamond, Director of Public Policy at jdiamond@hchmd.org or at 443-703-1290.

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

At Health Care for the Homeless, we see daily the devastating effects of a health care system that denies dental coverage to some of our community's most vulnerable members: adults experiencing homelessness. Many of our clients go their entire adult lives without dental care. Oral health is critical to overall physical health:

- Tooth decay can cause infections, which can lead to a range of health complications.
- Oral health affects how we eat, exacerbating digestive issues, diabetes and weight loss.
- Oral disease is associated with increased risk of stroke and cardiovascular disease.

We respectfully request a favorable report on this bill with the amendment to include dental coverage.

Health Care for the Homeless is Maryland's leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We work to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. We deliver integrated medical care, mental health services, state-certified addiction treatment, dental care, social services, and housing support services for over 10,000 Marylanders annually at sites in Baltimore City and Baltimore County. For more information, visit www.hchmd.org.

[i] CDC Newsroom: *Black, American Indian/ Alaska Native Women Most Affected*, https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html

[ii] Report of the Senate President's Advisory Workgroup on Equity and Inclusion (2021), http://www.mgaleg.maryland.gov/pubs-current/SenatePresidentAdvisoryWorkgrouponEquityandInclusion.pdf

For more information please contact Joanna Diamond, Director of Public Policy at jdiamond@hchmd.org or at 443-703-1290.

2021 MDAC SB 923 Senate Side.pdf
Uploaded by: Elliott, Robyn
Position: FWA

Maryland Dental Action Coalition

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www.mdac.us

Committee: **Senate Finance Committee**

Bill Number: **SB 923 - Maryland Medical Assistance Program - Eligibility and Disenrollment**

Hearing Date: **March 10, 2021**

Position: **Support with Amendment**

The Maryland Dental Action Coalition (MDAC) strongly supports *Senate Bill 923 – Maryland Medical Assistance Program -Eligibility and Disenrollment.* The bill extends Medicaid postpartum coverage from up to 60 days to 1 year after pregnancy. MDAC requests an amendment to ensure that the term "health coverage" is inclusive of dental coverage.

Maternal health outcomes can be greatly improved ensuring access to care for at least a year beyond pregnancy. However, our States efforts to reduce maternal morbidity and mortality among the most at-risk communities are hampered by limitations on Medicaid postpartum coverage. With coverage lasting only up to 60 days beyond pregnancy, we are missing opportunities to ensure at-risk women can get the care they need. The need for extended coverage is evidenced by the number of maternal deaths up to a year after pregnancy. Twelve percent of maternal mortality incidents occur in the 43 to 365 days after pregnancy.[i]

Postpartum coverage should be inclusive of dental care because it would improve the health of new mom as well as the child. We ask that there be a clarification in the proposed legislation to make it clear that the bill is inclusive of dental coverage for the following reasons:

- **Dental is Already Included in Maryland Medicaid's Postpartum Coverage:** Beginning this spring, the Maryland Medicaid Program will begin including dental coverage in its postpartum program. Governor Hogan funded postpartum dental coverage at the request of Senator Guzzone and Delegate McKay during the 2020 session. If postpartum coverage is extended beyond the 60-day period by this legislation, it should be consistent with current plans to cover dental services.

- **Protecting Maternal Health**: Dental coverage is important to improve health outcomes of women during the postpartum period. Poor oral health is linked to cardiovascular disease, diabetes, pneumonia, and strokes.[ii]

- **Protecting Children's Health:** Dental coverage for women in the postpartum period helps improve health outcomes for their children:

  - **Reduced Risk of Dental Caries:** Mothers may transmit the infection that causes tooth decay to their infants.[iii] Dental coverage would improve both the health of the new mom and baby. Children are more likely to have dental caries if their caregivers, including mothers, have poor dental health.[iv, v, vi] Early childhood caries (ECC) can begin soon after infants begin getting teeth, and it has serious long-term implications for the child. Children with early childhood caries are at a higher risk of developing lesions on both baby and adult teeth. 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[vii]. Poor oral health can lead to a lifetime of somatic health issues.

