

# **Abdiabdullahi\_SB778\_FAV.pdf**

Uploaded by: Abdi Abdullahi

Position: FAV

**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

# **SB 778 Healthy Babies Equity Act.pdf**

Uploaded by: Aisha Robinson

Position: FAV





# primary care coalition

making  
health care  
happen

8757 Georgia Ave.  
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T: 301.628.3405  
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TO: The Honorable Shane E Pendergrass, Chair  
Health and Government Operations Committee

FROM: Richard C. Bohrer, Chair, External Affairs Committee, Primary Care Coalition

DATE: March 4, 2022

SUBJECT: **SUPPORT – HB 1080, Maryland Medical Assistance Program – Children and Pregnant Women (Healthy Babies Equity Act)**

The Primary Care Coalition (PCC) works with clinics, hospitals, health care providers, and other community partners to coordinate health services for our most vulnerable neighbors. The PCC administers a variety of programs that provide a continuum of health services for low-income, uninsured and underinsured, ethnically diverse individuals including Montgomery County's health safety-net programs—Montgomery Cares and Care for Kids—which together serve the health care needs of some 30,000 low-income individuals. The PCC supports HB 1080 because every person deserves access to lifesaving prenatal and postpartum care regardless of immigration status.

In Maryland in 2020:

- 1 in 7 infants was born to a woman receiving late or no prenatal care
- 1 in 6 infants was born to a woman receiving inadequate prenatal care<sup>1</sup>

From 2013 to 2017, 77% of pregnancy-related deaths in Maryland were preventable or potentially preventable.<sup>2</sup> Access to adequate prenatal care and postpartum care is transformative especially for women of color where racial and socioeconomic disparities still exist. In Maryland, mortality due to pregnancy related complications among Black and Latino mothers is nearly three times higher than white mothers.<sup>2</sup> Do not let the politics of immigration overshadow the importance of ensuring that babies, natural born citizens of the United States, have a strong start in life through appropriate health care for themselves and their mothers.

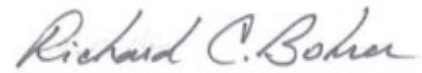
Passage of HB 1080 would be a step toward reducing inequity in maternal and child health inequities in Maryland. For this reason, PCC urges the Committee to vote in favor of HB 1080 and expand Medicaid to all mothers during and after pregnancy.

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<sup>1</sup> Prenatal Care Maryland | PeriStats | March of Dimes. (n.d.). Retrieved March 3, 2022, from <https://www.marchofdimes.org/peristats/ViewTopic.aspx?reg=24&top=5&lev=0&slev=4>

<sup>2</sup> MDMOM: Maryland Maternal Mortality Review Program. (n.d.). Retrieved March 3, 2022, from <https://mdmom.org/data>

Sincerely,

A handwritten signature in black ink that reads "Richard C. Bohrer". The signature is written in a cursive, slightly slanted style.

Richard C. Bohrer  
Chair, External Affairs Committee  
Primary Care Coalition

# **Protecting Immigrant Families Coalition\_FAV\_SB778.**

Uploaded by: Alicia Wilson

Position: FAV



Testimony of Alicia Wilson  
State Policy Lead  
Protecting Immigrant Families Coalition

In Support of SB778  
Maryland Medical Assistance Program  
Children and Pregnant Women  
(Healthy Babies Equity Act)

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Honorable Chair Kelley and Members of the Finance Committee, on behalf of the Protecting Immigrant Families Coalition, a network of more than 500 active member organizations across the country that advocate for immigrant inclusion in government-funded safety-net programs, I appreciate the opportunity to submit testimony in support of the Healthy Babies Equity Act.

### The Right Thing To Do

States across the country are grappling with a crisis of rising infant and maternal mortality rates, especially affecting Black, Indigenous, and People of Color (BIPOC) residents. The journal Health Affairs cites federal data showing a 26% increase in maternal mortality in the US between 2000 and 2014, and that one third of pregnancy-related deaths occur within the 12-month postpartum period.<sup>1</sup> While grant funds, provider training initiatives, and home-visiting programs have all made a positive impact, states have several key policy tools that can make a dramatic, positive change for perinatal health and healthy starts for newborns.

Churn, or disruptions in continuous insurance coverage, can prove dangerous for birth outcomes and can be a contributor to the one-in-three postpartum, pregnancy-related deaths reported. This level of churn is pronounced among Medicaid recipients, especially those whose delivery alone was covered by emergency Medicaid, or whose income was higher than state thresholds for non-pregnant adults. The DHHS Office of Health Policy explains, “Disruptions in postpartum health coverage are common, particularly among those enrolled in Medicaid, as most states continue pregnancy-related Medicaid coverage for only 60 days after childbirth.”<sup>2</sup> Continuing coverage for a full 12 months after delivery can ensure better health for the parent and child. The federal Medicaid program states, “Timely postpartum visits provide an opportunity to assess a woman’s physical recovery from pregnancy and childbirth. Postpartum visits provide an opportunity to address: chronic health conditions, such as diabetes and hypertension; mental health status, including postpartum depression; family planning, including contraception and inter-conception counseling.”<sup>3</sup> Continuing, uninterrupted coverage for all pregnant people from the first prenatal visit to 12 months postpartum will have a significant impact on the health outcomes for Maryland families.

While improving perinatal and newborn health outcomes through expanded, continuous health insurance coverage for all, including immigrants, is a moral and public health imperative, it also

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<sup>1</sup> <https://www.healthaffairs.org/doi/10.1377/forefront.20200203.639479/full/>

<sup>2</sup> [Medicaid After Pregnancy: State-Level Implications of Extending Postpartum Coverage](#)

<sup>3</sup> <https://www.medicaid.gov/state-overviews/scorecard/postpartum-care/index.html>

serves as sound public policy and an economic positive for states. Many states that have expanded health insurance coverage to immigrant communities who have been excluded from the ACA exchange or Medicaid have shown positive overall impacts for their health ecosystem. According to the healthcare consulting firm Manatt, “The benefits of affordable health coverage are undeniable, including improved access to primary and preventive healthcare services, better health outcomes, and higher rates of school and work attendance. Higher health insurance rates in states strengthens the healthcare system by increasing revenue to providers, decreasing uncompensated care costs, and enhancing provider capacity to deliver care. While opponents of state-funded coverage programs cite state spending as a concern, research indicates that health coverage expansions for immigrant populations are ultimately less expensive than providing emergency-only services.”<sup>4</sup> Investments in perinatal and early childhood health coverage is an investment that provides great returns to a state.

### Coverage Options

States have several policy options to expand coverage to those excluded from Medicaid due to their immigration status, and many states are pushing exciting initiatives that combine state funds with federally funded programs where possible to include more state residents in the safety net and bring their uninsured rates down more. The Healthy Babies Equity Act will help Maryland join many others that are expanding healthcare options for immigrant residents.

SB 778 is consistent with what states across the country and across the political spectrum are already doing. Twenty states (Arkansas, California, DC, Illinois, Louisiana, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New Jersey, New York, Oklahoma, Oregon, Rhode Island, Tennessee, Texas, Virginia, Washington and Wisconsin) cover prenatal care, regardless of the status of the pregnant person.<sup>5</sup> While there are varying rationales for this coverage among the states, including states that have rejected the ACA’s Medicaid expansion options, there is agreement that access to coverage for prenatal care ensures significantly better birth outcomes. These states use CHIP or state-only funding for this coverage. Postpartum coverage up to 12 months for undocumented people is currently provided in California and Illinois, with Connecticut and Minnesota joining them as early as July of this year.<sup>6</sup>

Many states have used state funds to cover children, regardless of immigration status. California, DC, Illinois, Massachusetts, New York, Oregon, and Washington have all taken the option to provide coverage through their CHIP or Medicaid programs. Maine, Vermont, and Connecticut will soon join them in this enhanced safety net.

We applaud efforts to expand coverage for Maryland residents and urge Maryland legislators and state officials to continue to look at promising models in other states. While expansion of prenatal, postpartum and newborn coverage is an excellent, sensible, and forward-thinking move for Maryland to take, it is an incremental step toward coverage for all, such as that taking place in California and Illinois. We also think that Maryland residents would be well-served by

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<sup>4</sup> [State Funded Affordable Coverage Programs for Immigrants](#)

<sup>5</sup> <https://www.nilc.org/issues/health-care/healthcoveragemaps/>

<sup>6</sup> [Medical Assistance Programs for Immigrants in Various States](#)

policies such as New Mexico's recently enacted H.B. 112, Eliminating discrimination on basis of immigration status for all state- or locally-funded healthcare programs, which pave the way for further expansions of the safety net by ending immigration-based exclusions in healthcare.<sup>7</sup>

Using all of the policy tools available to the state to expand coverage for pregnant people and newborns is the right thing to do, and is a strong step toward an equitable healthcare system in the state. As the COVID-19 crisis has laid bare the deadly consequences of health inequities, we urge you to take this important incremental step toward care for all Maryland residents. The Manatt authors explain, "as the immigrant population grows at a rapid pace, states have an imperative to address persisting structural racism that impacts the health of immigrants by closing the gap in coverage and better integrating immigrant families into the healthcare system."<sup>8</sup> We support this bill's passage and encourage the Senate to continue to push for additional advancements to give all Maryland residents the opportunity of health.

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<sup>7</sup> [2021 Regular Session - HB 112](#)

<sup>8</sup> [State Funded Affordable Coverage Programs for Immigrants](#)

# **SB 778\_Noncitizen Women Medicaid\_Support.pdf**

Uploaded by: Allison Taylor

Position: FAV



Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc  
2101 East Jefferson Street  
Rockville, Maryland 20852

March 8, 2022

The Honorable Delores G. Kelley  
Senate Finance Committee  
3 East, Miller Senate Office Building  
11 Bladen Street  
Annapolis, Maryland 21401

**RE: SB 778 – Support**

Dear Chair Kelley and Members of the Committee:

Kaiser Permanente is pleased to support SB 778, Maryland Medical Assistance Program - Children and Pregnant Women (Healthy Babies Equity Act).

Kaiser Permanente is the largest private integrated health care delivery system in the United States, delivering health care to over 12 million members in eight states and the District of Columbia.<sup>1</sup> Kaiser Permanente of the Mid-Atlantic States, which operates in Maryland, provides and coordinates complete health care services for approximately 800,000 members. In Maryland, we deliver care to over 460,000 members.

We support extending coverage for noncitizen pregnant women who would otherwise be eligible for Medicaid but for their immigration status and to their children for one year immediately following the pregnancy as envisioned under SB 778. We especially endorse this effort to expand coverage in response to significant increases in maternal mortality and morbidity in recent years. Kaiser Permanente supports policies, like expanded coverage, that improve maternal health care and outcomes and reduce disparities. Additionally, COVID-19 has taken a heavy toll on undocumented immigrants, who are disproportionately frontline/service workers, making them particularly vulnerable to the virus.

Undocumented immigrants are at high risk of being uninsured because they have limited access to coverage options. While only lawfully present immigrants can be eligible for Medicaid, states are increasingly leveraging state Medicaid programs to provide access to coverage for undocumented children and adults. As of September 2021, six states (California, Illinois, Massachusetts, New York, Oregon, Washington) and the District of Columbia are implementing affordable Medicaid equivalent or comparable coverage programs subsidized through state funds for low-income children and adults who do not qualify for subsidized health insurance, including because of their immigration status.

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<sup>1</sup> Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., the nation's largest not-for-profit health plan, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 39 hospitals and over 650 other clinical facilities; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan and its health plan subsidiaries to meet the health needs of Kaiser Permanente's members.



Kaiser Permanente  
Comments on SB 778  
March 8, 2022

As a HealthChoice MCO, Kaiser Permanente stands ready to work with the state to implement this initiative, if approved.

Thank you for the opportunity to comment. Please feel free to contact me at [Allison.W.Taylor@kp.org](mailto:Allison.W.Taylor@kp.org) or (202) 924-7496 with questions.

Sincerely,

A handwritten signature in cursive script that reads "Allison Taylor".

Allison Taylor  
Director of Government Relations  
Kaiser Foundation Health Plan of Mid-Atlantic States, Inc.

# **AAgalloco Support SB778 Healthy Babies Equity Act.**

Uploaded by: Andrea Agalloco

Position: FAV

## 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.<sup>1</sup> 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.<sup>23456</sup> 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

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<sup>1</sup> 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.

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

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

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

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

<sup>6</sup> 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.<sup>34789</sup>

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,



Andrea L. Agalloco, MSW, LCSW-C

Perinatal Mental Health Program Manager

Mary's Center

344 University Blvd

Silver Spring, MD 20901

[aagalloco@maryscenter.org](mailto:aagalloco@maryscenter.org)

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

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

<sup>9</sup> Field (2010). Infant Behavioral Health, 33(1): 1-14

**SB778 - Hopkins - SUP.pdf**

Uploaded by: Annie Coble

Position: FAV

TO: The Honorable Delores Kelley, Chair  
Senate Finance Committee

FROM: Annie Coble  
Assistant Director, State Affairs, Johns Hopkins University and Medicine

DATE: March 10, 2022

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).

**SB0778\_Arielle\_Juberg\_FAV.pdf**

Uploaded by: Arielle Juberg

Position: FAV

SB0778, Maryland Medical Assistance Program - Children and Pregnant Women (Healthy Babies Equity Act)

Testimony in **Support**

To: Chair Kelley and members of the Senate Finance Committee

From: Arielle Juberg, Baltimore, MD 21234

My name is Arielle Juberg. I am a resident of Baltimore County in District 8. I belong to Showing Up for Racial Justice (SURJ) in Baltimore. SURJ is working in collaboration with CASA de Maryland. I am testifying in **support** of SB0778, Maryland Medical Assistance Program - Children and Pregnant Women (Healthy Babies Equity Act).

SB0778 is important to me because every child deserves a healthy start to life. As I drive around Baltimore, I see billboards and advertisements encouraging parents to take their children for back-to-school check-ups, vaccine visits, and well-baby appointments. Yet we are excluding a group of children from the Maryland Children's Health Program (MCHP) simply because of their immigration status. An infant or five year old has no control over their immigration status. Excluding children from medical care because of their immigration status is a cruel and irrational punishment.

This bill will also ensure that all pregnant people in Maryland can access prenatal care. With this bill, Maryland has the chance to join 17 states, plus New York City and the District of Columbia, in recognizing that the health of pregnant people is more important than immigration status. The need in Maryland is critical, since 1 in 14 infants in Maryland is born to a person receiving no prenatal care, and babies whose mothers did not receive prenatal care are three times more likely to have low birth weight and have birth complications. Black and Latina mothers are particularly at risk, since they have higher rates of uninsurance compared to their white counterparts. Making prenatal care available to those who cannot afford it can result in lower maternal mortality and healthier babies.

Children with untreated conditions, sickly infants, women who die after childbirth – these are the human costs of our current system. Why do we accept these outcomes? Healthy kids are more likely to grow into healthy adults, which makes applying MCHP to all kids a wise public policy; but more than that, making sure Maryland's kids get health care regardless of where they were born or who their parents are is a matter of basic human decency. Likewise, no pregnant person or newborn should face the risk of injury or death because they don't fall into a narrow window of immigration eligibility set by federal law. *It is Maryland's longstanding public policy that kids shouldn't go without healthcare just because their families can't afford it: this bill recognized that children of immigrant parents deserve the same treatment as any other child.*

It is for these reasons that I am encouraging you to **support** SB0778. Thank you for your time, consideration, and service.



# **Testimony In Support of SB 778 Healthy Babies Equi**

Uploaded by: Ashley Egan

Position: FAV



## Unitarian Universalist Legislative Ministry of Maryland

### Testimony in Support of SB 778: Maryland Medical Assistance Program - Children and Pregnant Women (Healthy Babies Equity Act)

To: Senator Delores G. Kelley, Chair, and Members of the Finance Committee  
From: Jim Caldiero, Lead Advocate, Immigration,  
Unitarian Universalist Legislative Ministry of Maryland  
Date: March 8, 2022

Thank you for the opportunity to offer written testimony **in support** of SB778, Maryland Medical Assistance Program - Children and Pregnant Women (Healthy Babies Equity Act). I encourage you to vote in favor of this bill as access to affordable health care, particularly during the current pandemic, and for those most vulnerable members of our community – babies -- is a right not to be denied because of immigration status.

Our undocumented immigrant neighbors make significant contributions to the economy by paying income taxes, Social Security and Medicare FICA contributions and working in essential jobs, particularly during the pandemic. However, they are currently ineligible for Medicaid due to their immigration status, making them—and their families—susceptible to illnesses and diseases that threaten our public safety if left untreated. We can begin to correct this inequity by ensuring that pre-natal and post-partum care are available to undocumented immigrant families and the most vulnerable members of families -- babies.

Studies show that the majority of pregnancy-related deaths are preventable. Seventeen states, including neighboring Virginia, provide coverage to pregnant people regardless of immigration status through Medicaid or another state program.

In Maryland, 7% of babies without care are three times more likely to have birth complications.

I share my faith with more than 4000 Unitarian Universalists in Maryland who are called to promote and affirm justice, equity and compassion in human relations and the inherent worth and dignity of every person – including babies, regardless of immigration status. Preserving and protecting the lives of children is the responsible, moral thing to do. Every person deserves lifesaving care regardless of immigration status. As such, I

**UULM-MD c/o UU Church of Annapolis 333 Dubois Road Annapolis, MD 21401 410-266-8044,**

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urge you to provide equitable access to health care for all Marylanders, including our immigrant neighbors by voting in favor of SB778.

Thank you.

Sources:

The American Academy of Pediatrics,

<https://healthychildren.org/English/news/Pages/Caring-and-Advocating-for-Immigrant-Children-and-Families.aspx>

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# **SB 778\_PJC\_Support.pdf**

Uploaded by: Ashley Black

Position: FAV



Ashley Black, Staff Attorney  
Public Justice Center  
201 North Charles Street, Suite 1200  
Baltimore, Maryland 21201  
410-625-9409, ext. 224  
[blacka@publicjustice.org](mailto:blacka@publicjustice.org)

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## SB 778

### Maryland Medical Assistance Program – Children & Pregnant Women (Healthy Babies Equity Act)

#### Hearing of the Senate Finance Committee

March 8, 2022

1:00 PM

## SUPPORT

The Public Justice Center (PJC) is a not-for-profit civil rights and anti-poverty legal services organization which seeks to advance social justice, economic and racial equity, and fundamental human rights in Maryland. Our Health Rights Project supports policies and practices that promote the overall health of Marylanders struggling to make ends meet, with the explicit goal of promoting strategies that work to eliminate racial and ethnic disparities in health outcomes. **PJC strongly supports SB 778**, which would require the Maryland Medical Assistance (Medicaid) Program to provide comprehensive medical and other health coverage to non-citizen pregnant people and their children up to age 1 who would qualify for the Program but for their immigration status.

