

TO: The Honorable Delores Kelley, Chair
Senate Finance Committee

FROM: Annie Coble
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Johns Hopkins would like to offer its full support for Senate Bill 778, Maryland Medical Assistance Program – Children and Pregnant Women (Healthy Babies Equity Act). This bill requires Maryland Medicaid to provide comprehensive medical care to noncitizen pregnant women who would qualify for Medicaid but for their immigration status and their children up to the age of 1 year. Extending Medicaid eligibility and therefore access to health care is incredibly important for the health of the mother and baby.

Johns Hopkins experts agree that extending coverage has a particularly valuable role for women who are otherwise insurance ineligible. Women with pregnancy-related health problems such as preeclampsia and gestational diabetes often need intermittent follow-up for several months, or longer-term follow-up. They also often need time to identify a primary care provider who is accessible and affordable.

Extending coverage to the children of these women would be very helpful for Maryland-born infants of immigrant mothers given how much difficulty we are currently having in getting them into Maryland Medicaid. Johns Hopkins has a significant number of uninsured newborns that cannot enroll in Medicaid due to technical and administrative challenges, that could be alleviated through this bill.

Maryland's maternal mortality rate for black women is 3.7 times that of white women and the racial disparity has widened in recent year. Johns Hopkins is actively working to reduce this disparity through research by the Johns Hopkins School of Public Health and through targeted, innovative programs, such as the Center for Addiction and Pregnancy on the Bayview Medical Campus. Extending health coverage for these women post-partum would have tremendously positive consequences including access to contraceptive access to prevent undesired rapid repeat pregnancy. The coverage would also help to reduce concerns regarding high rates of gestational diabetes, hypertension and depression that are very amenable to intervention and also highly consequential to mother, child and family in the post-partum period.

SB778 is especially timely as the urgent need to address health disparities is now more apparent than ever. The COVID-19 pandemic has illuminated the fact that Maryland Black and Latinx communities bear an undeserved burden of racial, economic, and health disparities. For these reasons and more, Johns Hopkins would urge a favorable report on SB778, Maryland Medical Assistance Program – Children and Pregnant Women (Healthy Babies Equity Act).