  - **Increased Access to Dental Homes for Children:** The American Academy of Pediatric Dentists recommends that children see a dentist and have a dental home by 12-months of age. However, only 1.5% have had a dental visit by age one, compared to 89% of children who have had a physician visit in that time period.[viii] Clearly more infants need to have dental homes. One key strategy is to increase the number of postpartum women who have their own dental homes, leading to the establishment of a family dental home. However, this may be a challenge when new mothers lack dental coverage, including those under a Medicaid program. Consumers report that insurance coverage is the most important factor in accessing dental care.[ix]

- **Dental Coverage is Consistent with Federal Legislation:** On February 24th, 2021, Senators Durbin and Duckworth announced they would be reintroducing the *Mother and Offspring Mortality and Morbidity Awareness Act* (MOMMA). Representative Robin Kelly is expected to reintroduce the companion bill. Since the bill passed the House last year, we can anticipate a significant push for the bill this upcoming year. The bill addresses the extension of Medicaid postpartum coverage for up to one year. The bill 's proposed postpartum coverage is inclusive of dental.

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

On page 2 in line 22, insert "<u>, DENTAL</u>," after "medical"

We urge the committee to move forward in this 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] Petersen EE, Davis NL, Goodman D, et al. *Vital Signs:* Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017. MMWR Morb Mortal Wkly Rep 2019;68:423–429. DOI: http://dx.doi.org/10.15585/mmwr.mm6818e1

[ii] https://www.ada.org/~/media/ADA/Publications/Files/patient_61.ashx

[iii] 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

[iv] Smith RE, Badner VN, Morse DE, Freeman K (2002). Maternal risk indicators for childhood carriers in an innter city population. Community Dental Oral Epidemiology 30:176-181.

[v] Bedos C, Brodeur JM, Arpin S, Nicolau B (2005). Dental cariers experience: a two-generational study.

[vi] Reisine S, Tellez M., Willem J. Sogn W, Ismail (2008) Relationship between caregiver's and child's caries prevalence among disadvanted African Americans. Community Dent Oral Epidemiology 36:191-200

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

[viii] Ibid

[ix] 2019 Consumer Survey of Barriers to and Facilitators of Access to Oral Health Services. Oral Health Workforce Research Center.

MAP - SB 923- Medicaid post partum- FWA.pdf
Uploaded by: Jefferson , Stacey
Position: FWA

MARYLANDERS AGAINST POVERTY

Member Agencies:

Advocates for Children and Youth
Baltimore Jewish Council
Behavioral Health System Baltimore
CASH Campaign of Maryland
Catholic Charities
Episcopal Diocese of Maryland
Family League of Baltimore
Fuel Fund of Maryland
Health Care for the Homeless
Homeless Persons Representation Project
Job Opportunities Task Force
League of Women Voters of Maryland
Loyola University Maryland
Maryland Catholic Conference
Maryland Center on Economic Policy
Maryland Community Action Partnership
Maryland Family Network
Maryland Hunger Solutions
Mental Health Association of Maryland
Paul's Place
Public Justice Center
St. Vincent de Paul of Baltimore
Welfare Advocates

Marylanders Against Poverty

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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.[1] 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.[1] 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:

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[1] [1] Maryland Department of Health, *Annual Report Maryland Maternal Mortality Review* (2019), https://phpa.health.maryland.gov/mch/Documents/MMR/MMR_2019_AnnualReport.pdf.
[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 "<u>, DENTAL</u>," 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.*

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

SB 923- Maryland Medical Assistance Program - Elig

Uploaded by: Krienke, Jane

Position: FWA

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 women 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]

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[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:
Jane Krienke, Legislative Analyst, Government Affairs
Jkrienke@mhaonline.org

[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".