### **Comprehensive prenatal and postpartum care is a critical part of improving birth outcomes for pregnant people.**

Under current federal and state law, pregnant non-citizens who have resided in the United States legally for less than five years are not eligible for prenatal and postpartum care coverage through Medicaid. In fact, they are only eligible for Emergency Medicaid, which covers labor and delivery. Prenatal care not only helps pregnant people prepare for the birth of a child, but it also enables providers to quickly identify and prevent birth and infant health complications.<sup>1</sup> This means that low-income non-citizens who cannot afford prenatal care out of pocket must wait until birth to identify potentially life-threatening issues. Babies born to mothers who do not receive prenatal care are three times more likely to be born with a low birth weight and five times more likely to die than those who are born to mothers

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<sup>1</sup> Jonas J. Swartz, et. al, *Expanding Prenatal Care to Unauthorized Immigrant Women and the Effects on Infant Health*, 130 *Obstetrics & Gynecology* 938 (2017),

[https://journals.lww.com/greenjournal/Fulltext/2017/11000/Expanding\\_Prenatal\\_Care\\_to\\_Unauthorized\\_Immigrant.2.aspx#:~:text=Understanding%20how%20expanding%20access%20to%20prenatal%20care%20influences,is%20likely%20to%20be%20a%20topic%20of%20debate](https://journals.lww.com/greenjournal/Fulltext/2017/11000/Expanding_Prenatal_Care_to_Unauthorized_Immigrant.2.aspx#:~:text=Understanding%20how%20expanding%20access%20to%20prenatal%20care%20influences,is%20likely%20to%20be%20a%20topic%20of%20debate)

who receive prenatal care.<sup>2</sup> Similarly, timely postpartum care is integral to postpartum recovery. In Maryland, the postpartum period is the most dangerous time for a pregnant person as the risk of pregnancy-related death is higher postpartum than during pregnancy.<sup>3</sup>

**Whether a pregnant person and their baby receive quality care should not hinge on immigration status.** SB 778 would help eliminate severe maternal health inequities by extending necessary prenatal and postpartum coverage to pregnant noncitizens and their babies. The bill also aligns with the Maryland Department of Health's stated vision that *all* pregnant people and infants have access to affordable, quality health care services including perinatal care.

For these reasons, the Public Justice Center urges the committee to issue a **FAVORABLE** report for **SB 778**. If you have any questions about this testimony, please contact Ashley Black at 410-625-9409 x 224 or [blacka@publicjustice.org](mailto:blacka@publicjustice.org).

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<sup>2</sup> Office on Women's Health, Prenatal Care, <https://www.womenshealth.gov/a-z-topics/prenatal-care> (last visited on February 21, 2021).

<sup>3</sup> Of Maryland's 18 pregnancy-related deaths in 2018, 8 (44%) occurred within 42 days postpartum and 4 (22%) occurred between 43-365 days postpartum. Maryland Department of Health, *Maryland Maternal Mortality Review Annual Report* (2020), <https://health.maryland.gov/phpa/mch/Documents/MMR/HG%20%C2%A7%C2%A7%2013-1207%2013-1208%20and%20%C2%A713-1212%20-%20Maryland%20Maternal%20Mortality%20Review%202020.pdf>.

# **SB 778- Maryland Medical Assistance Program - Chil**

Uploaded by: Brian Sims

Position: FAV



Maryland  
Hospital Association

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

**Position: Support**  
March 8, 2022  
Senate Finance Committee

**MHA Position**

On behalf of the Maryland Hospital Association’s (MHA) 60 member hospitals and health systems, we appreciate the opportunity to support Senate Bill 778. SB 778 closes a long-existing gap for women and children who, based on their immigration status, are not able to access necessary pregnancy and postpartum care.

In 2021, the Center for Medicare and Medicaid Innovation approved Maryland’s State Integrated Health Improvement Strategy (SIHIS), which is “a fundamental component of the [Maryland Total Cost of Care Model](#).”<sup>1</sup> SIHIS includes total population health goals specifically addressing maternal and child health.<sup>2</sup> The state committed to lower the severe maternal morbidity (SMM) rate by 19% by 2026, focusing on closing the racial gap by reducing the Black Non-Hispanic rate by 20%.<sup>3,4</sup> SMM events include complications such as heart attack, eclampsia, and sepsis that are “unintended outcomes of the process of labor and delivery that result in significant short-term or long-term consequences to a woman’s health.”<sup>5</sup>

The American College of Obstetricians and Gynecologists (ACOG) recommends extending insurance coverage in alignment with a “fourth trimester” approach to care. This paradigm shift focuses on individualized and woman-centered care with check-ups scheduled within the first three weeks and then at 12 weeks post partum.<sup>6,7</sup> Follow-up care is critical for all women, but especially for those with chronic conditions and pre-existing health and social challenges.<sup>8</sup> Public coverage is available to undocumented individuals under Medicaid’s X02/X03 track, but it only covers emergency medical services. **Expanding Medicaid coverage to include women and children regardless of immigration status would help ensure coverage for vital**

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<sup>1</sup> Center for Medicare and Medicaid Innovation. (March 17, 2021). “[Statewide Integrated Health Improvement Strategy Proposal](#).”

<sup>2</sup> Maryland Health Services Cost Review Commission. (May, 2021). “[Final Recommendation on Use of Maternal and Child Health Funding](#).”

<sup>3</sup> Kaiser Family Foundation. (n.d.). “[State Facts: Births Financed by Medicaid](#)”.

<sup>4</sup> Maryland Health Services Cost Review Commission. (December 14, 2020). “[Statewide Integrated Health Improvement Strategy Proposal](#)”.

<sup>5</sup> The American College of Obstetricians and Gynecologists. (September, 2016). “[Severe Maternal Morbidity: Screening and Review](#)”.

<sup>6</sup> The American College of Obstetricians and Gynecologists. (May, 2018). “[Optimizing Postpartum Care](#)”.

<sup>7</sup> The American College of Obstetricians and Gynecologists. (n.d.). “[Extend Postpartum Medicaid Coverage](#)”.

<sup>8</sup> The American College of Obstetricians and Gynecologists. (May, 2018). “[Optimizing Postpartum Care](#)”.



**nonemergency services—thus preventing exacerbation to emergency SMM events—and promote continuity of care.**

SB 778 also contemplates coverage of important prenatal care, which improves the chances of a healthy pregnancy. Uninsured pregnant women receive less prenatal care and have a greater chance of adverse outcomes, including low birth weight and infant mortality.<sup>9,10</sup> One hospital-affiliated prenatal clinic in Montgomery County served more than 1,000 patients last year, the majority identifying as Hispanic and either uninsured or uninsurable. The clinic reported a 1.9% low birth weight rate compared with the statewide rate of 6.9% for Hispanic infants. Low birth weight is one of the leading causes of infant mortality and is often impacted by factors like the health and socio-economic status of the mother.<sup>11,12</sup>

SB 778 would complement the state’s ambitious and life-saving goal to reduce the overall SMM rate. Everyone has a role to play in improving maternal health outcomes: hospitals, health care professionals, payers, policy makers, patients, and their families. This bill complements the state’s current workstreams to address disparate outcomes by including a population of women and children who otherwise have difficulty accessing care.

For more information, please contact:  
Brian Sims, Director, Quality & Health Improvement  
Bsims@mhaonline.org

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<sup>9</sup> The American College of Obstetricians and Gynecologists. (January, 2013). “[Benefits to Women of Medicaid Expansion Through the Affordable Care Act](#).”

<sup>10</sup> Georgetown University Health Policy Institute Center for Children and Families. (May, 2019). “[Medicaid Expansion Fills Gaps in Maternal Health Coverage Leading to Healthier Mothers and Babies](#)”.

<sup>11</sup> Maryland Department of Health. (October, 2019). “[Maryland Vital Statistics Infant Mortality in Maryland, 2018](#)”.

<sup>12</sup> March of Dimes. (March, 2018). “[Low Birthweight](#)”.

**CASA\_FAV\_SB778.pdf**

Uploaded by: Cathryn Paul

Position: FAV



**Testimony in SUPPORT of SB778**  
Maryland Medical Assistance Program - Children and Pregnant Women  
(Healthy Babies Equity Act)  
Senate Finance Committee

March 8, 2022

Dear Honorable Chair Kelley and Members of the Committee,

CASA is pleased to offer favorable testimony in strong support of the Maryland Medical Assistance Program - Children and Pregnant Women (Healthy Babies Equity Act). CASA is the largest immigrant services and advocacy organization in Maryland, and in the Mid-Atlantic region, with a membership of over 120,000 Black and brown immigrants and working families. This legislation comes at a critical time when the health and well-being of vulnerable mothers and their babies are at high risk.

CASA operates a robust Health and Human Services Department, where our offices work closely with undocumented Marylanders who are uninsured. The CASA health team helps thousands of families and pregnant women navigate the Health and Human Services System each year. From our case management assistance to connect members with social services to improve physical and mental health to our multilingual health hotline and medical interpreter program, to our comprehensive public benefits outreach and enrollment program - CASA is one of the leading and trusted organizations providing health support to the immigrant community. Recently, our health team answered the call to support vaccinating families in the Latino and broader immigrant community. CASA has administered over 11,000 vaccine doses to immigrant communities of Baltimore and Langley Park, as well as fielded tens of thousands of calls from community members navigating them to COVID-19 tests and vaccines, as well as speaking to them about COVID-19 mitigation strategies and other pandemic information. The majority of families we serve every day lack access to health insurance programs and urgently need better options for care.

For decades, millions of people across the country have relied on Medicaid, the nation's public health insurance program, for low-income families to receive the critical care needed to stay healthy. Unfortunately, undocumented immigrants are excluded from this vital program. Despite the profound cultural contributions immigrants make to the state, along with their essential role in the Maryland workforce and millions in contributions to society through federal, state, and local taxes - they are still ineligible for Medicaid. This includes pregnant people without immigration status.

**SB778 addresses critical health disparities faced by the immigrant community in Maryland by expanding Medicaid to pregnant people and their children (up to one year old), regardless of immigration status, who meet the program's standard requirements.** The bill requires the Maryland Department of Health to submit a state innovation waiver (under § 1115 of the Social Security Act) to allow Maryland to change eligibility.

Over the last several decades, the need for healthcare coverage has been a consistent priority of the immigrant community in Maryland. SB778 is a crucial step in addressing access to care, starting with pregnant people. CASA's membership, unfortunately, is overflowing with stories of mothers who have suffered the ultimate price due to their lack of care. A recent example that illustrates the urgency of this legislation is of Maria Vicente, an undocumented mother from Prince George's County. Three years ago, Maria had her first child. Uninsured, she did not have any prenatal or postnatal care. While her baby was delivered healthy and well, she was not. The pregnancy left her appendix damaged, which she didn't find out until later at a check up at a community clinic. She wasn't able to address the appendix damage because she couldn't afford it. A few years later, Maria got pregnant again, still facing the challenges of navigating her pregnancy without healthcare. She saw a doctor for the first time during her delivery. The doctor explained to her that she had developed appendicitis during her pregnancy which caused inflammation and an infection. Maria's son died during birth. Maria, herself, will suffer from severe health issues for many years to come.

Another CASA member, Yuri Mena, from Baltimore County, also suffered through a pregnancy due to ineligibility for healthcare. During her pregnancy in 2020, Yuri was rushed to the hospital after suffering from severe pain and bleeding. In the hospital, Yuri was told that she had suffered a miscarriage. She was treated and told by doctors that she needed medication for her body to heal, however due to lack of care and affordability, Yuri has never received any treatment past her emergency visit. She believes that her miscarriage could have been prevented if she had received prenatal care from the beginning of her pregnancy. Stories like Yuri's and Maria's are just two examples of the crisis that undocumented pregnant mothers face all the time. Without this urgent legislation, hundreds of mothers will face pregnancy alone - risking the health and life of their babies and themselves.

**Maryland is lagging behind other states that have already expanded Medicaid pregnant residents across the country, including our neighbor, Virginia.** Seventeen states provide coverage, including AR, CA, IL, LA, MA, MI, MN, MO, NE, OK, OR, RI, TN, TX, VA, WA, and WI. New York City and the District of Columbia also provide this coverage. Maryland has the fifth-highest percentage of undocumented residents in their population - leaving one of the most significant percentages of residents left without eligible for care.

**Prenatal care saves lives.** Women in the United States have the highest death rate from complications during pregnancy and childbirth. - 14 deaths per 100,000 live births. One of the most direct contributing factors is the lack of prenatal care.<sup>1</sup> Unfortunately, thousands of mothers across

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<sup>1</sup> <https://www.commonwealthfund.org/publications/issue-briefs/2018/dec/womens-health-us-compared-ten-other-countries>

the state, who otherwise meet the income requirements of Medicaid, are forced to risk their lives and the lives of their babies simply because they do not have immigration status.

Research shows that Black and Hispanic women are more likely to have risk factor for Severe Maternal Morbidity (SSM), identified by the CDC<sup>2</sup> as unexpected outcomes of labor and delivery that can result in short and long-term consequences to a woman's health. Some of the biggest SMM indicators amongst Black and Hospital communities are kidney failure, sepsis, shock and eclampsia, with a majority of Hispanic communities having prevalence rates up to a third higher for cesarean birth and pre-existing diabetes.<sup>3</sup>

**While limited care exists for undocumented pregnant people now, it is not enough.**

Undocumented mothers are primarily not receiving care because of eligibility bars and limited alternative options. Often, undocumented expectant mothers see a doctor for the first time at the time of delivery. While public health clinics and non-profit organizations, such as Federal Qualified Health Centers, are open to individuals regardless of immigration status, they are limited in scope. Not all Federal Qualified Health Centers offer prenatal and postpartum care - locations vary. Many other barriers remain, including overall accessibility to the centers that provide care to pregnant mothers and capacity issues as the need for care continues to grow.

While CASA often refers undocumented pregnant people and uninsured individuals to FQHCs, our office continues to see cases of sick individuals being turned away because of overcapacity. These centers are a tremendous service to the immigration population at-large, yet for various reasons are not enough to provide the comprehensive prenatal care needed by the entire population of uninsured, undocumented pregnant mothers. Furthermore, in many cases, undocumented immigrants are eligible to purchase private insurance, but it is unaffordable - leaving the overwhelming majority of the undocumented individuals uninsured.

Emergency Medicaid has long been in existence to save lives. Emergency Medicaid is available to anyone within the United States, regardless of immigration status, that is experiencing a life or limb threatening medical emergency. While it currently covers labor and delivery for uninsured pregnant women, due to the high risk labor and delivery pose to the life of the baby and mother, we know that prenatal care is vital for a healthy birth for both mother and baby. Lack of access to prenatal care increases the risk of premature birth, low-birth weight and contributes to poor health outcomes experiences by undocumented pregnant people (including precipitous labor, excessive bleeding, breech presentation, fetal distress, and more).<sup>4</sup> Maternal mortality rates increase 5 times for women that do not have prenatal care.<sup>5</sup> Extending care to cover the prenatal and postpartum periods dramatically increases survival and prevents long-term complications for both the mother and baby.

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<sup>2</sup> <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html>

<sup>3</sup> <https://www.bcbs.com/the-health-of-america/reports/racial-disparities-in-maternal-health>

<sup>4</sup>

<https://undocumented.thehastingscenter.org/issuebrief/undocumented-immigrants-in-the-united-states-access-to-prenatal-care/#:~:text=Lack%20of%20access%20to%20prenatal.precipitous%20labor%2C%20excessive%20bleeding%2C%20breech>

<sup>5</sup> <https://www.womenshealth.gov/a-z-topics/prenatal-care>

This common-sense legislation is uncontentious and aligns Maryland with its values of protecting life and treating all people with dignity, respect, and care. For all of the reasons above, CASA urges a favorable report of Senate Bill 778, and thanks Senator Lam for his sponsorship of this critical legislation.

**SB 778\_LAM\_FAV.pdf**

Uploaded by: Clarence Lam

Position: FAV

CLARENCE K. LAM, M.D., M.P.H.  
*Legislative District 12*  
Baltimore and Howard Counties

Education, Health, and Environmental Affairs  
Committee  
Chair, Environment Subcommittee

Executive Nominations Committee

Joint Committee on Ending Homelessness

*Senate Chair*

Joint Audit and Evaluation Committee

Joint Committee on Fair Practices and  
State Personnel Oversight

*Vice Chair*

Baltimore County Senate Delegation

*Chair*

Howard County Senate Delegation

*Chair*

Asian-American & Pacific-Islander Caucus



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THE SENATE OF MARYLAND  
ANNAPOLIS, MARYLAND 21401

**Support SB 778:  
Maryland Medical Assistance Program - Children and Pregnant Women  
(Healthy Babies Equity Act)**

**Background:**

- Approximately 275,000 Marylanders<sup>1</sup> are undocumented residents.
- Nearly half of undocumented Marylanders are uninsured and do not meet eligibility criteria for Medicare, Medicaid, the Children's Health Insurance Program, or the Maryland Health Benefits Exchange.
- In all states, the federal Emergency Medical Treatment and Active Labor Act (EMTALA) requires that all patients presenting to the emergency room in active labor or an emergent state be treated; care must be provided without ascertaining a patient's immigration status.<sup>2</sup> Emergency Medicaid currently covers emergency services for undocumented residents, including labor and delivery and one year of healthcare coverage for the infant from the time of birth.
- States and jurisdictions such as Virginia, California, the District of Columbia, Minnesota, Missouri, New Jersey, and others have expanded state-based healthcare insurance programs to include prenatal and postpartum care for undocumented pregnant people and their children. Maryland, in comparison, is among those states that provide no coverage for pregnant undocumented women.

**Why SB 778 is needed:**

- The United States has one of the highest maternal mortality rates in the developed world.<sup>3</sup> Maternal mortality is defined as "the death of a woman while pregnant or *within 1 year of pregnancy* from any cause related to or aggravated by pregnancy or its management."<sup>4</sup>

<sup>1</sup> [U.S. unauthorized immigrant population estimates by state](#)

<sup>2</sup> [Prenatal Care for Undocumented Immigrants: Professional Norms, Ethical Tensions, and Practical Workarounds](#)

<sup>3</sup> [Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries](#)

<sup>4</sup> [Exploring the social determinants of racial/ethnic disparities in prenatal care utilization and maternal outcome](#)



- The risk of pregnancy-related death is five times higher among women without access to prenatal care as compared to those fortunate enough to receive prenatal care.<sup>5</sup>
- Lack of access to prenatal care increases the risk for premature birth and low birth weight. It may also contribute to higher rates of labor and delivery complications, including but not limited to breech presentation, precipitous labor, cord prolapse, fetal distress, and excessive bleeding.<sup>6</sup>
- Over half of all maternal deaths in the United States occur during the postpartum period.<sup>3</sup>
- Routine postpartum care is strongly associated with better health outcomes for both the mother and child.<sup>7</sup>
- The Centers for Disease Control and Prevention report that as many as sixty percent of maternal deaths could be prevented with routine prenatal and postpartum care.<sup>8</sup>
- Emergency Medicaid does not cover prenatal or postpartum care for the mother, making it difficult for undocumented women to receive critical healthcare throughout the course of their pregnancies.

#### **What SB 778 does:**

- SB 778 extends Medicaid coverage to include undocumented pregnant Marylanders who meet the standard eligibility requirements for the program, but are ineligible under the current law due to their undocumented status.
- Sixteen other states and the District of Columbia have taken this step, including Virginia, where they expect to save 2.3 million dollars from their expansion of prenatal care.<sup>9-10</sup>
- SB 778 permits undocumented pregnant women to receive prenatal care through Medicaid.
- SB 778 permits undocumented pregnant women to maintain health coverage through Medicaid for up to one year after the birth of their child (aka one year postpartum). Maryland Medicaid has pursued a State Plan Amendment to extend coverage for pregnant women from 60 days to 12 months postpartum, with this extended coverage anticipated to take effect on April 1, 2022. Under SB 778, undocumented pregnant women in the state will be afforded the same coverage and duration of coverage as other pregnancy-eligible Medicaid recipients in the state.
- SB 778 requires that the Maryland Department of Health submit a waiver to the federal Centers for Medicare and Medicaid Services to allow Maryland to maximize federal funding for the expansion of Medicaid coverage to undocumented pregnant women.

