

March 19, 2021

To: The Honorable Shane E. Pendergrass, Chair, House Health & Government Operations Committee

Re: Letter of Support- House Bill 1349- Public Health - Maryland Prenatal and Infant Care Grant Program Fund

Dear Chair Pendergrass:

On behalf of the Maryland Patient Safety Center, I appreciate the opportunity to offer support for House Bill 1349.

The Maryland Patient Safety Center (MPSC) is recognized as a national leader in patient safety. As a Center of patient safety innovations, we convene providers of care to accelerate our understanding and implement evidence-based solutions for preventing avoidable harm. MPSC has a long history of working on quality improvement initiatives for maternal health through our former role as the facilitator of the Perinatal Neonatal Quality Collaborative. Most recently, we partnered with the Maryland Department of Health, Johns Hopkins University and the University of Maryland Baltimore County to initiate the work of the Maryland Maternal Health Innovation Program—a five-year program in improve maternal health across the state of Maryland. Through this partnership, we are engaging with birthing hospitals throughout the state to facilitate implicit bias training for perinatal providers and promote quality improvement initiatives within the hospital setting.

According to the Maryland Maternal Mortality Review Program, 81% of the pregnancy-associated deaths between 2013-2017 were preventable or potentially preventable.¹ In 2018, of the 62,423 deliveries in Maryland hospitals, there were 1,508 SMM events. These trends show there are opportunities to address the underlying risk factors and save lives.

HB 1349 expands the eligibility of the existing Maryland Prenatal and Infant Care Grant Program Fund beyond county governments to include hospitals, federally qualified health centers, and perinatal care professionals. By providing funding directly to those delivering care, the state is investing in interventions to improve health care outcomes for mothers and babies before, during, and after birth. HB 1349 complements the state's ongoing work to address disparate maternal and child health outcomes by prioritizing projects that serve communities with a high number of Medicaid beneficiaries and greater rates of infant mortality and preterm births—vulnerable populations with the greatest need.

For these reasons, I request a favorable report on HB 1349.

For more information, please contact:

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¹ Maryland Maternal Health Innovation Program. (n.d.). "[Maternal Mortality in Maryland](#)".