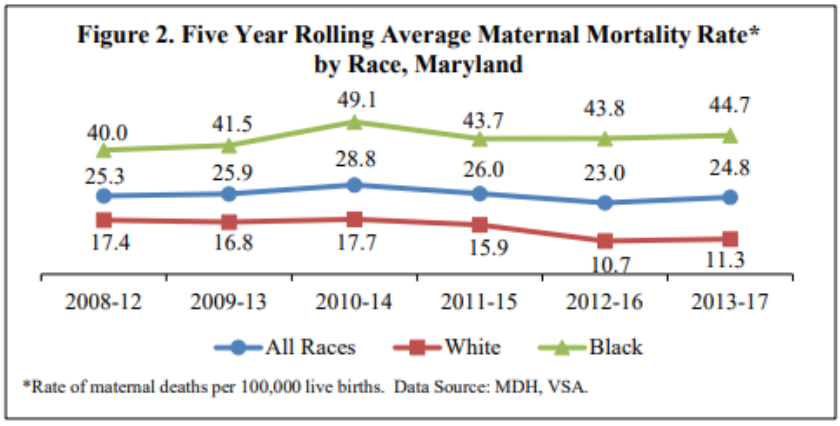
SB 923 FAV w. Amend_ACY_MRock.pdf
Uploaded by: Rock, Melissa
Position: FWA

EQUITY FOR ALL KIDS

ADVOCATES FOR CHILDREN AND YOUTH

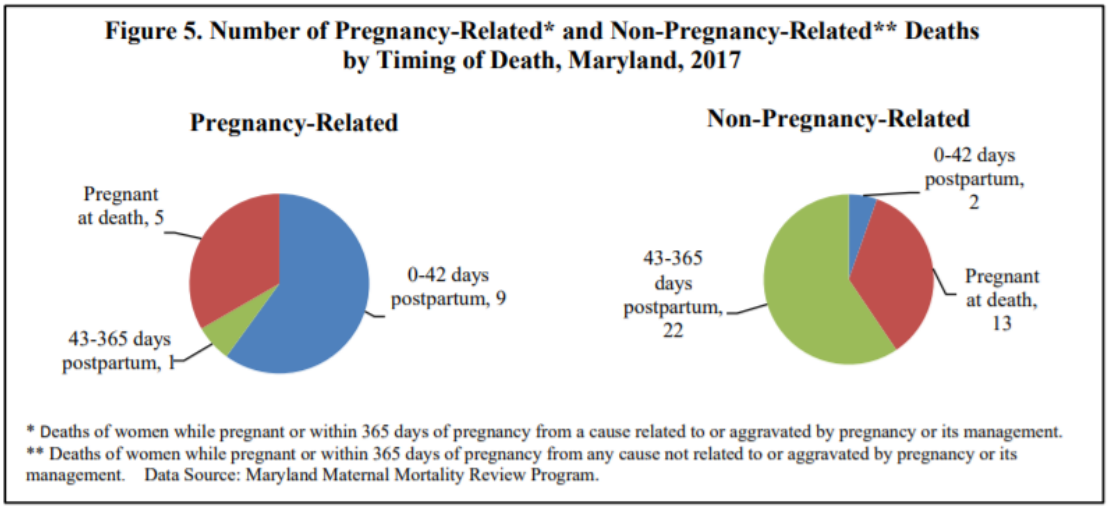
To: The Honorable Chair, Senator Delores G. Kelley, and members of the Finance Committee
From: Melissa S. Rock, Director, Birth to Three Strategic Initiative
Re: **SB 923: Maryland Medical Assistance Program - Eligibility and Disenrollment**
Date: March 10, 2021
Position: **Support with Amendments**

There are significant racial disparities in birth outcomes for Black birthing individuals and Black babies. Black individuals who give birth in Maryland are 4 times more likely to die after childbirth than White women. 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 Black MMR **increased 11.9 percent**, increasing the racial difference. **The 2013-2017 Black MMR is 4 times the White MMR**."[i] (Emphasis Added.)