#### **What SB 778 Accomplishes:**

- SB 778 greatly expands access to essential pregnancy-related healthcare for undocumented Marylanders by providing comprehensive prenatal and postpartum care to all Marylanders regardless of immigration status.
- SB 778 improves health equity throughout the state by extending Medicaid coverage to all pregnant Marylanders who meet the regular eligibility criteria, regardless of their immigration status.
- SB 778 promotes better long-term health outcomes by ensuring access to both prenatal and postpartum care for Maryland's undocumented pregnant women and their children.
- SB 778 offsets new state spending on prenatal and postpartum care with significant reductions in spending on emergency Medicaid for undocumented pregnant women.

<sup>5</sup> [Maternal Health Task Force, Maternal Health in the United States](#)

<sup>6</sup> [Undocumented Immigrants and Health Care Access in the United States](#)

<sup>7</sup> [Maternal Health Task Force, Postnatal Care](#)

<sup>8</sup> [Vital Signs: Pregnancy-Related Deaths, United States, 2011–2015, and Strategies for Prevention, 13 States, 2013–2017](#)

<sup>9</sup> [Prenatal Care Expansion States](#)

<sup>10</sup> [Virginia Prenatal Care Savings](#)

# **SB 778 - Healthy Babies Equity Act (1).pdf**

Uploaded by: Daryl Yoder

Position: FAV

Dear Senate Finance Committee Members,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City, Baltimore County, and Howard County. We are also working in collaboration with CASA de Maryland. I am a resident of MD District 12. **I am testifying in support of Senate Bill 778, the Healthy Babies Equity Act.**



This bill would expand eligibility for the Maryland Children's Health Program so that children qualify regardless of immigration status, and pregnant persons qualify for prenatal care regardless of immigration status. The bill would require that Maryland submit the appropriate waiver to allow this expansion of eligibility for the program.

The Maryland Children's Health Program (MCHP) is Maryland's implementation of the federal Children's Health Insurance Program (often referred to as CHIP), which was intended to provide insurance to kids from lower-income families who didn't qualify for Medicaid. Children covered under MCHP have all their care covered, from sick and emergency room visits to regular check-ups, vaccinations, dental and vision care, and mental health. The program also casts its umbrella over pregnant persons, to whom it provides prenatal care to make sure children get a healthy start as well as postpartum care. The primary eligibility factor, stated in the law itself, is household income; unfortunately, Maryland's MCHP regulations also require that children either be US citizens or part of a narrow group of "qualified" immigrants to be able to receive health care through MCHP. This is based on a federal rule, but Maryland could expand its coverage to folks not covered under the federal rules by applying for a waiver from the federal government.

Seventeen states, plus New York City and the District of Columbia, currently provide extended coverage to pregnant people regardless of immigration status. The need in Maryland is critical, since 1 in 14 infants in Maryland is born to a person receiving no prenatal care, and babies whose mother did not receive prenatal care are three times more likely to have low birth weight and be subject to complications of birth. Black and Latinx mothers are particularly at risk, since they have higher rates of uninsurance than their white counterparts. Simply put, making prenatal care available to those who cannot afford it and would therefore not otherwise receive it can result in lower maternal mortality and healthier babies.

Health care is a human right. Healthy kids are more likely to grow into healthy, productive adults, which makes applying MCHP to all kids a wise public policy; but more than that, making sure Maryland's kids get health care regardless of where they were born or who their parents are is a matter of basic human decency. Likewise, no pregnant person or newborn should face the risk of injury or death because they don't fall into a narrow window of immigration eligibility set by federal law. It is Maryland's longstanding public policy that kids shouldn't go without healthcare just because their families can't afford it: all this bill does is recognize that kids of immigrant parents deserve the same treatment as any other child.

It is for these reasons that I am encouraging you to **vote in support of Senate Bill 778.**

Thank you for your time, service, and consideration.

Sincerely,  
Daryl Yoder

309 Glenmore Ave.

Catonsville, MD 21228

Showing Up for Racial Justice Baltimore

**SB778\_AFSCME3\_FAV.pdf**

Uploaded by: Denise Gilmore

Position: FAV



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Patrick Moran - President

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**Testimony**  
**SB 778 - Maryland Medical Assistance Program –**  
**Children and Pregnant Women**  
**(Healthy Babies Equity Act)**  
**Finance Committee**  
**March 8, 2022**  
**FAVORABLE**

AFSCME Council 3 supports SB 778. We represent the state employees who work in the Maryland Medical Assistance Program, including in our maternity healthcare clinics in the Local Health Departments in Maryland. SB 778 ensures that, regardless of immigration status comprehensive health care for the pregnant mother and through a child's first year is covered under the Medical Assistance program.

Over the years, our members at the Local Health Departments have been subjected to layoffs as county executives have campaigned against providing services to undocumented individuals and have cut maternity programs. Our members who do this work, have a professional and ethical obligation to care for their patients without discrimination. When our counties lose these important local health department programs, all residents in the county are impacted. Those seeking maternal care at our local health departments, do so often because it is the most assessable choice.

When babies are born healthy into our communities, that's less cost to the community in the future. We have the means and resources in Maryland to care for all pregnant women and children who reside here. Our State and Local Health Departments play an important role in ensuring access to this care, and no health care professional should be forced to turn anyone away because of immigration status. SB 778 is a good bill. We urge the committee to provide a favorable report. Thank you.

Every AFSCME Maryland State and University contract guarantees a right to union representation.  
An employee has the right to a union representative if requested by the employee.  
800.492.1996

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# **SB 778 - Healthy Babies Equity Act.pdf**

Uploaded by: Erica Palmisano

Position: FAV

Dear Senate Finance Committee Members,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City, Baltimore County, and Howard County. We are also working in collaboration with CASA de Maryland. I am a resident of MD District 12. **I am testifying in support of Senate Bill 778, the Healthy Babies Equity Act.**



This bill would expand eligibility for the Maryland Children’s Health Program so that children qualify regardless of immigration status, and pregnant persons qualify for prenatal care regardless of immigration status. The bill would require that Maryland submit the appropriate waiver to allow this expansion of eligibility for the program.

The Maryland Children’s Health Program (MCHP) is Maryland’s implementation of the federal Children’s Health Insurance Program (often referred to as CHIP), which was intended to provide insurance to kids from lower-income families who didn’t qualify for Medicaid. Children covered under MCHP have all their care covered, from sick and emergency room visits to regular check-ups, vaccinations, dental and vision care, and mental health. The program also casts its umbrella over pregnant persons, to whom it provides prenatal care to make sure children get a healthy start as well as postpartum care. The primary eligibility factor, stated in the law itself, is household income; unfortunately, Maryland’s MCHP regulations also require that children either be US citizens or part of a narrow group of “qualified” immigrants to be able to receive health care through MCHP. This is based on a federal rule, but Maryland could expand its coverage to folks not covered under the federal rules by applying for a waiver from the federal government.

Seventeen states, plus New York City and the District of Columbia, currently provide extended coverage to pregnant people regardless of immigration status. The need in Maryland is critical, since 1 in 14 infants in Maryland is born to a person receiving no prenatal care, and babies whose mother did not receive prenatal care are three times more likely to have low birth weight and be subject to complications of birth. Black and Latinx mothers are particularly at risk, since they have higher rates of uninsurance than their white counterparts. Simply put, making prenatal care available to those who cannot afford it and would therefore not otherwise receive it can result in lower maternal mortality and healthier babies.

Health care is a human right. Healthy kids are more likely to grow into healthy, productive adults, which makes applying MCHP to all kids a wise public policy; but more than that, making sure Maryland’s kids get health care regardless of where they were born or who their parents are is a matter of basic human decency. Likewise, no pregnant person or newborn should face the risk of injury or death because they don’t fall into a narrow window of immigration eligibility set by federal law. It is Maryland’s longstanding public policy that kids shouldn’t go without healthcare just because their families can’t afford it: all this bill does is recognize that kids of immigrant parents deserve the same treatment as any other child.

It is for these reasons that I am encouraging you to **vote in support of Senate Bill 778.**

Thank you for your time, service, and consideration.

Sincerely,  
Erica Palmisano  
5580 Vantage Point Rd, Apt 5, Columbia, MD  
Showing Up for Racial Justice Baltimore

**SB 778 - Support -FIN - Healthy Babies Act.pdf**

Uploaded by: Henry Bogdan

Position: FAV



**March 8, 2022**

**Testimony on Senate Bill 778**  
**Maryland Medical Assistance Program - Children and Pregnant Women**  
**(Healthy Babies Equity Act)**  
**Senate Finance Committee**

**Position: Favorable**

Maryland Nonprofits is a statewide association of more than 1400 nonprofit organizations and institutions. We urge you to support Senate Bill 778 to assure that all Maryland children and pregnant women have access to affordable quality health coverage, and therefore, without regard to financial situation, or immigration status, “access to care.”

The COVID-10 pandemic has demonstrated the importance of health being readily available to our entire population. Under the Affordable Care Act, expansions of the Maryland Medical Assistance Program, and with Maryland’s Health Benefit Exchange we have taken great strides toward that goal. But the disproportionate impact of COVID among immigrant and undocumented individuals and families shows that we have not done enough.

Senate Bill 778 will require the Maryland Medical Assistance Program to provide comprehensive medical care and other health care services to noncitizen pregnant women who would qualify for the Program but for their immigration status, and to their children up to the age of 1 year.

We should also have learned by now that, in the common interest of us all, effective protection of public health must include all of the public.

**We urge you to give Senate Bill 778 a favorable report.**

# **SB 778 - Healthy Babies Equity Act.pdf**

Uploaded by: Holly Powell

Position: FAV

Dear Senate Finance Committee Members,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City, Baltimore County, and Howard County. We are also working in collaboration with CASA de Maryland. I am a resident of MD District **46**. **I am testifying in support of Senate Bill 778, the Healthy Babies Equity Act.**



This bill would expand eligibility for the Maryland Children's Health Program so that children qualify regardless of immigration status, and pregnant persons qualify for prenatal care regardless of immigration status. The bill would require that Maryland submit the appropriate waiver to allow this expansion of eligibility for the program.

The Maryland Children's Health Program (MCHP) is Maryland's implementation of the federal Children's Health Insurance Program (often referred to as CHIP), which was intended to provide insurance to kids from lower-income families who didn't qualify for Medicaid. Children covered under MCHP have all their care covered, from sick and emergency room visits to regular check-ups, vaccinations, dental and vision care, and mental health. The program also casts its umbrella over pregnant persons, to whom it provides prenatal care to make sure children get a healthy start as well as postpartum care. The primary eligibility factor, stated in the law itself, is household income; unfortunately, Maryland's MCHP regulations also require that children either be US citizens or part of a narrow group of "qualified" immigrants to be able to receive health care through MCHP. This is based on a federal rule, but Maryland could expand its coverage to folks not covered under the federal rules by applying for a waiver from the federal government.

Seventeen states, plus New York City and the District of Columbia, currently provide extended coverage to pregnant people regardless of immigration status. The need in Maryland is critical, since 1 in 14 infants in Maryland is born to a person receiving no prenatal care, and babies whose mother did not receive prenatal care are three times more likely to have low birth weight and be subject to complications of birth. Black and Latinx mothers are particularly at risk, since they have higher rates of uninsurance than their white counterparts. Simply put, making prenatal care available to those who cannot afford it and would therefore not otherwise receive it can result in lower maternal mortality and healthier babies.

Health care is a human right. Healthy kids are more likely to grow into healthy, productive adults, which makes applying MCHP to all kids a wise public policy; but more than that, making sure Maryland's kids get health care regardless of where they were born or who their parents are is a matter of basic human decency. Likewise, no pregnant person or newborn should face the risk of injury or death because they don't fall into a narrow window of immigration eligibility set by federal law. It is Maryland's longstanding public policy that kids shouldn't go without healthcare just because their families can't afford it: all this bill does is recognize that kids of immigrant parents deserve the same treatment as any other child.

It is for these reasons that I am encouraging you to **vote in support of Senate Bill 778**.

Thank you for your time, service, and consideration.

Sincerely,

Lilly Chapa  
210 S. Washington Street  
Baltimore, Maryland 21231

Holly Powell  
2308 Cambridge Street  
Baltimore, Maryland 21224

Brian Seel  
223 S. Wolfe Street  
Baltimore, Maryland 21224

Christina Pham-Linhoff  
46 E. Randall Street  
Baltimore, Maryland 21230  
Showing Up for Racial Justice Baltimore

# **SURJ Healthy Babies Equity 2022 3 8.pdf**

Uploaded by: Jan Kleinman

Position: FAV

Dear Senate Finance Committee Members,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City, Baltimore County, and Howard County. We are also working in collaboration with CASA de Maryland. I am a resident of MD District 40. As a parent, I am concerned that every child who interacts with my own kids and who holds the future of our society in their power be able to grow up healthy. That way, all of us benefit from his/her human capital and ideas. **I am testifying in support of Senate Bill 778, the Healthy Babies Equity Act.**



This bill would expand eligibility for the Maryland Children's Health Program so that children qualify regardless of immigration status, and pregnant persons qualify for prenatal care regardless of immigration status. The bill would require that Maryland submit the appropriate waiver to allow this expansion of eligibility for the program.

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It is for these reasons that I am encouraging you to **vote in support of Senate Bill 778.**

Thank you for your time, service, and consideration.

Sincerely,  
Jan Kleinman  
816 Union Ave  
Baltimore, MD 21211  
Showing Up for Racial Justice Baltimore

**PGCRC SB 0778 Healthy Babies Equity.pdf**

Uploaded by: Jennifer Iverson

Position: FAV

**March 1, 2022**

**Senate Finance Committee  
Testimony on SB 778: Healthy Babies Equity Act**

**Jennifer Iverson, Executive Director  
jiverson@pgcrc.org**

**Alyson Jacobson  
Director, Healthy Families Prince George's  
ajacobson@pgcrc.org**

**Prince George's Child Resource Center, Inc.  
9475 Lottsford Road, Suite 202, Largo, MD 20774  
(301) 772-8420**

**Position: Support**

Prince George's Child Resource Center (PGCRC) has been working tirelessly since 1990 to support parents as they create nurturing environments for their children and child care providers in their efforts to strive for quality in their child care program. Therefore, we are avid supporters of The Healthy Babies Equity Act. We are pleased that legislation in support of healthy babies and equity is being heard in Maryland.

PGCRC's home visiting programs -Healthy Families Prince George's and Family Connects Prince George's – are funded in part by state dollars and combined provide support to over 500 families with newborns each year. Our evidence-based strategies target pregnant caregivers facing a staggering and dangerous lack of access to prenatal and postpartum care due to financial hardship and insufficient providers in the federally qualified medical centers. We begin working with these moms and their families early to promote healthy birth outcomes and prevent child abuse and neglect, and while nearly all understand the importance of prenatal care for a healthy newborn, over 61% of families served in 2021 remained without insurance for prenatal and post-partum care.

Investing in prenatal and postpartum care, regardless of immigration status, will **increase the yield on the investment you have already made** in home visiting programs across the state. Our staff spends a great deal of time linking families to needed services, such as prenatal and postpartum care for the birthing person. One of the greatest sources of stress, burnout and eventual attrition from home visiting work is caused by knowing exactly what a family needs to address their challenges and simultaneously experiencing the barriers a family faces when trying to access it. When prenatal and postpartum care is not available, our local government spends funds on crisis care. Care coordination would increase the effectiveness of our Family Support Specialists, save Maryland precious dollars, and, most importantly, promote healthy outcomes for our most vulnerable children.



**We know** that a healthier America is a stronger America. Yet too many Marylanders don't have the opportunity to lead a healthy life. As a result they suffer substantially more health problems than others. Some Americans can expect to live 20 years less than others because of where they live, their race, their education or income.\*

**We know** that although the overall health of Americans has improved, differences in health for racial, ethnic and underserved communities have been persistent and pervasive for years. Lack of access to equitable prenatal and postpartum care creates a significant problem for newborn Marylanders.\*

**We know** that reducing health disparities is not only the right thing to do; it is the smart thing to do. Poor health influences a student's ability to pay attention in class, a parent's ability to care for their children and a worker's ability to perform well at his job. It also hurts our country's ability to reach its potential and be competitive in the global market.\*

**We know** that health disparities adversely affect groups of people who have systematically experienced greater social and/or economic obstacles to health and/or a clean environment based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.\*

**Do you know** the National Institute of Medicine reports that for every preterm birth averted saves \$51,600, and prenatal care coordination has been found to reduce preterm birth rates by as much as 17%. Our ability to link our participants to quality prenatal and postpartum care will help reduce health disparities and improve outcomes for children in our communities so that families can thrive.\*

**Do you know** the cost of significant maternal morbidity (SMM)? Research shows the occurrence of SMM was associated with an increase in maternity-related costs of 111% in the Commercial and 175% in the Medicaid population. Many of the pregnancy-related complications (gestational hypertension, preeclampsia, obstetric infection, *etc.*) associated with higher costs are preventable. Some of the factors associated with increased delivery hospitalization costs could be treated or avoided.<sup>1</sup>

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<sup>1</sup> Black, C. M., Vesco, K. K., Mehta, V., Ohman-Strickland, P., Demissie, K., & Schneider, D. (2021). Costs of Severe Maternal Morbidity in U.S. Commercially Insured and Medicaid Populations: An Updated Analysis. *Women's health reports (New Rochelle, N.Y.)*, 2(1), 443–451.

<https://doi.org/10.1089/whr.2021.0026>

\*Adapted from the National Partnership for Action to End Health Disparities Toolkit for Community Action (available at:

[https://minorityhealth.hhs.gov/npa/files/Plans/Toolkit/NPA\\_Toolkit.pdf](https://minorityhealth.hhs.gov/npa/files/Plans/Toolkit/NPA_Toolkit.pdf))





In our experience, leaders in Maryland understand that our future relies on the strength of their families and with ongoing financial support for the Healthy Babies Equity Act,

Thank you in advance for your thoughtful consideration of SB 778, and PGCRC urges you to offer your support.

If you would like to know more about Healthy Families and/or Family Connects please see [www.healthyfamilies.org](http://www.healthyfamilies.org) and [www.familyconnectsinternational.org](http://www.familyconnectsinternational.org)

*Prince George's Child Resource Center helps create healthy and nurturing environments for children by supporting their families and educating their caregivers.*

**BaltimoreCounty\_FAV\_SB0778.pdf**

Uploaded by: Joel Beller

Position: FAV



JOHN A. OLSZEWSKI, JR.  
*County Executive*

JOEL N. BELLER  
*Acting Director of Government Affairs*

JOSHUA M. GREENBERG  
*Associate Director of Government Affairs*

MIA R. GOGEL  
*Associate Director of Government Affairs*

**BILL NO.:**            **SB 778**

**TITLE:**                Maryland Medical Assistance Program - Children and Pregnant Women (Healthy Babies Equity Act)

**SPONSOR:**            Senator Lam

**COMMITTEE:**        Finance

**POSITION:**          **SUPPORT**

**DATE:**                March 8, 2022

Baltimore County **SUPPORTS** Senate Bill 778 - Maryland Medical Assistance Program - Children and Pregnant Women (Healthy Babies Equity Act). This legislation would provide health care services to noncitizen pregnant women and their children up to 1 year old.

