

**Senate Bill 778**  
**Maryland Medical Assistance Program – Children and Pregnant Women (Healthy Babies Equity Act)**  
**Position: Favorable Testimony**

Dear Members of the Senate Finance Committee,

My name is Abdikarin Abdullahi and I am a resident of Baltimore City. In addition to my role as a medical student, I am currently studying health policy as a Master's in Public Health student at Johns Hopkins Bloomberg School of Public Health. As a soon to be clinician and public health scholar, I am writing in strong support of HB 1080, the Healthy Babies Equity Act.

This bill would guarantee prenatal and postpartum coverage to all Marylanders regardless of their immigration status. I want to share the story of a patient I saw during my time on the obstetrics service, which encapsulates why Maryland needs to urgently follow in the footsteps of the 17 other states that have passed similar legislation.

The birth process is meant to be a celebration of life, where a new light is introduced into the world. But a lack of adequate prenatal care can often snuff out that light before it ever has the opportunity to shine. It was nearly 10:00pm when my obstetrics team received a notification that a patient was emergently being transported to the hospital. This patient had received little prenatal care and was attempting to deliver her child at home. Instead of joyfully welcoming her baby, there was a prolonged period of bleeding. Numerous risk factors, such as a condition referred to as placenta previa, can increase the risk of bleeding after childbirth. With adequate prenatal care, these factors can be identified and appropriate counseling can be provided. Because undocumented persons in Maryland are only eligible for emergency Medicaid, they are currently denied this care. **This needs to change.**

Consider the case of a patient with high blood pressure. A 30 tablet container of Lisinopril, an effective antihypertensive medication, retails for as low as \$4.00 at Walmart.<sup>1</sup> If this individual does not maintain control of their high blood pressure, they will be at increased risk for a host of end organ effects. Amongst these health sequelae is an increased risk of stroke. The estimated cost of a hospital stay for stroke? \$20,396-\$43,652.<sup>2</sup> This is without accounting for the devastating disability associated with strokes after their acute inpatient stay.

In this situation, the obvious solution is to provide preventative care that prevents a catastrophic medical outcome while minimizing healthcare expenditures. This rationale guides the exact same principles that should be extrapolated to the provision of prenatal and postpartum care. Virginia recently estimated that their expansion of prenatal care will produce a cost savings of 2.3 million dollars.<sup>3</sup> Outside of the higher federal match rate for the CHIP program reducing state healthcare expenditures, providing prenatal care is analogous to controlling blood pressure for the sake of avoiding strokes or heart attacks. Prenatal care is an evidenced based service that decreases the risk of maternal morbidity and adverse fetal outcomes; in addition to this being a cost savings approach, it'll also protect the health of our babies and their parent.

I am a proud resident of the State of Maryland. We have taken many innovative and evidenced based steps to reduce our uninsured population and improve the health of all Marylanders. SB 778 aligns closely with these efforts and **would provide all babies born in Maryland a chance to shine as brightly as possible.** The legacy of this bill would be one that

speaks to the legislature's commitment to our pregnant population and their babies; it would be a legacy that I know each and every single member of the legislature would be proud to represent. **I therefore respectfully urge a favorable report on SB 778.**

Best,

Abdikarin Abdullahi

M.D. Candidate at the University of California, San Francisco

MPH Candidate at the Johns Hopkins Bloomberg School of Public Health