



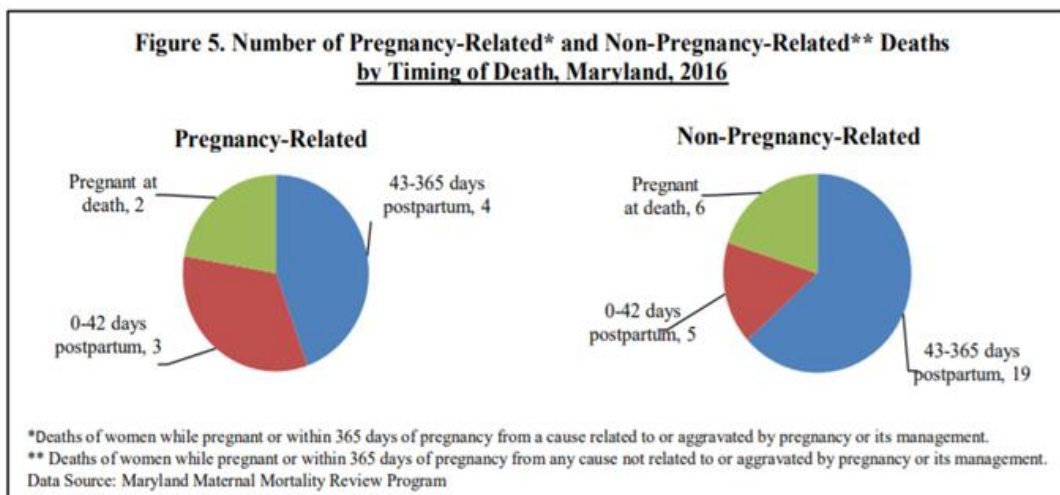
SB0923

Maryland Medical Assistance Program - Eligibility and Disenrollment
Hearing of the House Health and Government Operations Committee
March 30, 2021
1:30pm

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

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Organizations

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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