The Covid-19 pandemic has had disproportionate impacts on immigrant communities across the State. Inaccessibility to health services and language barriers have made life extremely difficult for many immigrants during an already challenging time, especially those who are pregnant or with young children. Working to address this challenge, Baltimore County Executive John Olszewski created the county's first immigration affairs coordinator in the Office of Community Engagement. This position is held by Giuliana Valencia-Banks, who has served as an indispensable resource for providing services to immigrant communities throughout Baltimore County.

Ensuring access to health care services for noncitizen pregnant women would protect mothers and their children throughout Maryland. This bill would lessen some of the already tremendous hurdles faced by noncitizen pregnant women by providing them access to the critical health care services they need.

Accordingly, Baltimore County requests a **FAVORABLE** report on Senate Bill 778. For more information, please contact Joel Beller, Acting Director of Government Affairs at [jbeller@baltimorecountymd.gov](mailto:jbeller@baltimorecountymd.gov).

**SB778 SDMV fav.pdf**

Uploaded by: John Payne

Position: FAV



**SB 778 - SUPPORT**

John Payne - Liaison

Sanctuary DMV

[john.howard.payne@gmail.com](mailto:john.howard.payne@gmail.com) 202-907-5794

**SB 778- SUPPORT**

**Medical Assistance Program - Children and Pregnant Women**

**Healthy Babies Equity Act**

Senate Finance Committee

March 7, 2022

Dear Chair Kelly and members of the Finance Committee,

My name is John Payne and I am a core organizer with Sanctuary DMV. We are an all-volunteer organization which works with immigrants and immigrant communities throughout Maryland, Virginia, and DC, and I am here today to express our support on behalf for SB 728. Sanctuary DMV's work is dedicated to helping immigrants and immigrant communities build power, standing with individuals and their families during immigration proceedings, and advocating for legislation that ensures immigrants are treated justly and with the respect they deserve.

Our current Medicaid system is one of the most important programs for helping new parents and their children. Numerous studies have shown that the first three years are the most important in a child's life and that the more prenatal and postpartum care they receive the healthier they will be in the rest of their life. These early years are also crucial for the parents's health as well, especially when dealing with the dangerous and potentially deadly health complications that arise from giving birth. Additionally, the first several years of a child's life can be extremely stressful, as any parent will always tell you, and this period can put the health of parents and caregivers at risk. All of the reasons combine to show just how important it is that that every resident has access to quality medical care why Medicaid is such an important program to our communities.

However, we know that our Medicaid system is not perfect and has excluded some of our most vulnerable neighbors. Currently, our undocumented neighbors are barred from access to Medicaid's critical services. This cruel and unjust exclusion denies them one of the most fundamental human rights, the right to quality health care. Instead of every member of community has the care they deserve at this critical and vulnerable time, this system forces them to get little to no medical assistance. Sanctuary DMV believes health care is a human right and no one should be denied any form of medical treatment, especially due to their status. We have worked with and stood with many families struggling from financial hardship who could barely afford rent, utility, and groceries, let alone the necessary care that pregnancy, birth, and raising a child require. These financial struggles have only increased over the past few years as the global pandemic has cut into family savings, deprived individuals of steady jobs, and created large scale economic uncertainty for entire communities.

Thankfully, the Healthy Baby Equity Act, is a chance to elevate some of this suffering and right this injustice. By making sure that all families are cared for regardless of their status, we are fulfilling our collective responsibility to help and support each and every neighbor,



**SB 778 - SUPPORT**

John Payne - Liaison

Sanctuary DMV

[john.howard.payne@gmail.com](mailto:john.howard.payne@gmail.com) 202-907-5794

especially when it comes to raising children. We know those kids will and are be our community's future and we must take care of them and their parents during these ever so important time in their lives.

Sanctuary DMV urges a favorable report on SB 778.

# **SB 778 - Healthy Babies Equity Act.pdf**

Uploaded by: Jonathan Smeton

Position: FAV

Dear Senate Finance Committee Members,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City, Baltimore County, and Howard County. We are also working in collaboration with CASA de Maryland. I am a resident of MD District 40. **I am testifying in support of Senate Bill 778, the Healthy Babies Equity Act.**



This bill would expand eligibility for the Maryland Children’s Health Program so that children qualify regardless of immigration status, and pregnant persons qualify for prenatal care regardless of immigration status. The bill would require that Maryland submit the appropriate waiver to allow this expansion of eligibility for the program.

The Maryland Children’s Health Program (MCHP) is Maryland’s implementation of the federal Children’s Health Insurance Program (often referred to as CHIP), which was intended to provide insurance to kids from lower-income families who didn’t qualify for Medicaid. Children covered under MCHP have all their care covered, from sick and emergency room visits to regular check-ups, vaccinations, dental and vision care, and mental health. The program also casts its umbrella over pregnant persons, to whom it provides prenatal care to make sure children get a healthy start as well as postpartum care. The primary eligibility factor, stated in the law itself, is household income; unfortunately, Maryland’s MCHP regulations also require that children either be US citizens or part of a narrow group of “qualified” immigrants to be able to receive health care through MCHP. This is based on a federal rule, but Maryland could expand its coverage to folks not covered under the federal rules by applying for a waiver from the federal government.

Seventeen states, plus New York City and the District of Columbia, currently provide extended coverage to pregnant people regardless of immigration status. The need in Maryland is critical, since 1 in 14 infants in Maryland is born to a person receiving no prenatal care, and babies whose mother did not receive prenatal care are three times more likely to have low birth weight and be subject to complications of birth. Black and Latinx mothers are particularly at risk, since they have higher rates of uninsurance than their white counterparts. Simply put, making prenatal care available to those who cannot afford it and would therefore not otherwise receive it can result in lower maternal mortality and healthier babies.

Health care is a human right. Healthy kids are more likely to grow into healthy, productive adults, which makes applying MCHP to all kids a wise public policy; but more than that, making sure Maryland’s kids get health care regardless of where they were born or who their parents are is a matter of basic human decency. Likewise, no pregnant person or newborn should face the risk of injury or death because they don’t fall into a narrow window of immigration eligibility set by federal law. It is Maryland’s longstanding public policy that kids shouldn’t go without healthcare just because their families can’t afford it: all this bill does is recognize that kids of immigrant parents deserve the same treatment as any other child.

It is for these reasons that I am encouraging you to **vote in support of Senate Bill 778.**

Thank you for your time, service, and consideration.

Sincerely,  
Jonathan Smeton  
Baltimore, MD 21211  
Showing Up for Racial Justice Baltimore



**MDDCSAM Healthy Babies SB778 FAV.pdf**

Uploaded by: Joseph Adams

Position: FAV



*MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.*

SB 778 MD Medical Assistance Program - Children and Pregnant Women (Healthy Babies Equity Act)  
Senate Finance Committee March 8, 2022

FAVORABLE

**Approximately 100,000 women in Maryland are currently ineligible for prenatal care through Medicaid due to immigration status.**

**The additional coverage of prenatal and postpartum care in this bill** will be transformative in the lives of many young Marylander, and is expected to **reduce years and decades of avoidable health and social harms** as these children grow into adults.

As these children age, the rates of somatic and behavioral health problems, **including substance-related problems**, will be reduced.

Not only will this improve the quality of life of all Marylanders, but the state would benefit financially as well.

We urge a favorable report.

Respectfully,  
Joseph A. Adams, MD, FASAM, Chair, Public Policy Committee

**SB778\_MD Center on Economic Policy\_FAV.pdf**

Uploaded by: Kali Schumitz

Position: FAV

# All Marylanders Deserve Access to Health Care

## Position Statement Supporting Senate Bill 778

*Given before the Senate Finance Committee*

For decades, millions of people across the country have relied on Medicaid, the nation's public health insurance program for low-income families. Unfortunately, most undocumented immigrants are excluded from this critical program. Maryland must take action this legislative session to move toward ending this inequity, starting with prenatal care for pregnant people. **The Maryland Center on Economic Policy supports Senate Bill 778 because it improves health equity for our most vulnerable Marylanders.**

Research shows that most pregnancy-related deaths are preventable. Prenatal and postpartum care (including delivery, proper medication, immunization, labor planning support, and more) is transformative, especially for communities of color, in preserving and protecting the lives of children and their mothers. Every person deserves access to this lifesaving and critical care regardless of their immigration status.

Senate Bill 778 does this by:

- Expanding eligibility for prenatal and postpartum care through Medicaid (through pregnancy and 12 months postpartum) to all pregnant people, regardless of immigration status.
- Require the state to submit a state innovation waiver to allow Maryland to make this change to eligibility.

Expanding access to care for pregnant people and babies would be an important step toward addressing racial and ethnic disparities in health outcomes. Both Black mothers and Black children are more than twice as likely as their white counterparts to die during or soon after childbirth. Both Black and Latinx parents are less likely to receive adequate prenatal health care, and Latinx children are the only group that has experienced an increasing infant mortality rate in recent years<sup>i</sup>. In part because Maryland has done little to expand health care access for people born outside the U.S., about 1 in 5 Latinx Marylanders does not have health coverage<sup>ii</sup>.

Prenatal and postpartum care is life-saving. In expanded Medicaid states, maternal mortality dropped by 1.6 deaths per 100,00 women. In passing SB 778, Maryland would join 17 states, including our neighbor, Virginia, that already provide coverage to pregnant people regardless of immigration status - either through Medicaid or other established state programs. (AR, CA, IL, LA, MA, MI, MN, MO, NE, OK, OR, RI, TN, TX, VA, WA, WI). New York City and the District of Columbia also provide this coverage.

In Maryland, 1 in 14 infants (7% of births) are born to a person receiving late or no prenatal care. Babies without care are three times more likely to have a low birth weight and have birth complications. Women in majority Latinx communities have prevalence rates up to a third higher for risk factors, such as cesarean birth and pre-existing diabetes.

From profound cultural contributions to working in essential jobs during the pandemic to paying over \$240 million a year in federal, state, and local taxes, undocumented families are part of Maryland communities and deserve the same access to health care as all other Marylanders. The Healthy Babies Act is a step toward ending healthcare disparities for immigrant communities in Maryland. With this bill, Maryland would become a safer and healthier place for all its residents. It would ensure that individuals have access to prenatal care to increase the rate of healthy babies being born and lower the rates of infant and maternal mortality. For these reasons, **the Maryland Center on Economic Policy respectfully requests the Finance Committee to make a favorable report on Senate Bill 778.**

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## Equity Impact Analysis: Senate Bill 778

### *Bill Summary*

SB 778 would require the Maryland Medical Assistance Program to provide comprehensive medical care and other health care services to certain noncitizen pregnant women and their children up to one year postpartum.

### *Background*

For decades, millions of people across the country have relied on Medicaid, the nation's public health insurance program for low-income families. Unfortunately, most undocumented immigrants are excluded from this critical program.

### *Equity Implications*

- Both Black mothers and Black children are more than twice as likely as their white counterparts to die during or soon after childbirth.
- Both Black and Latinx parents are less likely to receive adequate prenatal health care, and Latinx children are the only group that has experienced an increasing infant mortality rate in recent years.
- In part because Maryland has done little to expand health care access for people born outside the U.S., about 1 in 5 Latinx Marylanders does not have health coverage.
- In Maryland, 1 in 14 infants (7% of births) are born to a person receiving late or no prenatal care. Babies without care are three times more likely to have a low birth weight and have birth complications.
- Women in majority Latinx communities have prevalence rates up to a third higher for risk factors, such as cesarean birth and pre-existing diabetes.

### *Impact*

Senate Bill 778 will likely **improve racial, health and economic equity** in Maryland.

---

<sup>i</sup> Christopher Meyer, "Budgeting For Opportunity: How Our Fiscal Policy Choices Can Remove Barriers Facing Marylanders of Color and Advance Shared Prosperity," Maryland Center on Economic Policy, 2019. <http://www.mdeconomy.org/budgeting-for-opportunity-health-education-transportation/>

<sup>ii</sup> *Ibid*

**SB 778 - Healthy Babies Equity Act.docx.pdf**

Uploaded by: Katherine Wilkins

Position: FAV

Dear Senate Finance Committee Members,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City, Baltimore County, and Howard County. We are also working in collaboration with CASA de Maryland. I am a resident of MD District **District 12. I am testifying in support of Senate Bill 778, the Healthy Babies Equity Act.**



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Seventeen states, plus New York City and the District of Columbia, currently provide extended coverage to pregnant people regardless of immigration status. The need in Maryland is critical, since 1 in 14 infants in Maryland is born to a person receiving no prenatal care, and babies whose mother did not receive prenatal care are three times more likely to have low birth weight and be subject to complications of birth. Black and Latinx mothers are particularly at risk, since they have higher rates of uninsurance than their white counterparts. Simply put, making prenatal care available to those who cannot afford it and would therefore not otherwise receive it can result in lower maternal mortality and healthier babies.

Health care is a human right. Healthy kids are more likely to grow into healthy, productive adults, which makes applying MCHP to all kids a wise public policy; but more than that, making sure Maryland's kids get health care regardless of where they were born or who their parents are is a matter of basic human decency. Likewise, no pregnant person or newborn should face the risk of injury or death because they don't fall into a narrow window of immigration eligibility set by federal law. It is Maryland's longstanding public policy that kids shouldn't go without healthcare just because their families can't afford it: all this bill does is recognize that kids of immigrant parents deserve the same treatment as any other child.

It is for these reasons that I am encouraging you to **vote in support of Senate Bill 778.**

Thank you for your time, service, and consideration.

Sincerely,

**Katherine Wilkins**

**10651 Gramercy PI Unit 257**

**Columbia MD 21044**

Showing Up for Racial Justice Baltimore

# **LWVMD written testimony- SB778 Healthy Babies Equi**

Uploaded by: Keisha Walker

Position: FAV





## **TESTIMONY TO THE SENATE FINANCE COMMITTEE**

### **SB778 Maryland Medical Assistance Program- Children and Pregnant Women (Healthy Babies Equity Act)**

**Position: Support**

**By: Nancy Soreng, President**

**Date: March 8, 2022**

The League of Women Voters is a nonpartisan organization that works to influence public policy through education and advocacy. The League believes persons who are unable to work, whose earnings are inadequate, or for whom jobs are not available have the right to services that are sufficient to meet their basic needs for food, shelter, and access to health care. The League endorses standardizing the services provided under publicly funded health care programs and insurance reforms to achieve more equitable distribution.

In Maryland, the 2020 Census showed that Latinos are now twelve percent (12%) off the population equaling about 744,000 people. It is estimated that 250,000 people comprise the undocumented immigrant population. The term undocumented immigrant means a person residing in the state without legal documentation. It includes people entering the country without permission from the government or entering with a visa that has since expired.

Latinos contribute to the Maryland economy and work in every sector. The pandemic has increased the health needs and reduced health coverage among immigrant families. Immigrants work, living, and transportation situations put them at higher risk for exposure to COVID. In Maryland, immigrants must have legal documentation to be eligible for Medicaid. Even if they work and pay taxes. This requirement excludes undocumented immigrants from health coverage. Instead, they rely on safety net clinics and hospitals or do not receive any health care at all.

Access to health care before, during, and after pregnancy can affect health outcomes. In 2020, about 1 in 17 infants (6.0% of live births) were born to a woman receiving late or no prenatal care in Maryland according to the March of Dimes. Early and regular prenatal care is important for monitoring health, managing medical conditions, and sharing health information. Beyond health coverage, people of color face other barriers to care, including lack of access to culturally and linguistically appropriate care. Medicaid can help improve maternal and infant health and reduce health disparities for people of color by providing health coverage to low-income pregnant people.

SB778 requires the Maryland Medical Assistance Program to provide health care services to pregnant women that are currently ineligible for the program due to their immigration status. The bill will expand Medicaid coverage and access to health care services to undocumented pregnant people during their pregnancy and through one year postpartum. Other states, including Virginia, provide health coverage to pregnant people regardless of their immigration status either through Medicaid or state programs.

**The League urges a favorable report for SB778.**

121 Cathedral Street, Suite 2B, Annapolis, MD 21401  
410-269-0232 \* [info@lwvmd.org](mailto:info@lwvmd.org) \* [www.lwvmd.org](http://www.lwvmd.org)

**SB 778\_HorizonFoundation\_fav.pdf**

Uploaded by: Kerry Darragh

Position: FAV



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March 8, 2022

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Gregory O. Olaniran

Gopi Suri

David Wolf

**Committee:** Senate Finance Committee

**Bill:** SB 778 – Maryland Medical Assistance Program – Children and Pregnant Women (Healthy Babies Equity Act)

**Position:** Support

The Horizon Foundation is Howard County’s community health foundation and the largest independent health philanthropy in the state of Maryland. We lead community change so everyone in Howard County can live a longer, better life.

The COVID-19 pandemic has not only underscored the need for robust funding for public health, but it also exposed significant, long-standing health inequities that leave many in our state behind. The Horizon Foundation believes that good health should be achievable for **everyone** – no matter who you are, where you live or where you come from. To that end, we **strongly urge a favorable vote on SB 778**, which would expand eligibility for prenatal care through Medicaid to all pregnant people, regardless of their immigration status. This change in eligibility would require the state to submit a state innovation waiver (under the 1115 of the Social Security Act) to allow Maryland to make this change to eligibility. It would cover care through pregnancy, and twelve months postpartum for both mother and child.

The lack of access to adequate prenatal and postpartum care in Maryland has been a huge problem for far too long. Howard County, which ranks as one of the healthiest communities in the state and the nation, has also fallen behind. In fact, we have exactly zero maternity clinics who will see uninsured women within our county borders. Far too often, women do not get the maternity care they need until very late in their pregnancy, or sometimes not at all.

This lack of access to prenatal and maternity care for pregnant women in Howard County and across the state disproportionately harms uninsured immigrants and women of color, leading to poor birth outcomes, including premature birth, low birth weight and even infant or maternal death.

According to Maryland Vital Records data, in 2019, almost 12% of Hispanic mothers and 8% of Black mothers in Howard County received late or no prenatal care – in the case of Hispanic mothers, that’s more than four times the percentage of white mothers.

In the same year, less than half of pregnant Hispanic women received prenatal care during the first trimester compared with more than 80% of white pregnant women. Instead of giving our children the foundation necessary to live long, healthy and vibrant lives, we have put obstacles in front of them – even before they are born.

All women in Maryland, regardless of immigration status, deserve access to quality prenatal care. Expanding health coverage for these critical services will help them have a healthy pregnancy and healthy babies.

**We urge a favorable report on SB 778.** Thank you for your consideration.

# **Holy Cross Written Testimony -- Support for SB 778**

Uploaded by: Kim Mayhew

Position: FAV



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

**Senate Finance Committee  
March 8, 2022**

**Written testimony submitted by  
Ann Burke, M.D., FACOG  
Vice President, Medical Affairs  
Holy Cross Hospital  
Silver Spring, Maryland**

**Position: Support**

On behalf of Holy Cross Health, a Catholic not-for-profit health system that primarily serves Maryland's two largest counties — Montgomery and Prince George's – I write in support of SB 778 – Maryland Medical Assistance Program – Children and Pregnancy Women (Healthy Babies Equity Act).

Improving maternal health and newborn outcomes has been at the core of Holy Cross Health's service to the community since its founding in 1963. For nearly 60 years, Holy Cross has been a leading provider of prenatal, obstetric, and gynecologic services, with a special focus on providing prenatal care to women who lack access to health care and who are at-risk and economically disadvantaged. Our patients include women who have immigrated to the region and lack insurance.