SB 923 will ensure that birthing individuals whose family income is at or below 250% of the federal poverty level do not lose their Medicaid health insurance coverage 60 days after giving birth. In Maryland, as the table below indicates,[ii] 44% of the maternal deaths within one year of giving birth were 43-365 days after birth. Ensuring health coverage can help prevent some of those deaths. **SB 923 also includes the requirement that regulations are developed to ensure care coordination occurs between providers to ensure there isn't an unexpected lapse in health coverage for this population.**

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



- Poor oral health is linked to cardiovascular disease, diabetes, pneumonia, and strokes.[iii]
- Mothers may transmit the infection that causes tooth decay to their infants.[iv] 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.[v]

We urge this committee to issue a favorable report on SB 923, as amended, to ensure pregnant individuals receive the ongoing health coverage they need including dental coverage.

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"

[i] "Maryland Maternal Mortality Review 2019 Annual Report," Health –General Article § 13-207 at p. 6. https://phpa.health.maryland.gov/mch/Documents/MMR/MMR_2019_AnnualReport.pdf
[ii] Id. at p. 10.
[iii] https://www.ada.org/~/media/ADA/Publications/Files/patient_61.ashx
[iv] 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
[v] American Academy of Pediatric Dentistry, Council on Clinical Affairs. Perinatal and Infant Oral Health Care. 2016.

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Uploaded by: Bennardi, Maryland Department of Health /Office of Governmen
Position: INFO

Maryland
DEPARTMENT OF HEALTH
Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

March 10, 2021

The Honorable Delores G. Kelley
Chair, Senate Finance Committee
3 East Miller Senate Office Building
Annapolis, MD 21401 – 1991

RE: SB 923 – Maryland Department of Health – Maryland Medical Assistance Program – Eligibility and Disenrollment – Letter of Information

Dear Chair Kelley and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information for Senate Bill (SB) 923 – Maryland Department of Health – Maryland Medical Assistance Program – Eligibility and Disenrollment.

SB 923 extends the period of time pregnant recipients are eligible for the Maryland Medical Assistance Program (Maryland Medicaid) from two months to 12 months postpartum. The bill also directs MDH to develop written health literacy materials to facilitate the disenrollment process and instructs MDH to adopt regulations for ensuring care coordination to transition providers for beneficiaries who lose Medicaid coverage after 12 months.

In the first full year of services (FY2023), MDH estimates a fiscal impact of $15.6 million for the expansion proposed in SB 923. If dental care were included, the cost of the postpartum coverage expansion would total $16.9 million. To receive a federal match on this expansion, MDH will need to apply and receive approval for a federal §1115 waiver. If a federal waiver is approved, federal funds would be available at a 61% blended rate.

Existing coverage is available for this population under Qualified Health Plans (QHPs) through the Maryland Health Benefit Exchange, the state's health insurance marketplace. QHPs cover Essential Health Benefits as set forth under the Patient Protection and Affordable Care Act. While the QHP benefit package remains the same regardless of income, federal subsidies are available on a tiered basis, by income, up to 400 percent of the federal poverty level.

Lastly, SB 923 is unclear about what type of care coordination would be required at the time of a participant's disenrollment. Challenges exist in accurately predicting coverage closure for a given participant prior to disenrollment. In recent years, MDH has implemented a number of enhancements around renewals, including an automatic renewal process for participants who qualify on the basis of MAGI through Maryland Health Connection. Approximately 55% of participants are automatically renewed each month. Approximately 72% of participants that do not renew automatically go on to re-apply for benefits maintain coverage without any gaps.

I hope this information is useful. If you would like to discuss this further, please do not hesitate to contact me at webster.ye@maryland.gov / (410) 260-3190 or Heather Shek, Director of Governmental Affairs at heather.shek@maryland.gov or at the same phone number.

Sincerely,

Webster Ye
Assistant Secretary, Health Policy

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Uploaded by: Bogley, Laura
Position: INFO

Informational Statement – SB923
Maryland Medical Assistance Program - Eligibility and Disenrollment
Laura Bogley, JD - Director of Legislation, Maryland Right to Life

On behalf of our members across the state, we strongly oppose any public funding for abortion. Compulsory taxpayer funding for abortion violates the people's natural and Constitutional rights to life, liberty, freedom of speech and religion. This bill could accomplish some good by providing important healthcare services for pregnant women, including well mother and prenatal, birth and delivery care. However, without your amendment, this bill also will expand taxpayer funding for abortion by expanding eligibility for the Maryland Medical Assistance Program.

