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**HB 123**  
**Preserve Telehealth Access Act of 2021**  
**Hearing of the Health & Government Operations Committee**  
**January 27, 2021**  
**1:30 PM**

**SUPPORT**

The Reproductive Health Equity Alliance of Maryland 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 health options designed to build healthy and stable families of color. We strongly support HB 123, which would preserve telehealth access for Medicaid patients, reimburse clinicians for their services, and expand the definition of "telehealth" for private insurance to include audio-only conversations.

Telehealth is a tool that can aid the state in driving down its maternal and infant mortality rate. Black birthing persons and infants die at rates higher than their white counterparts. In Maryland, the Black maternal mortality rate (MMR) is 4 times higher than the white MMR. Compared to the 2008-2012 data, the 2013-2017 data (most recently available data) shows that the white MMR decreased by 35.4% while the Black MMR increased by 11.9%.<sup>1</sup> The recent decrease in Maryland's overall MMR rate is a result of the decrease in white MMR.<sup>2</sup> Though there was a 9% decrease in Black infant mortality between 2017 and 2018, the Black infant mortality rate (10.2) is still much higher than the white infant mortality rate (4.1).<sup>3</sup> For both Black birthing persons and infants, early detection and continuity in care can help reduce mortality rates. In fact, birthing persons who do not receive prenatal care are 3 to 4 times more likely to die from pregnancy related complications than birthing persons who do receive prenatal care.<sup>4</sup>

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<sup>1</sup> Maryland Department of Health, *Maryland Maternal Mortality Review 2019 Annual Report* (2020), <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>.

<sup>2</sup> *Id.*

<sup>3</sup> Maryland Department of Health, *Maryland Vital Statistics: Infant Mortality in Maryland, 2018* (2019), [https://health.maryland.gov/vsa/Documents/Infant\\_Mortality\\_Report\\_2018.pdf](https://health.maryland.gov/vsa/Documents/Infant_Mortality_Report_2018.pdf).

<sup>4</sup> Chang J, Elam-Evans LD, Berg CJ, et al. Pregnancy-related mortality surveillance—United States, 1991-1999. *MMWR Surveill Summ* 2003;52(2):1-8.

The COVID-19 pandemic has dramatically changed the ways in which patients access reproductive and infant health care. The expansion of telehealth for Medicaid patients makes it possible for patients who live in reproductive health care deserts or are at high-risk for COVID-19 complications to access primary, somatic and specialty care. Likewise, expanding the definition of “telehealth” for private insurance to include audio-only conversations will enable physicians to connect quickly with patients experiencing pregnancy or infant health complications and adjust their care accordingly. HB 123 supports birthing individuals and families in choosing where and how they receive care and ensures that clinicians are reimbursed for these services.

For these reasons, we urge the committee to issue a **favorable** report on **HB 123**. Thank you for your time and consideration. Please do not hesitate to contact Andrea Williams-Muhammad at 443-452-7283 or [andnic.williams@gmail.com](mailto:andnic.williams@gmail.com) or Ashley Black at 410-625-9409, ext. 224 or [blacka@publicjustice.org](mailto:blacka@publicjustice.org) if you have any questions about this testimony.