In 1999, thousands more women were entrusted to our care when Holy Cross Health formed a collaborative partnership with the Montgomery County Department of Health to provide comprehensive prenatal and post-delivery education and care to uninsured women. The Maternity Partnership Program has served more than 23,000 women at Holy Cross Health's two hospital clinic sites (Holy Cross Hospital and Holy Cross Germantown Hospital), including women with diabetes, hypertension, and a history of pre-term labor. Holy Cross staff are bilingual and trained to provide culturally competent care.

The Maternity Partnership Program not only facilitates care for pregnancy, delivery, and postpartum, it can also be the start of a continuum of care for underserved communities, thus moving away from episodic care (Emergency Department) to annual well checkups, preventive care, and screening procedures. This is crucial for high-risk patients with chronic health issues (e.g., diabetes and hypertension).

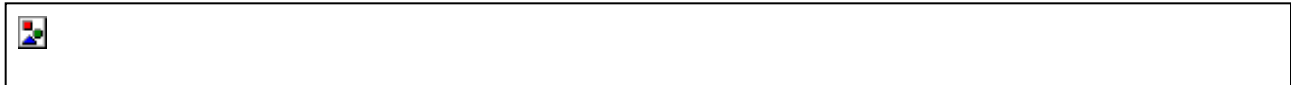
In Fiscal 2021, through the Maternity Partnership Program, Holy Cross Health provided prenatal care for 1,168 uninsured pregnant women and teens. Early and consistent prenatal care provides optimal maternal/newborn outcomes. Between 1.9%-2.7% of Maternity Partnership newborns were low birthweight (<2,500 grams), compared to the state goal of 8%.

Importantly, women who receive prenatal care through the Maternity Partnership Program at Holy Cross are referred to one of our four health centers for their on-going care. This allows for continued post-delivery care and for managing their ongoing health as well.

As the nation's health care delivery system and local, state, and federal governments strive to address Social Determinants of Health and eliminate social and economic barriers that prevent all residents from living a healthy life, Holy Cross Health has demonstrated the value of quality pre-natal care to improving maternal health outcomes and the health of newborns. Giving vulnerable mothers and their newborns a fighting chance at life until our society removes the obstacles to a healthy life advances the common good and builds a more just and equitable society.

Please support SB 778 and extend Medicaid coverage to 12 months post-delivery.

**###**



# **SB 778 - MD MA Prog - Children and Preg Women (Hea**

Uploaded by: Larry Polsky

Position: FAV



**SENATE BILL 778**

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

**WRITTEN TESTIMONY BEFORE THE**

**FINANCE COMMITTEE**

***Laurence Polsky, MD, MPH, Calvert County Health Officer***

**For the Maryland Association of County Health Officers (MACHO)**

*Position: Support – March 8, 2022*

The Maryland Association of County Health Officers (MACHO) is in strong support of SB 778. The medical insurance coverage extended by SB 778 addresses short and long-term health goals that are in the best interest of all Marylanders.

From an ethical perspective, SB 778 helps protect the health and lives of children in the womb and during their earliest and most vulnerable phase of life. Increasing access to basic healthcare services during pregnancy is both a fundamental ethical good and a means to better ensure in utero well-being.

From a practical perspective, almost every noncitizen pregnant woman will give birth in a hospital, regardless of insurance coverage. Currently, the financial costs these births are absorbed under a waiver that leaves Maryland Medicaid responsible for 50% of the hospital charges. SB 778 will allow new agreement with the Centers for Medicare and Medicaid (CMS) that will reduce the percentage of care paid directly by Maryland taxpayers to 35%, offsetting much of the remaining expenses for prenatal and postpartum care. In addition, the vast majority of children born to noncitizen women will themselves be U.S. citizens and remain in Maryland. Even without SB 778, they will qualify for Medicaid.

Healthier children at the time of birth lead to fewer healthcare costs in succeeding years. Much of the cost of insuring noncitizen pregnant women will be offset by currently uncompensated hospital Labor & Delivery costs and preventable pediatric health problems resulting from lack of prenatal care. A single preventable neonatal intensive care admission can save hundreds of thousands of dollars. Ongoing medical care and special education needs for babies born severely prematurely can run into millions of dollars. It is possible that SB 778 could result in a net cost savings for the state of Maryland.

Maryland obstetricians also benefit from SB 778 by having the opportunity to provide consistent prenatal care that can identify treatable conditions such as gestational diabetes. Most noncitizen pregnant women in Maryland are of Hispanic origin. Diabetes incidence is highest among this patient population. Early diagnosis of diabetes leads to fewer cesarean sections, intrapartum and postpartum complications, patient transfers from rural hospitals to tertiary care facilities, and neonatal intensive care admissions. Prevention of each of these consequences improves health and saves Maryland taxpayer dollars.

For these reasons MACHO strongly encourages support for SB 778. For more information, please contact Ruth Maiorana, Executive Director, MACHO, at [rmaioral@jhu.edu](mailto:rmaioral@jhu.edu) or 410-937-1433.



# **SB778-Finance-TPM-support.pdf**

Uploaded by: Laura Atwood

Position: FAV



**SB778 – SUPPORT**

**Laura Atwood**

**Takoma Park Mobilization**

[laura\\_a79@hotmail.com](mailto:laura_a79@hotmail.com); 301-587-3876

**SB778 – SUPPORT**

**Healthy Babies Equity Act**

Health and Government Operations Committee

March 2, 2022

Dear Chair Kelley, Vice Chair Feldman, and members of the Senate Finance Committee:

My name is Laura Atwood. I have lived in Maryland since 1999, and I represent Takoma Park Mobilization, an advocacy organization with a following of over 2500 people, active in environmental, justice, economic, and electoral matters. We are in SUPPORT of SB778.

I'm also testifying as an individual who does volunteer work in immigrant communities; and as a healthcare employee who's so often struck by how many health problems, with accompanying anguish and multidimensional costs, could be prevented.

I'd like to share a personal story with a happy ending – an ending we have the power to give to more people. A while back, I accompanied a young woman (I'll call Maria) to a 5-month ultrasound appointment at a clinic. It was her first prenatal test, and a volunteer organization (an offshoot of Takoma Park Mobilization) covered the cost through donations. Maria had crossed the border pregnant and with a toddler, and she didn't ever talk about her past. In chatting, she asked if I have kids, and I mentioned my then-18-year-old daughter and told what she was doing. She said softly, "I'm also 18..." and we were quiet.

Fast-forward, she went for continued prenatal appointments and the baby was found to be low-weight, with concerns of maternal malnutrition. People rallied around Maria, she gained weight and started just looking better, and she gave birth with her landlady by her side. I was honored to be invited to the baby's 1<sup>st</sup> birthday barbecue. Maria and her sons now have a community, the two kids look healthy (and very cute!), and she has a steady restaurant job and loving babysitter. Through coincidence to get time-sensitive support, plus her own pretty remarkable survival skills, she and her sons are now doing really well.

But too many of her counterparts don't stumble upon scarce but needed support and healthcare – this support has to be at a systems level. With this bill, we can help make it happen.

**Takoma Park Mobilization urges a favorable report on SB778.**

**SB778\_MoCo\_Frey\_SUPPORT.pdf**

Uploaded by: Leslie Frey

Position: FAV



# Montgomery County

## Office of Intergovernmental Relations

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ROCKVILLE: 240-777-6550

ANNAPOLIS: 240-777-8270

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**SB 778**

**DATE: March 8, 2022**

**SPONSOR: Senator Lam**

**ASSIGNED TO: Finance**

**CONTACT PERSON: Leslie Frey** (leslie.frey@montgomerycountymd.gov)

**POSITION: SUPPORT**

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### **Maryland Medical Assistance Program - Children and Pregnant Women (Healthy Babies Equity Act)**

Senate Bill 778 requires the Maryland Medical Assistance Program (Medicaid) to provide comprehensive medical care and other health care services to noncitizen pregnant women who would otherwise qualify for Medicaid except for their immigration status and their children up to age one.

Montgomery County believes that the women and children who would be served by Senate Bill 778 should have access to health care, particularly during pregnancy. Babies of mothers who do not get prenatal care are three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care.<sup>1</sup> Montgomery County has been providing County-funded health care services to low-income, uninsured pregnant women and children through our Maternity Partnership Program and Care for Kids Program for decades. Through public-private partnerships, the County programs provide primary health care services for low-income uninsured, children, adults, pregnant women and the homeless, using private pediatricians, a network of safety net clinics, obstetricians, and hospitals along with other health care providers. Senate Bill 778 would provide similar medical care and other services to pregnant residents and their children across the state.

Montgomery County Government has demonstrated its commitment to ensuring noncitizen County residents have had access to health care through tremendous investment of County funds; we strongly encourage the State to make similar health care available to women and children across Maryland. Montgomery County urges the Committee to issue a favorable report on Senate Bill 778.

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<sup>1</sup> Office on Women's Health, U.S. Department of Health and Human Services. *Prenatal Care*. Accessed 28 February 2022: <https://www.womenshealth.gov/a-z-topics/prenatal-care>

# **SB 778 - Healthy Babies Equity Act.docx.pdf**

Uploaded by: Lindsay Keipper

Position: FAV

Dear Senate Finance Committee Members,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore. We are also working in collaboration with CASA de Maryland. I am a resident of MD District 46 and **I am testifying in support of Senate Bill 778, the Healthy Babies Equity Act.**



This bill would expand eligibility for the Maryland Children's Health Program so that children qualify regardless of immigration status, and pregnant persons qualify for prenatal care regardless of immigration status. The bill would require that Maryland submit the appropriate waiver to allow this expansion of eligibility for the program.

The Maryland Children's Health Program (MCHP) is Maryland's implementation of the federal Children's Health Insurance Program (often referred to as CHIP), which was intended to provide insurance to kids from lower-income families who didn't qualify for Medicaid. Children covered under MCHP have all their care covered, from sick and emergency room visits to regular check-ups, vaccinations, dental and vision care, and mental health. The program also casts its umbrella over pregnant persons, to whom it provides prenatal care to make sure children get a healthy start as well as postpartum care. The primary eligibility factor, stated in the law itself, is household income; unfortunately, Maryland's MCHP regulations also require that children either be US citizens or part of a narrow group of "qualified" immigrants to be able to receive health care through MCHP. This is based on a federal rule, but Maryland could expand its coverage to folks not covered under the federal rules by applying for a waiver from the federal government.

Seventeen states, plus New York City and the District of Columbia, currently provide extended coverage to pregnant people regardless of immigration status. The need in Maryland is critical, since 1 in 14 infants in Maryland is born to a person receiving no prenatal care, and babies whose mother did not receive prenatal care are three times more likely to have low birth weight and be subject to complications of birth. Black and Latinx mothers are particularly at risk, since they have higher rates of uninsurance than their white counterparts. Simply put, making prenatal care available to those who cannot afford it and would therefore not otherwise receive it can result in lower maternal mortality and healthier babies.

Health care is a human right. Healthy kids are more likely to grow into healthy, productive adults, which makes applying MCHP to all kids a wise public policy; but more than that, making sure Maryland's kids get health care regardless of where they were born or who their parents are is a matter of basic human decency. Likewise, no pregnant person or newborn should face the risk of injury or death because they don't fall into a narrow window of immigration eligibility set by federal law. It is Maryland's longstanding public policy that kids shouldn't go without healthcare just because their families can't afford it: all this bill does is recognize that kids of immigrant parents deserve the same treatment as any other child.

It is for these reasons that I am encouraging you to **vote in support of Senate Bill 778.**

Thank you for your time, service, and consideration.

Sincerely,  
Lindsay Keipper  
2425 Fleet St.  
Showing Up for Racial Justice Baltimore

# **Progressive Maryland – SB 778.pdf**

Uploaded by: Lindsey Muniak

Position: FAV



# PROGRESSIVE MARYLAND

P.O. Box 6988 Largo, MD 20792  
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**Testimony of Larry Stafford, Jr., Executive Director of Progressive Maryland  
SB 778 – Maryland Medical Assistance Program – Children and Pregnant Women  
Healthy Babies Equity Act  
March 8, 2022**

**Position: Favorable**

To Chair Kelley and Members of the Finance Committee:

Thank you for the opportunity to offer testimony in support of Senate Bill 778. Progressive Maryland is a statewide grassroots organization with over 100,000 members, supporters, and affiliates who live in nearly every legislative district across the state. Our mission is to improve the lives of working people and families in Maryland.

**Please note Progressive Maryland’s strong support for SB 778, the Healthy Babies Equity Act.** This legislation would expand eligibility for prenatal and postpartum care through Medicaid to cover all pregnant people, regardless of their immigration status. Undocumented Marylanders are currently ineligible for this critical coverage, which plays an enormous role in ensuring the health of both mothers and their children.

Insufficient access to prenatal care dramatically increases the risks of premature birth, serious delivery complications, and both maternal & infant mortality. Undocumented immigrants in Maryland already face numerous barriers to healthcare including linguistic obstacles, inability to take time off from work, and fear of legal repercussions for receiving health care services. These factors and many others contribute to growing health disparities that are harming our undocumented communities. Expanding Medicaid services to include prenatal and postnatal care for all pregnant people is an important first step toward greater health equity in Maryland.

Already, seventeen states offer Medicaid coverage for prenatal and postpartum care regardless of the recipient’s immigration status. The working people of Maryland are calling on our representatives in the General Assembly to implement this coverage here. **We respectfully urge the Committee to issue a favorable report on SB 778.**

Larry Stafford, Jr.  
Executive Director  
Progressive Maryland



**Support SB778- Healthy Baby Equity Act.docx.pdf**

Uploaded by: Linnie Girdner

Position: FAV

Dear Senate Finance Committee Members,

I am a resident of MD District 21 and a member of Showing Up for Racial Justice Annapolis and Anne Arundel County. **I am testifying in support of Senate Bill 778, the Healthy Baby Equity Act.**

This bill would expand eligibility for the Maryland Children's Health Program so that children qualify regardless of immigration status, and pregnant persons qualify for prenatal care regardless of immigration status. The bill would require that Maryland submit the appropriate waiver to allow this expansion of eligibility for the program.

The Maryland Children's Health Program (MCHP) is Maryland's implementation of the federal Children's Health Insurance Program (often referred to as CHIP), which was intended to provide insurance to kids from lower-income families who didn't qualify for Medicaid. Children covered under MCHP have all their care covered, from sick and emergency room visits to regular check-ups, vaccinations, dental and vision care, and mental health. The program also casts its umbrella over pregnant persons, to whom it provides prenatal care to make sure children get a healthy start as well as postpartum care. The primary eligibility factor, stated in the law itself, is household income; unfortunately, Maryland's MCHP regulations also require that children either be US citizens or part of a narrow group of "qualified" immigrants to be able to receive health care through MCHP. This is based on a federal rule, but Maryland could expand its coverage to folks not covered under the federal rules by applying for a waiver from the federal government.

Seventeen states, plus New York City and the District of Columbia, currently provide extended coverage to pregnant people regardless of immigration status. The need in Maryland is critical, since 1 in 14 infants in Maryland is born to a person receiving no prenatal care, and babies whose mother did not receive prenatal care are three times more likely to have low birth weight and be subject to complications of birth. Black and Latinx mothers are particularly at risk, since they have higher rates of uninsurance than their white counterparts. Simply put, making prenatal care available to those who cannot afford it and would therefore not otherwise receive it can result in lower maternal mortality and healthier babies.

Health care is a human right. Healthy kids are more likely to grow into healthy, productive adults, which makes applying MCHP to all kids a wise public policy; but more than that, making sure Maryland's kids get health care regardless of where they were born or who their parents are is a matter of basic human decency. Likewise, no pregnant person or newborn should face the risk of injury or death because they don't fall into a narrow window of immigration eligibility set by federal law. It is Maryland's longstanding public policy that kids shouldn't go without healthcare just because their families can't afford it: all this bill does is recognize that kids of immigrant parents deserve the same treatment as any other child.

It is for these reasons that I am encouraging you to **vote in support of Senate Bill SB778.**

Thank you for your time, service, and consideration.

Sincerely,  
Linda Girdner  
941 Fall Ridge Way  
Gambrills, MD 21054

# Healthy Babies Equity Act.pdf

Uploaded by: Lorraine Wilson

Position: FAV

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

Testimony from Lorraine A. Wilson

February 28, 2022

Honorable Members of the Committee

I strongly support this legislation for several important and personal reasons:

I worked for over 30 years as a teacher of young underprivileged children during which time I became more aware of the importance of not only early education, but just as important, the necessity for good health care for children and their mothers, especially before birth. This is the most crucial time in a child's development. Any lacking at this stage can have devastating results.

I also volunteered a few years back (after my retirement) for an organization that made it possible for pregnant women, unable to get to a clinic (often far away from their homes) to be transported there and back home safely. I had the joy of watching the women as they finally reached the time of birth, do so in relatively good health which made it a joy when a healthy baby was finally delivered. However, I also know that not all women are fortunate enough to receive this care. It can be out of reach, both physically and also due to insufficient funds and support.

Please consider these things as you move towards deciding and please give a favorable report. It is important not only for the welfare of these particular families but also as a whole for a healthier and happier community.

Thank you

Sincerely

Lorraine A. Wilson

[barranw@comcast.net](mailto:barranw@comcast.net)

District # 22

# **SB 778 - Maryland Medical Assistance Program - Chi**

Uploaded by: Michelle Siri

Position: FAV

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BILL NO: Senate Bill 778  
TITLE: Maryland Medical Assistance Program - Children and Pregnant Women (Healthy Babies Equity Act)  
COMMITTEE: Finance  
HEARING DATE: March 8, 2022  
POSITION: **SUPPORT**

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Senate Bill 778 would require the Maryland Medical Assistance Program to provide comprehensive medical care and other health care services to non-citizen pregnant women, and their infants, who would otherwise be eligible for the program but for their immigration status. In other words, this bill would ensure that Maryland provides lifesaving and critical health care to pregnant women and their infants regardless of their immigration status. Because pregnant people deserve medical coverage during their pregnancies regardless of their citizenship status, the Women's Law Center of Maryland supports SB 778.

Among the free legal services the WLC provides is our MEDOVI project, which serves foreign-born victims of domestic violence, sexual assault, and human trafficking who are seeking immigration status independent of their abusers who typically threaten our clients with deportation or refuse to provide the documentation necessary to obtain legal status in an attempt to maintain control over their relationship. These foreign-born victims face unique challenges; cultural differences, language barriers, and fear of deportation frequently prevent them from seeking help. As mentioned above, victims are often sponsored for their green cards by the very same abuser who threatens to have them deported. The vast majority of our clients (96%) are women, and their children face similar challenges, including abuse and forced separation from their mother. Deportation is a particularly acute concern for victims who as a result may be separated from U.S.-born children.

Access to medical services is limited for these women and their children. Expanding medical coverage to non-citizen pregnant persons could lessen their risk of pregnancy complications and lead to healthier pregnancies and babies. We know that people with access to robust social services are more likely to feel empowered to leave their abusive relationships, especially compared to those with medical complications who are reliant upon their abusers for care or financial security.

For those reasons, the WLC urges a favorable report on SB 778.