> **Maryland Medical Assistance Program -** This program is the *primary vehicle for Medicaid Reimbursements to Abortion providers* (See DLS Exhibit 29 below). In 2019 taxpayers paid for more than 9,660 elective abortions, 0 (zero) of which were to save the life of the mother (See DLS Exhibit 30 below).

Funding to Abortion Providers Increases Abortion – State programs commit significant taxpayer funds to Planned Parenthood for prenatal services but Planned Parenthood is not a significant provider for prenatal care. 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. **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 total of 354,871 abortions. That's over 972 babies killed daily- 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.** Planned Parenthood offers minimal "prenatal" services and adoption referrals as a means to qualify for public funds and to sell abortion to vulnerable women and girls facing unplanned pregnancies (LEARN MORE).

There is bi-partisan unity on prohibiting the use of taxpayer funding for abortion. State funding for abortion on demand is in direct conflict with the will of the people. In fact, 58% percent of those surveyed say they oppose taxpayer funding of abortion, including 31% of Democrats, 83% of Republicans, and 65% of independents. 80% of Americans polled favor laws that protect both the lives of women and unborn children.

Pregnancy is not a Disease - Abortion is not healthcare. It is violence and brutality that systemically targets the poor and minority populations and ends the lives of unborn children through suction, dismemberment or chemical poisoning. The fact that 85% of OB-GYNs in a representative national survey do not commit abortions is glaring evidence that abortion is not an essential part of women's healthcare.

Abortion is *never medically necessary* to save the life of a woman - In the rare case of severe pregnancy complications, hospitals, not abortion clinics, may decide to separate the mother and child and make best efforts to *sustain the lives of both*. This is different from an abortion, which involves the *purposeful termination of fetal human life*. Prior to the Supreme Court's imposition of their decision in *Roe v. Wade* in 1973, the Maryland legislature had enacted a ban on abortion and only would allow exception for the physical life of the mother, if two physicians agreed that termination of the pregnancy was necessary to avoid the imminent death of the mother. Science has advanced beyond this point to support that *both lives can be saved*.

LIFE is our first Civil Right

Abortion is the greatest civil rights abuse of our time and this bill forces the people to fund abortion to the detriment of Black lives. Legal abortion is having a genocidal effect specifically on Black Americans, who are disproportionately targeted by the abortion industry, with half of all pregnancies to Black women ending in abortion. Planned Parenthood was founded by racist eugenicists who believed that forced sterilization and later abortion, were necessary tools to reduce the growth in "unfit" populations, particularly those persons of African descent. Even today more than 78% of abortion clinics are located in Communities of Color. The government interest in health care is highly questionable as the state invests more in the corner abortion clinic than the corner grocery store. While Black Americans make up less than 13% of the population, they account for nearly 30% of all abortions. **As a result abortion is the leading cause of death of Black Americans, more than gun violence and all other causes combined.** (For more information see http://www.BlackGenocide.org.)

Love them both - 80% of Americans polled favor laws that protect both the lives of women and unborn children. We believe each human being is created EQUAL and the circumstances of conception do not diminish the worth of a human child. Public funds instead should be prioritized to fund health and family planning services which have the objective of saving the lives of both mother and children, including programs for improving maternal health and birth and delivery outcomes, well baby care, parenting classes, foster care reform and affordable adoption programs.

Funding restrictions are constitutional - The Supreme Court has held that the alleged constitutional "right" to an abortion "*implies no limitation on the authority of a State to make a value judgment favoring childbirth over abortion, and to implement that judgment by the allocation of public funds*." When a challenge to the constitutionality of the Hyde Amendment reached the Supreme Court in 1980 in the case of *Harris v. McRae*, the Court ruled that the government may distinguish between abortion and other procedures in funding decisions -- noting that "*no other procedure involves the purposeful termination of a potential life*" -- and affirmed that *Roe v. Wade* had created a limitation on government, not a government funding entitlement.

