



Maryland Community Health System

Committee: House Health and Government Operations Committee

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

Hearing Date: March 30, 2021

Position: Support

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 the inclusion of dental coverage, which the Senate clarified with an amendment. 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

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.

**5850 Waterloo Road, Suite 140, Columbia, Maryland 21045
410-761-8100**

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.