*The Women's Law Center of Maryland is a private, non-profit legal services organization that serves as a leading voice for justice and fairness for women. It advocates for the rights of women through legal representation for individuals and statewide advocacy to achieve systemic change.*

# **HB1080 Healthy Babies Equity Act Testimony.pdf**

Uploaded by: Monica Guerrero Vazquez

Position: FAV



**Center for Salud/Health and Opportunity for Latinos**

Johns Hopkins Centro SOL

Mason F. Lord Bldg, Center Tower Suite 4200

5200 Eastern Avenue, Baltimore MD 21224

410.550.1129 | [centrosol@jhmi.edu](mailto:centrosol@jhmi.edu) | [www.jhcentrosol.org](http://www.jhcentrosol.org)

TO: Delegate Shane E. Pendergrass, Chair  
Delegate Joseline A. Pena-Melnyk, Vice Chair  
Health and Government Operations Committee Members

**SB0778 / HB1080**

**Favorable**

FROM: Centro SOL

DATE: February 28, 2022

**Centro SOL supports SB0778 / HB1080 Healthy Babies Equity Act**

Centro SOL (Center for Health and Opportunity for Latinos at Johns Hopkins) is committed to promote equity in health and opportunity for Latinos by developing community-centered programs that focus on physical and mental health as well as clinical innovations. Thank you for allowing us the opportunity to express our support of HB1080/SB0778. Note: This testimony does not necessarily represent the views of Johns Hopkins University.

A study funded by the National Institutes of Health on the effects the expansion of prenatal coverage to pregnant women regardless of immigration status in Oregon, showed increased utilization of prenatal care services among foreign born pregnant women. The study also found the mothers were more likely to follow recommended preventive health services which improved health outcomes of their infants after birth. The same study also found that a significant decrease in both the probability of extremely low birth weight infants and infant death in children born to foreign born mothers.<sup>1</sup> Lack of access to prenatal care is a factor in a range of poor health outcomes experienced by undocumented pregnant women and their babies, including higher rates of labor and delivery complications such as precipitous labor, excessive bleeding, breech presentation, cord prolapse, and fetal distress, many of these can be prevented or anticipated.<sup>2</sup>

This bill will require the Maryland Medical Assistance Program to provide comprehensive medical care and other health care services to noncitizen pregnant women who would qualify for the Program but for their immigration status and their children up to the age of 1 year. There is evidence that expanding access to prenatal care services will not only improve women's health but also their baby's health and will have a favorable effect on the health of current and future generations.

For these reasons, Centro SOL supports this bill and urges a favorable report on SB0778 / HB1080.

Signatures:

Joshua M. Sharfstein, MD

Vice Dean for Public Health Practice and Community Engagement

Director, Bloomberg American Health Initiative





**Center for Salud/Health and Opportunity for Latinos**

Johns Hopkins Centro SOL

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Professor of the Practice in Health Policy and Management  
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Monica Guerrero Vazquez, MS, MPH  
Executive Director  
Centro SOL

Sarah Polk, MD, ScM  
Co-Director, Centro SOL  
Assistant Professor of Pediatrics  
Johns Hopkins University School of Medicine

Madelin Martinez  
MPH Student  
Johns Hopkins Bloomberg School of Public Health  
Research Assistant, Centro SOL

1. Swartz, Jonas J et al. "Expanding Prenatal Care to Unauthorized Immigrant Women and the Effects on Infant Health." *Obstetrics and gynecology* vol. 130,5 (2017): 938-945. doi:10.1097/AOG.0000000000002275
2. Reed, M.M., Westfall, J.M., Bublitz, C. *et al.* Birth outcomes in Colorado's undocumented immigrant population. *BMC Public Health* 5, 100 (2005). <https://doi.org/10.1186/1471-2458-5-100>

**SB0778\_FAV\_MedChi, MDAAP, MACHC, MDACOG\_Healthy Eq**

Uploaded by: Pam Kasemeyer

Position: FAV



MID-ATLANTIC ASSOCIATION OF  
COMMUNITY HEALTH CENTERS



**ACOG**  
The American College of  
Obstetricians and Gynecologists  
Maryland Section

*The Maryland State Medical Society*  
63711 Cathedral Street  
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TO: The Honorable Delores G. Kelley, Chair  
Members, Senate Finance Committee  
The Honorable Clarence K. Lam

FROM: Pamela Metz Kasemeyer  
J. Steven Wise  
Danna L. Kauffman  
Christine Krone

DATE: March 8, 2022

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

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On behalf of the Maryland State Medical Society, the Maryland Chapter of the American Academy of Pediatrics, the Mid-Atlantic Association of Community Health Centers, and the Maryland Section of the American College of Obstetricians and Gynecologists, we submit this letter of **support** for Senate Bill 778.

Senate Bill 778 would provide Medicaid coverage for noncitizen pregnant women who would otherwise qualify for coverage but for their immigration status and their children up to the age of 1 year. Under current law, immigrant pregnant women are only eligible for emergency Medicaid for labor and delivery and do not have access to coverage for either prenatal or postpartum care, which is critically important for both the pregnant woman and their child.

Studies in several areas of the country have found that immigrant women begin prenatal care later and have fewer prenatal visits than the general population.<sup>i</sup> <sup>ii</sup>This disparity appears to be related to health care coverage. When publicly funded prenatal programs are available, the use of prenatal care increases.<sup>iii</sup> Similarly, Latino immigrants are less likely to visit a physician in an outpatient setting than the general U.S. population. Conversely, their rate of childbirth-related hospitalization is significantly higher.<sup>iv</sup> Birth complications are more common among immigrant women, as is neonatal morbidity, including fetal alcohol syndrome, respiratory distress syndrome, and seizures.<sup>v</sup>

As this Committee is aware, the U.S., including Maryland, is battling a maternal health crisis. It is the only industrialized nation with a maternal mortality rate that is on the rise. The crisis is disproportionately impacting women of color, and the majority of pregnancy-related deaths are preventable. Furthermore, for every woman who dies from pregnancy-related causes, another 70 suffer from severe maternal morbidity. Medicaid has a vital role to play in improving maternal health outcomes and also improving the health of newborns. It has been found that parental enrollment in Medicaid is

associated with a 29-percentage point higher probability that a child will receive an annual well-child visit.

Maryland's Task Force on Maternal and Child Health recommended not only that Medicaid extend coverage for pregnant women to 12 months postpartum, which this General Assembly enacted into law last year, but it also recommended ensuring access to prenatal care and related health care services to all women regardless of their immigration status. Senate Bill 778 achieves that objective. Ensuring access to Medicaid coverage for pregnant women regardless of immigration status will dramatically improve the health outcomes for both mothers and babies and will also result in significant cost savings to Maryland's health care system. For these reasons, the above-named organizations request a favorable report.

**For more information call:**

Pamela Metz Kasemeyer

J. Steven Wise

Danna L. Kauffman

Christine Krone

410-244-7000

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<sup>i</sup> Fuentes-Afflick E, Hessol NA, Bauer T, O'Sullivan MJ, Gomez-Lobo V, Holman S, et al. Use of prenatal care by Hispanic women after welfare reform. *Obstet Gynecol* 2006;107:151–60. [[PubMed](#)] [[Obstetrics & Gynecology](#)]

<sup>ii</sup> Reed MM, Westfall JM, Bublitz C, Battaglia C, Fickenscher A. Birth outcomes in Colorado's undocumented immigrant population. *BMC Public Health* 2005;5:100. [[PubMed](#)] [[Full Text](#)]

<sup>iii</sup> Fuentes-Afflick E, Hessol NA, Bauer T, O'Sullivan MJ, Gomez-Lobo V, Holman S, et al. Use of prenatal care by Hispanic women after welfare reform. *Obstet Gynecol* 2006;107:151–60. [[PubMed](#)] [[Obstetrics & Gynecology](#)]

<sup>iv</sup> Berk ML, Schur CL, Chavez LR, Frankel M. Health care use among undocumented Latino immigrants. *Health Aff* 2000;19:51–64. [[PubMed](#)] [[Full Text](#)]

<sup>v</sup> Reed MM, Westfall JM, Bublitz C, Battaglia C, Fickenscher A. Birth outcomes in Colorado's undocumented immigrant population. *BMC Public Health* 2005;5:100. [[PubMed](#)] [[Full Text](#)]

**OAG\_FAV\_SB0778.pdf**

Uploaded by: Patricia O'Connor

Position: FAV

**BRIAN E. FROSH**  
*Attorney General*



**ELIZABETH F. HARRIS**  
*Chief Deputy Attorney General*

**CAROLYN QUATTROCKI**  
*Deputy Attorney General*

**STATE OF MARYLAND**  
**OFFICE OF THE ATTORNEY GENERAL**

EMAIL

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WRITER'S DIRECT DIAL NO.

(410) 576-6515

March 8, 2022

To: The Honorable Delores G. Kelley  
Chair, Finance Committee

From: The Office of the Attorney General

Re: Senate Bill 778 (Maryland Medical Assistance Program - Children and Pregnant Women (Healthy Babies Equity Act): Support

The Office of the Attorney General supports Senate Bill 778. The bill would require the Maryland Medical Assistance Program to provide comprehensive medical care and other health care services to noncitizen pregnant women who would qualify for the Program but for their immigration status and their children up to the age of 1 year, subject to the limitations of the state budget. Under the bill, the Maryland Department of Health must apply for a waiver from the Centers for Medicare and Medicaid Services that maximizes federal funding and the individuals who would be eligible for the benefit. Maryland already has expanded the benefit to lawfully residing immigrants. The bill would expand the benefit to all other noncitizen pregnant women and their children through the age of 1 year, an important step in improving maternal/child health morbidity and mortality (women who receive no prenatal care are 3–4 times more likely to have a pregnancy-related death than women who do).

<https://avalere.com/insights/reducing-maternal-mortality-among-women-of-color>

<https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-of-immigrants/>

We ask the committee to give the bill a favorable report.

cc: Senator Lam, Sponsor

# **SB 778 - Healthy Babies Equity Act.pdf**

Uploaded by: Patrick Sadil

Position: FAV

Dear Senate Finance Committee Members,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City, Baltimore County, and Howard County. We are also working in collaboration with CASA de Maryland. I am a resident of MD District 46. **I am testifying in support of Senate Bill 778, the Healthy Babies Equity Act.**



This bill would expand eligibility for the Maryland Children’s Health Program so that children qualify regardless of immigration status, and pregnant persons qualify for prenatal care regardless of immigration status. The bill would require that Maryland submit the appropriate waiver to allow this expansion of eligibility for the program.

The Maryland Children’s Health Program (MCHP) is Maryland’s implementation of the federal Children’s Health Insurance Program (often referred to as CHIP), which was intended to provide insurance to kids from lower-income families who didn’t qualify for Medicaid. Children covered under MCHP have all their care covered, from sick and emergency room visits to regular check-ups, vaccinations, dental and vision care, and mental health. The program also casts its umbrella over pregnant persons, to whom it provides prenatal care to make sure children get a healthy start as well as postpartum care. The primary eligibility factor, stated in the law itself, is household income; unfortunately, Maryland’s MCHP regulations also require that children either be US citizens or part of a narrow group of “qualified” immigrants to be able to receive health care through MCHP. This is based on a federal rule, but Maryland could expand its coverage to folks not covered under the federal rules by applying for a waiver from the federal government.

Seventeen states, plus New York City and the District of Columbia, currently provide extended coverage to pregnant people regardless of immigration status. The need in Maryland is critical, since 1 in 14 infants in Maryland is born to a person receiving no prenatal care, and babies whose mother did not receive prenatal care are three times more likely to have low birth weight and be subject to complications of birth. Black and Latinx mothers are particularly at risk, since they have higher rates of uninsurance than their white counterparts. Simply put, making prenatal care available to those who cannot afford it and would therefore not otherwise receive it can result in lower maternal mortality and healthier babies.

Health care is a human right. Healthy kids are more likely to grow into healthy, productive adults, which makes applying MCHP to all kids a wise public policy; but more than that, making sure Maryland’s kids get health care regardless of where they were born or who their parents are is a matter of basic human decency. Likewise, no pregnant person or newborn should face the risk of injury or death because they don’t fall into a narrow window of immigration eligibility set by federal law. It is Maryland’s longstanding public policy that kids shouldn’t go without healthcare just because their families can’t afford it: all this bill does is recognize that kids of immigrant parents deserve the same treatment as any other child.

It is for these reasons that I am encouraging you to **vote in support of Senate Bill 778.**

Thank you for your time, service, and consideration.

Sincerely,  
Patrick Sadil, PhD  
1637 Fleet Street FL 1  
Baltimore MD 21231  
Showing Up for Racial Justice Baltimore



**SB778-MdPHA-FAV.pdf**

Uploaded by: Raimee Eck

Position: FAV



*Mission:* To improve public health in Maryland through education and advocacy *Vision:* Healthy Marylanders living in Healthy Communities

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**SB778 Maryland Medical Assistance Program - Children and Pregnant Women (Healthy Babies Equity Act)**

**Hearing Date: 3/8/22**

**Committee: Finance**

**Position: Favorable**

Chairperson Kelley and members of the Finance Committee: The Maryland Public Health Association (MdpHA) would like to offer favorable testimony regarding SB 778, a bill to **expand eligibility for prenatal care through Medicaid to all pregnant people, regardless of status**. This change in eligibility would require the state to submit a state innovation waiver (under 1115 of the Social Security Act) to allow Maryland to make this change to eligibility. It would cover care through pregnancy and twelve months postpartum for both mother and child.

In Maryland, over 275K undocumented immigrants are ineligible for care through the Maryland Health Exchange. Multiple states have established comprehensive care programs to extend coverage to immigrants regardless of their immigration status. This has had the highest impact on Black and Latino residents, who have become sicker, hospitalized at higher rates, and die younger as they are forced to face life or death situations due to their exclusion in programs such as the Affordable Care Act.

There are currently seventeen states that have expanded and now provide prenatal care to undocumented pregnant immigrant people. **In Maryland, 6% of births were to people who had received late or no prenatal care in 2020**. Prenatal and postpartum care are transformative, especially in communities of color, in preserving the protecting the lives of children and their mothers. 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. We urge a favorable report for SB778.

*The Maryland Public Health Association (MdpHA) is a nonprofit, statewide organization of public health professionals dedicated to improving the lives of all Marylanders through education, advocacy, and collaboration. We support public policies consistent with our vision of healthy Marylanders living in healthy, equitable, communities. MdpHA is the state affiliate of the American Public Health Association, a nearly 145-year-old professional organization dedicated to improving population health and reducing the health disparities that plague our state and our nation.*

**SB0778\_CC\_Vaughan\_FAV.pdf**

Uploaded by: Regan Vaughan

Position: FAV

**SB 778**  
**Maryland Medical Assistance Program – Children and Pregnant Women**  
**(Healthy Babies Equity Act)**

Finance Committee  
March 8, 2022

**Favorable**

Catholic Charities of Baltimore supports SB 778 which would require the State to provide Medicaid services to noncitizen pregnant women and their children until the child turns one.

Inspired by the Gospel mandates to love, serve and teach, Catholic Charities provides care and services to improve the lives of Marylanders in need. For almost 100 years, Catholic Charities has operated programs that allow Marylanders to age with dignity, obtain empowering careers, heal from trauma and addiction, secure stable housing and welcome new neighbors. We recognize the importance of prenatal and postpartum medical care for the health and safety of both mother and child.

Prenatal care is an essential component of a healthy pregnancy. The monitoring that occurs during prenatal care allows for a medical professional to identify risk factors, monitor complications, screen for disease and encourage healthy habits. Without prenatal care, infants are more likely to have low birthweights and mothers are more likely to die from pregnancy related complications.

At the Esperanza Center Health Clinic, we see everyday the struggle immigrant mothers face when trying to obtain prenatal care. Their only options are to find a federally qualified health center who offers pre-natal care on a sliding scale and a hospital who will accommodate a payment plan for costs associated with Labor and Delivery. For many of our patients, even these reduced costs are too much. They often postpone or go without prenatal care completely, which can lead to avoidable complications during delivery and long-term health impacts for both mother and baby.

Maryland is currently ranked 19<sup>th</sup> for our low birthweight rate, 21<sup>st</sup> for our preterm birth rate and 27<sup>th</sup> for infant mortality.<sup>1</sup> We can and should do better. Expanding access to prenatal care is one step we can take to improve birth outcomes in Maryland.

There are currently seventeen states that have expanded and now provide prenatal care to undocumented pregnant immigrants. Prenatal and postpartum care are transformative. By joining the seventeen states across the nation and expanding Medicaid regardless of immigration status, we would be investing in the health of mothers and the future of Maryland.

**For the reasons listed above, Catholic Charities of Baltimore appreciates your consideration, and urges the committee to issue a favorable report for SB 778.**

Submitted By: Regan Vaughan, Director of Advocacy

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<sup>1</sup> Maryland: Key Health Indicators. <https://www.cdc.gov/nchs/pressroom/states/maryland/md.htm>. Accessed 2/27/2022.

**2020 LCPCM SB 778 Senate Side.docx.pdf**

Uploaded by: Robyn Elliott

Position: FAV



**Committee:** Senate Finance Committee

**Bill Number:** SB 778

**Title:** Maryland Medical Assistance Program - Children and Pregnant Women  
(Healthy Babies Equity Act)

**Hearing Date:** March 8, 2022

**Position:** Support

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The Licensed Clinical Professional Counselors of Maryland (LCPCM) supports *Senate Bill 778 – Maryland Medical Assistance Program – Children and Pregnant Women*. The bill provides Medicaid coverage for pregnant women who would otherwise be ineligible because of immigration status.

LCPCM supports this bill because it will improve health outcome for both pregnant women and children. From a behavioral health perspective, Medicaid coverage will improve access to counseling and treatment needed to reduce depression during pregnancy and in the postpartum period. There is a rising rate of depression among pregnant women,<sup>i</sup> which creates greater risk for long-term behavioral health and somatic health issues.

We ask for a favorable report. Please reach out to Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net) if any additional information would be helpful.

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<sup>i</sup> Haight, Sarah C. MPH; Byatt, Nancy DO, MS; Moore Simas, Tiffany A. MD, MPH; Robbins, Cheryl L. PhD, MS; Ko, Jean Y. PhD Recorded Diagnoses of Depression During Delivery Hospitalizations in the United States, 2000–2015, *Obstetrics & Gynecology*: June 2019 - Volume 133 - Issue 6 - p 1216-1223  
doi: 10.1097/AOG.0000000000003291

**2022 ACNM SB 778 Senate Side.pdf**

Uploaded by: Robyn Elliott

Position: FAV



**Committee:** Senate Finance Committee  
**Bill Number:** SB 778  
**Title:** Maryland Medical Assistance Program - Children and Pregnant Women  
(Healthy Babies Equity Act)  
**Hearing Date:** March 8, 2022  
**Position:** Support

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The Maryland Affiliate of the American College of Nurse Midwives (ACNM) strongly supports *Senate Bill 778 – Maryland Medical Assistance Program – Children and Pregnant Women*. The bill extends Medicaid coverage to pregnant women who would otherwise be ineligible because of immigration status. With Medicaid coverage, more women will be able to obtain prenatal care, thus improving health outcomes for themselves and their newborns. communities. Maryland’s maternal mortality rate is 18.4 per 100,000 and reflects a widening disparity between White non-Hispanic women and women of other backgrounds.<sup>i</sup> This bill can address health disparities by extending Medicaid coverage to pregnant women from immigrant communities.

We ask for a favorable report. If we can provide any additional information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net) or (443) 926-3443.

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<sup>i</sup> <https://health.maryland.gov/phpa/mch/Documents/MMR/HG%20%20C2%A7%20A7%2013-1207%2013-1208%20and%20%20C2%A713-1212%20-%20Maryland%20Maternal%20Mortality%20Review%202020.pdf>



**2022 MCHS SB 778 Senate Side.pdf**

Uploaded by: Robyn Elliott

Position: FAV



## Maryland Community Health System

**Committee:** Senate Education, Health, and Environmental Affairs

**Bill Number:** SB 778 Maryland Medical Assistance Program - Children and Pregnant Women (Healthy Babies Equity Act)

**Hearing Date:** March 8, 2022

**Position:** Support

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Maryland Community Health System (MCHS) strongly supports *Senate Bill 778 – Maryland Medical Assistance Program – Children and Pregnant Women*. The bill provides Medicaid coverage for pregnant women who would otherwise be ineligible because of immigration status.

