

Testimony in SUPPORT of HB1080/SB778

Maryland Medical Assistance Program - Children and Pregnant People (Healthy Babies Equity Act)

House Health and Government Operations Committee
Senate Finance Committee

Andrea L. Agalloco

March 7, 2022

Dear Members of the Committee:

My name is Andrea Agalloco. I have been a resident of Montgomery County Maryland since 2016 and live in District 20 currently. I work at Mary's Center, a Federally Qualified Health Center with locations in Washington, DC, Silver Spring and Adelphi. I oversee our perinatal mental health program, focused on the prevention and treatment of perinatal mood and anxiety disorders. I am in strong support for HB1080/SB778, Healthy Babies Equity Act.

HB1080/SB778 would expand eligibility for prenatal care through Medicaid to all pregnant people, regardless of status. It would cover care through pregnancy, and twelve months postpartum for both mother and child.

This bill is especially important to the population we serve at Mary's Center as in Prince George's County, we are seeing the most uninsured patients across all our service lines. As several clinics in the region have closed, we have become the primary provider of prenatal services for uninsured pregnant women in Prince George's County. In Montgomery County, we are also experiencing a significant spike in the number of uninsured pregnant women coming to us for care. It's well documented that perinatal mood and anxiety disorders are the number one complication of pregnancy, childbirth and postpartum, affecting one in every seven individuals, although other sources say as many as 1 in 5 individuals.¹ If left untreated, perinatal mood and anxiety disorders, can result in devastating and life altering consequences for children including low birth weight or small head size, pre-term birth, longer stay in the NICU, excessive crying, impaired parent-child interactions and behavioral, cognitive, or emotional delays.²³⁴⁵⁶ For birthing people, when left untreated we see problems such as difficulty managing their own health, poor nutrition, substance use, experiencing physical, emotional, or sexual abuse, as well

¹ Gavin NI, Gaynes BN, Lohr KN, Meltzer-Brody S, Gartlehner G, Swinson T. Perinatal depression: a systematic review of prevalence and incidence. *Obstet Gynecol* 2005;106:1071-83.

² Grote (2010). *Archives of General Psychiatry*, 67(10): 1012-1024.

³Sriraman (2017). *Pediatrics in Review*, 38(12): 541-551.

⁴Fitelson (2011). *International Journal of Women's Health*, 3: 1-14.

⁵ Cherry (2016). *International Journal of Women's Health*, 8: 233-242.

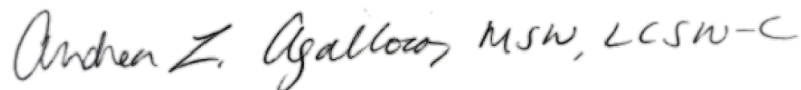
⁶ Stein(2014). *The Lancet*, 384: 1800-1819.

as being less responsive to baby's cues, having fewer positive interactions with baby, experiencing breastfeeding challenges and questioning their competence as mothers.³⁴⁷⁸⁹

My team sees first-hand the challenges that families face engaging with services that are not covered by their insurance. Mary's Center offers services based on income for uninsured people, using a sliding fee scale, but participants still forego medical and mental health care because of costs. Lack of insurance is a major barrier to care. Our uninsured pregnant and postpartum participants in Prince Georges and Montgomery County have been less likely to engage in our virtual support groups due to the cost of these groups on a sliding fee scale. With the expansion of Medicaid benefits to this population, we can more fully engage these families in mental health services (not to mention much needed medical services) during the critical perinatal period.

Maryland is leading the way in some aspects of prenatal and postpartum care with the recently added coverage for doula services and home visiting. These programs are first line supports in the prevention of perinatal mood and anxiety disorders. The next step for Maryland to support the perinatal population, is to offer full medical coverage to undocumented pregnant immigrant people. Prenatal and postpartum care are transformative, especially in communities of color, in preserving the protecting the lives of children and their mothers. This especially impacts the population we serve at Mary's Center where greater than 95% of Mary's Center's pregnant patients fall into the category of a member of a minority population. By joining the seventeen states across the nation and expanding Medicaid to pregnant people regardless of immigration status, we would be investing in the health of mothers and the future of Maryland. It is why I urge a favorable report in support of HB1080/SB778.

Sincerely,



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⁷ National Institute of Mental Health (2013). Postpartum Depression Facts NIH13-8000.

⁸ Zhou (2019). Journal of Women's Health, 28(8): 1068-1076

⁹ Field (2010). Infant Behavioral Health, 33(1): 1-14