For these reasons, we respectfully urge you to amend this bill to exclude its application to abortion and Medicaid reimbursement to abortion providers, in order to preserve its good purposes for healthy birth and delivery outcomes. We ask you to honor your oath of office and protect the rights of *all* human beings, born and preborn. Thank you for your consideration.

Updates

1. Medical Assistance Expenditures on Abortion

Language attached to the Medicaid budget since 1979 authorizes the use of State funds to pay for abortions under specific circumstances. Specifically, a physician or surgeon must certify that, based on his or her professional opinion, the procedure is necessary. Similar language has been attached to the appropriation for MCHP since its advent in fiscal 1999. Women eligible for Medicaid solely due to a pregnancy do not currently qualify for a State-funded abortion.

Exhibit 29 provides a summary of the number and cost of abortions by service provider in fiscal 2017 through 2019. **Exhibit 30** indicates the reasons abortions were performed in fiscal 2019 according to the restrictions in the State budget bill.

Exhibit 29
Abortion Funding under Medical Assistance Program*
Three-year Summary
Fiscal 2017-2019

	Performed under 2017 State and Federal Budget Language	Performed under 2018 State and Federal Budget Language	Performed under 2019 State and Federal Budget Language
Abortions	8,892	9,875	9,660
Total Cost ($ in Millions)	**$5.9**	**$6.3**	**$6.0**
Average Payment Per Abortion	$660	$636	$622
Abortions in Clinics	6,829	7,644	7,483
Average Payment	$441	$434	$433
Abortions in Physicians' Offices	1,509	1,720	1,770
Average Payment	$935	$982	$962
Hospital Abortions – Outpatient	550	506	404
Average Payment	$2,522	$2,417	$2,584
Hospital Abortions – Inpatient	**	**	**
Average Payment	$14,711	$13,228	$6,973
Abortions Eligible for Joint Federal/State Funding	0	0	0

* Data for fiscal 2017 and 2018 includes all Medicaid-funded abortions performed during the fiscal year, while data for fiscal 2019 includes all abortions performed during fiscal 2019, for which a Medicaid claim was filed through November 2019. Since providers have 12 months to bill Medicaid for a service, Medicaid may receive additional claims for abortions performed during fiscal 2019. For example, during fiscal 2019, an additional 78 claims from fiscal 2018 were paid after October 2017, which explains differences in the data reported in the fiscal 2020 Medicaid analysis to that provided here.

** Indicates a dataset of less than 10 cases.

Source: Maryland Department of Health

Exhibit 30
Abortion Services
Fiscal 2019

I. Abortion Services Eligible for Federal Financial Participation
(Based on restrictions contained in the federal budget.)

Reason		Number
1.	Life of the woman endangered.	0
	Total Received	**0**

II. Abortion Services Eligible for State-only Funding
(Based on restrictions contained in the fiscal 2018 State budget.)

1.	Likely to result in the death of the woman.	0
2.	Substantial risk that continuation of the pregnancy could have a serious and adverse effect on the woman's present or future physical health.	120
3.	Medical evidence that continuation of the pregnancy is creating a serious effect on the woman's mental health, and if carried to term, there is a substantial risk of a serious or long-lasting effect on the woman's future mental health.	9,520
4.	Within a reasonable degree of medical certainty that the fetus is affected by genetic defect or serious deformity or abnormality.	19
5.	Victim of rape, sexual offense, or incest.	*
Total Fiscal 2019 Claims Received through November 2019		**9,660**

* Indicates a dataset of less than 10 cases.

Source: Maryland Department of Health

2. Block Grants Redux

In January 2020, CMS announced a Healthy Adult Opportunity (HAO) initiative. HAO offers states, for certain adults under 65, flexibility in administering benefits for those individuals. The flexibility being offered includes the ability to:

- adjust cost-sharing requirements to incentivize high value care;