Maryland Community Health System is a network of federally qualified health centers focused on providing somatic, behavioral, and dental services to underserved communities. Maryland is facing widening health disparities in maternal mortality rates.<sup>i</sup> Medicaid coverage is a critical strategy in reducing maternal mortality and improving health outcomes because it improves access to prenatal care. Maternal health has been impacted by rising rates of chronic diseases such as diabetes, hypertension, and obesity.<sup>ii</sup>

We ask for a favorable report. If we can be helpful in any way, please let us know by contacting Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

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<sup>i</sup> <https://health.maryland.gov/phpa/mch/Documents/MMR/HG%20%C2%A7%C2%A7%2013-1207%2013-1208%20and%20%C2%A713-1212%20-%20Maryland%20Maternal%20Mortality%20Review%202020.pdf>

<sup>ii</sup> Ibid

**2022 MDAC SB 778 Senate Side.pdf**

Uploaded by: Robyn Elliott

Position: FAV



10015 Old Columbia Road, Suite B-215  
Columbia, Maryland 21046  
www.mdac.us

**Committee:** Senate Finance Committee

**Bill Number:** SB 778 Maryland Medical Assistance Program - Children and Pregnant Women  
(Healthy Babies Equity Act)

**Hearing Date:** March 8, 2022

**Position:** Support

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The Maryland Dental Action Coalition (MDAC) strongly supports *Senate Bill 778 – Maryland Medical Assistance Program – Children and Pregnant Women*. The bill provides Medicaid coverage for pregnant women who would otherwise be ineligible because of immigration status.

Maryland Medicaid covers dental services for women throughout pregnancy and the postpartum period. This bill will significantly improve access to dental services for pregnant women among immigrant communities. Access to dental services is critical for both the health of the mother and infant. Children are more likely to have dental caries if their caregivers, including mothers, have poor dental health.<sup>i, ii</sup> We ask for a favorable report on this legislation. If we can provide additional information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

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<sup>i</sup> Smith RE, Badner VN, Morse DE, Freeman K (2002). Maternal risk indicators for childhood caries in an inner city population. *Community Dental Oral Epidemiology* 30:176-181.

<sup>ii</sup> Bedos C, Brodeur JM, Arpin S, Nicolau B (2005). Dental caries experience: a two-generational study.

***Optimal Oral Health for All Marylanders***

**2022 MNA SB 778 Senate Side.docx.pdf**

Uploaded by: Robyn Elliott

Position: FAV



**Committee:** Senate Finance Committee  
**Bill Number:** SB 778 Maryland Medical Assistance Program - Children and Pregnant Women (Healthy Babies Equity Act)  
**Hearing Date:** March 8, 2022  
**Position:** Support

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The Maryland Nurses Association (MNA) strongly supports *Senate Bill 778 – Maryland Medical Assistance Program – Children and Pregnant Women*. The legislation would provide for Medicaid coverage for pregnant women who would otherwise be ineligible because of immigration status.

Maternal health and mortality has been impacted by rising rates of chronic disease, including diabetes and hypertension.<sup>i</sup> These diseases can be managed more effectively with earlier access to prenatal care. However, prenatal care may not be accessible to underserved communities, including immigrant communities.

Medicaid traditionally has not covered individuals who are undocumented or who have been in the U.S. legally for less than five years. By investing State dollars in Medicaid coverage for pregnant women who are immigrants, Maryland would be embracing a critical strategy in increase access to prenatal services.

We ask for a favorable report. If we can provide any further information, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).

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<sup>i</sup> <https://health.maryland.gov/phpa/mch/Documents/MMR/HG%20%20C2%A7%20A7%2013-1207%2013-1208%20and%20%20C2%A713-1212%20-%20Maryland%20Maternal%20Mortality%20Review%202020.pdf>

**2022 Moveable Feast SB 778 Senate Side.pdf**

Uploaded by: Robyn Elliott

Position: FAV



**Committee:** Senate Finance Committee

**Bill Number:** SB 778 Maryland Medical Assistance Program - Children and Pregnant Women (Healthy Babies Equity Act)

**Hearing Date:** March 8, 2022

**Position:** Support

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Moveable Feast strongly supports *Senate Bill 778 – Maryland Medical Assistance Program – Children and Pregnant Women*. The legislation would provide Medicaid coverage to pregnant individuals who have not been eligible in the past because of immigration status.

Moveable Feast’s mission is to improve the health and quality of life of people with serious illnesses through nutritional counseling and medically-tailored meals. We are committed to health equity for all communities in Maryland. Individuals should have access to insurance coverage regardless of immigration status. This bill advances health equity by extending Medicaid coverage to individuals who are pregnant and from immigrant communities. The program would be state-funded, as federal reimbursement is only available to cover U.S. citizens or people who have been legally in the country for five years.

We ask for a favorable report. If any additional information would be helpful, please contact Robyn Elliott at [relliott@policypartners.net](mailto:relliott@policypartners.net).



**SB778\_FAV\_BMNCBV.pdf**

Uploaded by: Sandra Conner

Position: FAV

**Baptist Ministers' Night Conference of Baltimore  
and Vicinity (BMNCBV)**

**5405 York Road, Baltimore, Maryland 21212, (443) 386.4739**



**Testimony in SUPPORT of SB778**

Maryland Medical Assistance Program - Children and Pregnant People  
(Healthy Babies Equity Act)  
House Health and Government Operations Committee  
Senate Finance Committee

**Rev. Dr. Sandra Conner**

**President Baptist Ministers' Night Conference of Baltimore & Vicinity (BMNCBV)  
March 7, 2022**

Dear Members of the Committee:

The Baptist Ministers' Night Conference of Baltimore & Vicinity is submitting this testimony in support for SB778, Healthy Babies Equity Act. We hope that with the passing of this bill eligibility for prenatal care through Medicaid to pregnant people, regardless of status, would be expanded. This change in eligibility would require the state to submit a state innovation waiver (under 1115 of the Social Security Act) to allow Maryland to make this change to eligibility. It would cover care through pregnancy and twelve months postpartum for both mother and child.

BMNCBV is an organization that strives to equip faith leaders with resources to do effective health ministries to keep themselves, congregants, as well as their families, and the people they serve healthy and out of the hospital. This bill would help the women of color we serve, who according to the CDC, are most likely to have the worst outcomes if they become pregnant and do not get quality prenatal and postpartum healthcare. They are more likely to end up with health challenges such as hypertension, diabetes, as well as have financial burdens to pay for childcare, etc.

We thank you in advance for your actions towards SB778.

Rev. Dr. Sandra Conner  
revdrconner@gmail.com

**SB778\_MCBV\_FAV.pdf**

Uploaded by: Sandra Conner

Position: FAV

# MINISTERS' CONFERENCE OF BALTIMORE AND VICINITY



**Testimony in SUPPORT of SB778**  
Maryland Medical Assistance Program - Children and Pregnant People  
(Healthy Babies Equity Act)  
Senate Finance Committee

**Bishop Reginald Kennedy,  
President Ministers' Conference of Baltimore & Vicinity (MCBV)**

**March 7, 2022**

Dear Members of the Committee:

MCBV is submitting this testimony in support for SB778, Healthy Babies Equity Act. We hope that with the passing of this bill eligibility for prenatal care through Medicaid to pregnant people, regardless of status, would be expanded. This change in eligibility would require the state to submit a state innovation waiver (under 1115 of the Social Security Act) to allow Maryland to make this change to eligibility. It would cover care through pregnancy and twelve months postpartum for both mother and child.

The Ministers' Conference of Baltimore & Vicinity is an organization comprised of more than 150 congregations whose focus is shifting more and more on caring for the "holistic" needs, in particular health care, for its members and the communities it serves. Our Civic Action Committee has an initiative, "And the Church Shall Lead", and one of its goals is to eradicate health disparities/inequalities. We support this bill because ongoing data suggest that access to effective prenatal and postpartum care reduces health complications/challenges, as well as potential deaths for the baby and the mother. This bill would expand the care and produce better outcomes for the people we serve.

We thank you in advance for your actions towards SB778.

Bishop Reginald Kennedy, [Bishop@GTBCBaltimore.org](mailto:Bishop@GTBCBaltimore.org)

Rev. Dr. Sandra Conner, [revdrconner@gmail.com](mailto:revdrconner@gmail.com); MCBV Correspondence Secretary

**Minsters' Conference of Baltimore and Vicinity**  
3100 Walbrook Avenue | Baltimore, MD 21216  
Phone: 410.383.9393 | Email: [ministersconferencebaltimore1@gmail.com](mailto:ministersconferencebaltimore1@gmail.com)

# **SB 778 - Healthy Babies Equity Act.pdf**

Uploaded by: Sarah Johnson

Position: FAV

Dear Senate Finance Committee Members,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City, Baltimore County, and Howard County. We are also working in collaboration with CASA de Maryland. I am a resident of MD District 41 in Baltimore City. **I am testifying in support of Senate Bill 778, the Healthy Babies Equity Act.**



This bill would expand eligibility for the Maryland Children’s Health Program so that children qualify regardless of immigration status, and pregnant persons qualify for prenatal care regardless of immigration status. The bill would require that Maryland submit the appropriate waiver to allow this expansion of eligibility for the program.

The Maryland Children’s Health Program (MCHP) is Maryland’s implementation of the federal Children’s Health Insurance Program (often referred to as CHIP), which was intended to provide insurance to kids from lower-income families who didn’t qualify for Medicaid. Children covered under MCHP have all their care covered, from sick and emergency room visits to regular check-ups, vaccinations, dental and vision care, and mental health. The program also casts its umbrella over pregnant persons, to whom it provides prenatal care to make sure children get a healthy start as well as postpartum care. The primary eligibility factor, stated in the law itself, is household income; unfortunately, Maryland’s MCHP regulations also require that children either be US citizens or part of a narrow group of “qualified” immigrants to be able to receive health care through MCHP. This is based on a federal rule, but Maryland could expand its coverage to folks not covered under the federal rules by applying for a waiver from the federal government.

Seventeen states, plus New York City and the District of Columbia, currently provide extended coverage to pregnant people regardless of immigration status. The need in Maryland is critical, since 1 in 14 infants in Maryland is born to a person receiving no prenatal care, and babies whose mother did not receive prenatal care are three times more likely to have low birth weight and be subject to complications of birth. Black and Latinx mothers are particularly at risk, since they have higher rates of uninsurance than their white counterparts. Simply put, making prenatal care available to those who cannot afford it and would therefore not otherwise receive it can result in lower maternal mortality and healthier babies.

Health care is a human right. Healthy kids are more likely to grow into healthy, productive adults, which makes applying MCHP to all kids a wise public policy; but more than that, making sure Maryland’s kids get health care regardless of where they were born or who their parents are is a matter of basic human decency. Likewise, no pregnant person or newborn should face the risk of injury or death because they don’t fall into a narrow window of immigration eligibility set by federal law. It is Maryland’s longstanding public policy that kids shouldn’t go without healthcare just because their families can’t afford it: all this bill does is recognize that kids of immigrant parents deserve the same treatment as any other child.

It is for these reasons that I am encouraging you to **vote in support of Senate Bill 778.**

Thank you for your time, service, and consideration.

Sincerely,

Sarah Johnson  
1 Merryman Court  
Baltimore, MD 21210  
Showing Up for Racial Justice Baltimore

# **Health Care for the Homeless - SB 778 FAV - Health**

Uploaded by: Shannon Riley

Position: FAV

**HEALTH CARE FOR THE HOMELESS TESTIMONY  
IN SUPPORT OF  
SB 778 – Maryland Medical Assistance Program - Children and Pregnant  
Women (Healthy Babies Equity Act)**

**Senate Finance Committee  
March 8, 2022**



Health Care for the Homeless strongly supports SB 778, which would extend Medicaid benefits, regardless of immigration status, to pregnant persons, postpartum care, and their children up to one year. While Medicaid expansion has shown transformative health outcomes for people across the country, this lifesaving policy has been categorically denied to Marylanders who are undocumented. Health care is a human right and should never depend on a person's immigration status.

As a federal qualified health center, treating all people regardless of immigration status, at Health Care for the Homeless we seen firsthand that denial of Medicaid coverage for pregnant persons and their infants due to immigration status has tremendously negative consequences. Over the past two years, we have seen an exponential increase in the number of clients present who are pregnant and are undocumented. For our clients, access to this oftentimes life-saving care is both critical to public health and is also an issue of fundamental human rights. Medicaid coverage of pregnant persons and infant care must be made accessible for anyone otherwise eligible, regardless of immigration status.

Generally, a lack of Medicaid coverage leads to poorer health outcomes

Generally, denial of health coverage leads to [poorer health outcomes](#). Barriers to Medicaid coverage, and outright exclusions from Medicaid, have far-reaching implications — from missed early cancer diagnoses to reduced medication adherence for treatable conditions — that causes unnecessary suffering in families.

People without health insurance are more likely to skip preventive services and are less likely to obtain regular health care. Adults who are uninsured are over three times more likely than insured adults to say they have not had a visit about their own health to a doctor or other health professional's office or clinic in the past 12 months.<sup>1</sup> People who are uninsured are also less likely to seek medical care when they have a health problem. One in five (20%) uninsured adults say that they went without needed care in the past year because of cost compared to 3% of adults with private coverage and 8% of adults with public coverage.<sup>2</sup>

Because uninsured people are less likely than those with insurance to obtain regular medical care, they are more likely to have negative health consequences. This can include having an increased risk of being diagnosed at later stages of diseases, including cancer, and have higher mortality rates than those with insurance.<sup>3</sup>

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<sup>1</sup> [The Uninsured and the ACA: A Primer – Key Facts about Health Insurance and the Uninsured amidst Changes to the Affordable Care Act – How does lack of insurance affect access to care? – 7451-14 | KFF](#)

<sup>2</sup> Id.

<sup>3</sup> Id.



While safety net providers, like Health Care for the Homeless, are crucial in providing care to people who are uninsured, and particularly people who are undocumented, the safety net system does not nearly close the gap in care for the uninsured.<sup>4</sup> For Health Care for the Homeless in particular, while we are a federally qualified health center that provides care for all people regardless of immigration status, we are primary care provider and do not provide most prenatal services in-house. Therefore, we must refer out for such services. See below on the extreme barriers to referring out for prenatal care for our undocumented immigrant clients.

### Inaccessibility of Medicaid coverage leads to particularly poor health outcomes for people who are pregnant and their babies

Poor health outcomes have particularly dire consequences for people who are pregnant and their infants when they are born. As with other health care services, the lack of health insurance results in individuals receiving fewer preventive health care services, resulting in poorer reproductive health outcomes.<sup>5</sup> **Not having health insurance due to immigration status can be fatal.**

For people who cannot receive prenatal care, their rate of [childbirth-related hospitalization](#) is significantly higher as are birth complications, including neonatal morbidity, including fetal alcohol syndrome, respiratory distress syndrome, and seizures. Additionally, studies have shown that people who are undocumented [begin prenatal care later](#) and have fewer prenatal visits than the general population – and this disparity is linked to a lack of health care coverages. Unsurprisingly, when publicly funded prenatal programs are available, the use of prenatal care increases.<sup>6</sup>

A baby born to a person who did not receive prenatal also face significantly higher poor health outcomes, including lower birthweight, infant mortality, prolonged hospital stays, and hospital transfers.<sup>7</sup>

Health Care for the Homeless Population Health Nurse, Shannon Riley, notes specific challenges when hospitals are presented with a person in labor who did not receive prenatal care: “When people come to the hospital and they have not received prenatal care, we don’t have documentation of when they became pregnant and can’t prepare for delivery specific to gestational age. Because of this uncertainty, decisions that mean to err on the side of caution can lead to unneeded intervention which both cost more money and carry their own risks to the mother-baby dyad. Those interventions can be anything along the continuum from unneeded antibiotics to major surgery.”

Shannon Riley describes a “2-pronged” problem with the lack of prenatal care, explaining that it can both lead to poor health outcomes or even death and also that there are missed opportunities to optimize health for even those deliveries that don’t end in catastrophe. As Ms. Riley says, it “doesn’t have to be a disaster” in order for it to take a toll on our health care system – any person presenting with a lack of prenatal care is a problem for all of us. When a person presents at the hospital in labor without having received medical care for the entirety of the pregnancy, the delivery is much more complicated and requires additional hospital resources for both the person in labor and the baby. Ms. Riley urges that we “need a mindset of prevention and optimization of health” and if we don’t have that, “everyone loses out.”

### Problem of “charity care” for prenatal services

It’s worth noting that the cobbled together system of “charity care” for health care services for undocumented immigrants, particularly those who are pregnant, is insufficient, ineffective, and demoralizing. To illustrate the

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<sup>4</sup>Id.

<sup>5</sup> [ACOG](#)

<sup>6</sup> Fuentes-Afflick E, Hessel NA, Bauer T, O’Sullivan MJ, Gomez-Lobo V, Holman S, et al. Use of prenatal care by Hispanic women after welfare reform. *Obstet Gynecol* 2006;107:151–60. See also [Birth complications](#).

<sup>7</sup> <https://www.ncbi.nlm.nih.gov/books/NBK221019/>

problem of relying on “charity care” to provide prenatal services to people who are denied Medicaid coverage based on immigration status, consider what Health Care for the Homeless doctors, nurses, and case managers must do in order to connect their clients with the prenatal care they need – often to no avail. Due to the fact that Health Care for the Homeless is a primary care provider and we cannot provide the full span of prenatal and OB services, when someone presents to us pregnant, we must refer them to another provider for their prenatal care. For clients who either have insurance or are not otherwise ineligible for Medicaid due to immigration status, we can refer out to specialty care through a typical referral process to a wider range of providers and engage in our standard process for follow-up care. Because clients who present to us pregnant who are undocumented do not have access to Medicaid – or any other insurance, for that matter – we cannot go through these normal channels. Instead, there is a fragmented, piecemeal system of “charity care,” requiring our staff to navigate a complex process of finding a charity care provider, determining if the clients meet the specific criteria for eligibility of that care, and completing an enormous amount of paperwork. This process often involves several departments to just connect one person with charity care. Given that the complexity and time commitment is daunting for our own staff of professional health care providers, this system is nearly impossible for individuals on their own to navigate – not to mention clients often also experience significant language barriers, on top of the already complicated system. For many undocumented people, the process of getting connected to prenatal care is so intimidating that they may be reluctant to attempt to access it at all.

If we are lucky enough to get our client connected to charity prenatal care, unfortunately the barriers for client care do not end there. Due to the fragmented system and the inability to utilize a standard referral process, it is oftentimes extremely difficult to follow-up with the client to ensure they received the care they needed. With our standard system of referrals for prenatal care, the follow-up is also standard practice. We can ensure the client got the care they needed and reconnect with our team for primary care needs. This cannot happen reliably with a charity care system and we have needed to rework our entire clinical operations practice in order to accommodate these challenges and provide the best care for all of our clients.

Testimonial from Health Care for the Homeless Physician, Dr. Max Romano:

When Mary was 36-weeks-pregnant, she had already been turned away from two hospitals and two clinics in Maryland seeking prenatal care because she was undocumented and therefore didn’t qualify for Medicaid public health insurance. Despite her seizure disorder, her schizophrenia, her homelessness, her low income, and her history of prior pregnancy complications, the state of Maryland would not insure her until she delivered her baby, and then only temporarily to pay for the hospital costs associated with her delivery. Mary spent months trying to navigate the complex web of charity care programs at hospitals and community prenatal clinics, however the byzantine paperwork requirements (e.g. proof of address, notarized financial statements), large distances between free clinics, language barriers, and out-of-pocket costs were all insurmountable. She qualified for a free prenatal ultrasound at a local hospital, but by the time she arrived for the appointment her fetus was in so much distress that she was rushed directly from the ultrasound suite to the obstetric ward for an emergency delivery. The irony of Mary’s experience is that the substantial costs for Mary’s emergent delivery, the neonatal ICU stay for her child, and the long-term complications of her unsupervised pregnancy for her US-born Medicaid-eligible child would all be paid for by Maryland taxpayers, but not the prenatal care that could have prevented those costs in the first place.

The Health Babies Equity Act (SB778/HB1080) would expand public Medicaid eligibility to include children and pregnant women irrespective of their legal immigration status, impacting the lives of thousands of women and children like Mary who have foregone essential medical care in Maryland due to their lack of papers and inability to pay.

At Health Care for the Homeless, we care for thousands of undocumented Marylanders every year. We provide behavioral health, dental, and primary care for adults and children, however we don't provide prenatal and other specialty care, so our low-income undocumented patients have to seek these medical services elsewhere. While we work with incredible hospital and community partners to try to meet our patients' needs, every day I see gaping holes in the "safety-net" for undocumented Marylanders I serve:

- One fourteen-year-old patient of mine goes without costly seizure medications because he doesn't qualify for Medicaid due to his legal status, so his mother keeps him home from school in fear that he may have dangerous convulsions.
- An eight-year-old patient of mine suffers from post-traumatic stress disorder after having being kidnapped en route from his politically violent home country to the US, however he can't afford to see a mental health provider because he doesn't qualify for Medicaid.
- Another fourteen year-old child has a chronic limp due to an inherited hip disorder and foregoes physical therapy because he doesn't qualify for public health insurance. The list goes on and on.

These children and pregnant adults' medical problems do not disappear when they forego treatment, they just deteriorate until they become emergencies requiring hospitalization with far higher financial and social costs for our state.

Hospitals and clinics in Maryland try to fill the gaps for uninsured Marylanders with free or low-cost health care where possible, however our patchwork of "safety net" providers is failing our state. Mary's beautiful daughter is now twenty months old. She gets speech therapy through a state program, receives pediatric care via Medicaid, and will soon qualify for special education in Maryland public schools. All of these programs are supported by Maryland taxpayers and seek to lessen the impact of inadequate prenatal care. Undocumented Marylanders like Mary have a human right to health care irrespective of their legal status, and we are failing them. The Healthy Babies Equity Act promises to fill an important gap in essential care for thousands of Marylanders.

#### Testimonial from Health Care for the Homeless Medical Provider Katharine Billipp:

I recently saw a young (undocumented) pregnant woman in my office. She walked to the clinic from her house in a sweatshirt, without a hat, gloves or a jacket in 21 degree weather, as she doesn't own these items. She had not eaten anything, wasn't taking prenatal vitamins, had an acute urinary tract infection. Our prior attempts at getting her into Baltimore Medical Systems for an initial financial aid visit (which is needed prior to getting an OB visit) failed, even with a written note and referral in-hand from our agency. I have numerous more stories like this one.

#### Conclusion

No one should get sick or die because they are poor or undocumented. Health care is a human right. A person's immigration status should never, under any circumstances, determine the ability to receive affordable and high-quality health care. As a matter of public health and a matter of fundamental human rights, Medicaid must be extended to pregnant persons and their children.

We urge a favorable report on SB 778.

*Health Care for the Homeless is Maryland's leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We work to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. We deliver integrated medical care, mental health services, state-certified addiction treatment, dental care, social services, and housing support services for over 10,000 Marylanders annually at sites in Baltimore City and Baltimore County. For more information, visit [www.hchmd.org](http://www.hchmd.org).*

**8b - SB 778 - FIN - MACHO - LOS.pdf**

Uploaded by: State of Maryland

Position: FAV



**SENATE BILL 778**

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

**WRITTEN TESTIMONY BEFORE THE  
FINANCE COMMITTEE**

***Laurence Polsky, MD, MPH, Calvert County Health Officer***

**For the Maryland Association of County Health Officers (MACHO)**

*Position: Support – March 8, 2022*

The Maryland Association of County Health Officers (MACHO) is in strong support of SB 778. The medical insurance coverage extended by SB 778 addresses short and long-term health goals that are in the best interest of all Marylanders.

From an ethical perspective, SB 778 helps protect the health and lives of children in the womb and during their earliest and most vulnerable phase of life. Increasing access to basic healthcare services during pregnancy is both a fundamental ethical good and a means to better ensure in utero well-being.

From a practical perspective, almost every noncitizen pregnant woman will give birth in a hospital, regardless of insurance coverage. Currently, the financial costs these births are absorbed under a waiver that leaves Maryland Medicaid responsible for 50% of the hospital charges. SB 778 will allow new agreement with the Centers for Medicare and Medicaid (CMS) that will reduce the percentage of care paid directly by Maryland taxpayers to 35%, offsetting much of the remaining expenses for prenatal and postpartum care. In addition, the vast majority of children born to noncitizen women will themselves be U.S. citizens and remain in Maryland. Even without SB 778, they will qualify for Medicaid.

Healthier children at the time of birth lead to fewer healthcare costs in succeeding years. Much of the cost of insuring noncitizen pregnant women will be offset by currently uncompensated hospital Labor & Delivery costs and preventable pediatric health problems resulting from lack of prenatal care. A single preventable neonatal intensive care admission can save hundreds of thousands of dollars. Ongoing medical care and special education needs for babies born severely prematurely can run into millions of dollars. It is possible that SB 778 could result in a net cost savings for the state of Maryland.

Maryland obstetricians also benefit from SB 778 by having the opportunity to provide consistent prenatal care that can identify treatable conditions such as gestational diabetes. Most noncitizen pregnant women in Maryland are of Hispanic origin. Diabetes incidence is highest among this patient population. Early diagnosis of diabetes leads to fewer cesarean sections, intrapartum and postpartum complications, patient transfers from rural hospitals to tertiary care facilities, and neonatal intensive care admissions. Prevention of each of these consequences improves health and saves Maryland taxpayer dollars.

For these reasons MACHO strongly encourages support for SB 778. For more information, please contact Ruth Maiorana, Executive Director, MACHO, at [rmaioral@jhu.edu](mailto:rmaioral@jhu.edu) or 410-937-1433. *This communication reflects the position of MACHO.*

**SB 778\_R. Jones 1199SEIU\_FAV Final.pdf**

Uploaded by: Stephanie Anderson

Position: FAV



**Testimony of Ricarra Jones, Political Director of 1199SEIU on  
SB 778 Maryland Medical Assistance Program –  
Children and Pregnant Women  
(Healthy Babies Equity Act)  
Position: FAVORABLE  
March 8, 2022**

Dear Chairwoman [Delores G. Kelley](#) and Members of the Finance Committee:

1199SEIU Healthcare Workers East is the largest healthcare union in the country with, with over 450,000 members throughout Massachusetts, New York, New Jersey, Maryland, Florida and Washington, D.C. **We fully support SB 778.**

SB 778 The Maryland Medical Assistance Program - Children and Pregnant Women (Healthy Babies Equity Act) would positively impact noncitizen women and young children by providing them with medical care and other health services which are currently unavailable to noncitizens residing in Maryland.

The Healthy Babies Equity Act would require the Maryland Medical Assistance Program (the “Program”) to provide comprehensive medical care and other health care services to noncitizen pregnant women who would be eligible for the Program but for their immigration status, and also to their children up the age of one year.

Every pregnant woman should have access to prenatal care, postnatal care, and support for their new baby, regardless of their legal status. Providing this essential care to all mothers and children should be a priority for Maryland.

Without this Bill, noncitizen pregnant women and their young children will remain ineligible for important and fundamental medical care despite the fact that they live in our communities and are in great need of these services.

For these reasons, we **SUPPORT SB 778** and ask for a **FAVORABLE** report.

Sincerely,

Ricarra Jones  
Maryland/DC Political Director  
1199SEIU United Healthcare Workers- East  
Cell: [443-844-6513](tel:443-844-6513)

# **SB 778 - Healthy Babies Equity Act.docx.pdf**

Uploaded by: Tamara Todd

Position: FAV



Dear Senate Finance Committee Members,

This testimony is being submitted by Showing Up for Racial Justice Baltimore, a group of individuals working to move white folks as part of a multi-racial movement for equity and racial justice in Baltimore City, Baltimore County, and Howard County. We are also working in collaboration with CASA de Maryland. I am a resident of MD District **10**. **I am testifying in support of Senate Bill 778, the Healthy Babies Equity Act.**



This bill would expand eligibility for the Maryland Children’s Health Program so that children qualify regardless of immigration status, and pregnant persons qualify for prenatal care regardless of immigration status. The bill would require that Maryland submit the appropriate waiver to allow this expansion of eligibility for the program.

The Maryland Children’s Health Program (MCHP) is Maryland’s implementation of the federal Children’s Health Insurance Program (often referred to as CHIP), which was intended to provide insurance to kids from lower-income families who didn’t qualify for Medicaid. Children covered under MCHP have all their care covered, from sick and emergency room visits to regular check-ups, vaccinations, dental and vision care, and mental health. The program also casts its umbrella over pregnant persons, to whom it provides prenatal care to make sure children get a healthy start as well as postpartum care. The primary eligibility factor, stated in the law itself, is household income; unfortunately, Maryland’s MCHP regulations also require that children either be US citizens or part of a narrow group of “qualified” immigrants to be able to receive health care through MCHP. This is based on a federal rule, but Maryland could expand its coverage to folks not covered under the federal rules by applying for a waiver from the federal government.

Seventeen states, plus New York City and the District of Columbia, currently provide extended coverage to pregnant people regardless of immigration status. The need in Maryland is critical, since 1 in 14 infants in Maryland is born to a person receiving no prenatal care, and babies whose mother did not receive prenatal care are three times more likely to have low birth weight and be subject to complications of birth. Black and Latinx mothers are particularly at risk, since they have higher rates of uninsurance than their white counterparts. Simply put, making prenatal care available to those who cannot afford it and would therefore not otherwise receive it can result in lower maternal mortality and healthier babies.

Health care is a human right. Healthy kids are more likely to grow into healthy, productive adults, which makes applying MCHP to all kids a wise public policy; but more than that, making sure Maryland’s kids get health care regardless of where they were born or who their parents are is a matter of basic human decency. Likewise, no pregnant person or newborn should face the risk of injury or death because they don’t fall into a narrow window of immigration eligibility set by federal law. It is Maryland’s longstanding public policy that kids shouldn’t go without healthcare just because their families can’t afford it: all this bill does is recognize that kids of immigrant parents deserve the same treatment as any other child.

It is for these reasons that I am encouraging you to **vote in support of Senate Bill 778**.

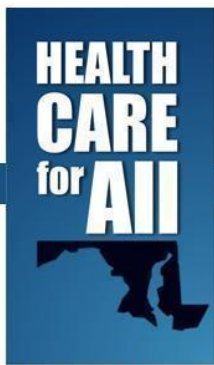
Thank you for your time, service, and consideration.

Sincerely,  
Tamara Todd  
221 Northway Rd, Reisterstown, MD 21136  
Showing Up for Racial Justice Baltimore

**SB778\_MCHI\_FAV.pdf**

Uploaded by: Vincent DeMarco

Position: FAV



MARYLAND CITIZENS' HEALTH INITIATIVE

2600 ST. PAUL STREET BALTIMORE, MD 21218

P: (410)235-9000

F: (410)235-8963

WWW.HEALTHCAREFORALL.COM

## TESTIMONY IN SUPPORT OF SENATE BILL 778

Maryland Medical Assistance Program-Children and Pregnant Women (Healthy Babies Equity Act)  
Before the Senate Finance Committee

By Vinny DeMarco, Deputy Director Maryland Citizens' Health Initiative, Inc.

March 2, 2022

Chairman Kelly, Vice Chair Feldman and Members of the Senate Finance Committee, thank you for this opportunity to testify in support of Senate Bill 778. We especially thank Senator Lam for sponsoring the bill.

It is our mission to achieve access to quality, affordable health care for all Marylanders. While the state has recently made historic gains in health insurance coverage,<sup>1</sup> Black and Latino consumers remain disproportionately represented among the uninsured.<sup>2</sup> Immigration status can be a significant barrier to coverage.<sup>3</sup> In the absence of coverage, they remain reliant on safety net clinics and hospitals for care and often go without needed care.

In Maryland, 6% of births were to people who had received late or no prenatal care in 2020.<sup>4</sup> Prenatal and postpartum care are transformative, especially in communities of color, in preserving and protecting the lives of children and their mothers.

Senate Bill 778 would expand the eligibility requirements for prenatal care in the Medicaid program to all pregnant women and their children, regardless of immigration status. This legislation would cover care throughout a woman's pregnancy, and twelve months postpartum for both the mother and child. Eliminating immigration status as a barrier to enrollment in Medicaid would improve maternal and child health outcomes.

According to the Urban Institute, there are currently seventeen states that have expanded coverage and provide this type of prenatal care to undocumented pregnant immigrants.<sup>5</sup> Thanks to your leadership, Maryland has remained at the forefront of influential health care policy and systemic change, and Senate Bill 778 will help us continue to lead the way. We urge a favorable report for Senate Bill 778.

<sup>1</sup> <https://www.marylandhbe.com/wp-content/uploads/2022/01/Feb.-28-OE-Extension-Press-Release.pdf>

<sup>2</sup> <https://aspe.hhs.gov/sites/default/files/private/pdf/265041/trends-in-the-us-uninsured.pdf>

<sup>3</sup> <https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-of-immigrants/>

<sup>4</sup> <https://www.marchofdimes.org/peristats/ViewTopic.aspx?reg=24&top=5&lev=0&slev=4#:~:text=In%20Maryland%20in%202020%2C%2075.1,late%20or%20no%20prenatal%20care>

<sup>5</sup> <https://www.urban.org/research/publication/public-health-insurance-landscape-pregnant-and-postpartum-women>

# **Maryland Catholic Conference\_FWA\_SB778.pdf**

Uploaded by: Jenny Kraska

Position: FWA



ARCHDIOCESE OF BALTIMORE † ARCHDIOCESE OF WASHINGTON † DIOCESE OF WILMINGTON

**March 8, 2022**

**Senate Bill 778**

**Maryland Medical Assistance Program – Children and Pregnant Women (Healthy Babies Equity Act)**

**Senate Finance Committee**

**Position: SUPPORT w/ Amendment**

The Maryland Catholic Conference represents the mutual public-policy interests of the three (arch)dioceses serving Maryland, including the Archdiocese of Baltimore, the Archdiocese of Washington, and the Diocese of Wilmington. We offer this testimony in support with an amendment of Senate Bill 778.

SB 778 would require the Maryland Medical Assistance Program to provide comprehensive medical care and other health care services to certain noncitizen pregnant women and their children up to a certain age.

In 2018, 30% of pregnant women in Maryland received inadequate prenatal care, and 7% of pregnant women received late (third trimester) or no prenatal care. The picture worsens for Black and Latina mothers who were twice as likely to receive late or no prenatal care.<sup>1</sup> In Prince George's County, just half of Latina mothers received adequate prenatal care in 2017.<sup>2</sup>

Lack of prenatal care is implicated in maternal and infant mortality, preterm birth, low birth weight, and worse health outcomes for mothers and infants, all of which disproportionately impact our low-income, minority and immigrant communities in the state. The barriers for women receiving prenatal care include lack of access, high cost especially for the uninsured, and the fact that thousands of noncitizen mothers are ineligible for Medicaid; this bill would go a long way to help close the healthcare gap for pregnant noncitizen mothers and their children.

Our Catholic healthcare systems, hospitals and clinics serve mothers and their children, including noncitizen mothers, who could not otherwise afford healthcare every day and this bill would help to ensure more women and children receive the care they need. The Conference works to support efforts that are life-affirming.

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<sup>1</sup> Maryland Department of Health, [Vital Statistics Report](#), 2018

<sup>2</sup> Prince George's County Health Department, [Maternal and Infant Health Report](#), 2019

While we laud the efforts of this bill to provide much needed care to noncitizen women and their children, the language in the bill is somewhat broad and could have the unintended consequence of paying for abortions for noncitizen mothers since the Maryland Medical Assistance Program does fund abortions. We would suggest the following amendment (in red) be included on page 2 line 19 of the bill:

**(XVII) SHALL PROVIDE, SUBJECT TO THE LIMITATIONS OF THE STATE BUDGET, COMPREHENSIVE MEDICAL CARE AND OTHER HEALTH CARE SERVICES, **NOT INCLUDING ABORTION SERVICES**, TO NONCITIZEN PREGNANT WOMEN WHO WOULD BE ELIGIBLE FOR THE PROGRAM BUT FOR THEIR IMMIGRATION STATUS AND TO THEIR CHILDREN UP TO THE AGE OF 1 YEAR.**

For these reasons, we urge a **FAVORABLE W/ AMENDMENT** report on SB 778.

# **SB778ChildrenAndPregnantWomen3:8FinanceCommittee.p**

Uploaded by: Linda Diefenbach

Position: UNF

SB0778 Children and pregnant Women (Healthy Babies Equity Act)

FOR the purpose of requiring the Maryland Medical Assistance Program to provide comprehensive medical care and other health care services to certain noncitizen pregnant women and their children up to a certain age; and generally relating to the Maryland Medical Assistance Program.

I am absolutely opposed to my taxpayer dollars being used for people who are in Maryland Illegally.

I request the Finance committee give this bill an UNFAVORABLE assessment.

Linda Diefenbach  
6742 Deer Spring Ln.  
Middletown, MD



**SB 778\_SP\_UNF.pdf**

Uploaded by: Sarah Reichert-Price

Position: UNF

Senator Delores G. Kelley, Chair  
and Members of The Finance Committee  
Maryland State Senate  
Annapolis, MD

RE:SB778- Healthy Babies Equity Act -**OPPOSE**

Dear Chair Kelley and Members of The Committee,

The desire to grant the right of medical financial assistance to pregnant women who are non-citizens is incomprehensible. It is beyond my comprehension as to why the government is seeking to provide any sort of assistance to an individual that is residing in Maryland illegally. It is my opinion that:

- women who are residing in Maryland illegally, **have no rights**: certainly not that of free/discounted medical care and medical care of their child/children from birth to one year old. Additionally,
- it is unfair to hard-working Maryland taxpayers to be forced to pay for all health care for non-citizen pregnant women, the birth of their child/children and the medical care of said baby until the child reaches one year of age. Our dollars are stretched too far as it is.

**Our resources would be better spent focusing on making health care more efficient and affordable for legal Maryland citizens.**

Please take a step towards the fairness and equality for which this Presidential Administration says they are striving. Vote an UNFAVORABLE report against SB 778 (Healthy Babies Equity Act).

Thank you for your time,

Sarah Price  
Westernport, MD

# **SB0778 UNF opposed mcavoy.pdf**

Uploaded by: vince mcavoy

Position: UNF

## **UNFAVORABLE on SB 778**

vince mcavoy baltimore maryland

In testimony in the House Judiciary a few weeks ago, the issue of fatherlessness has arisen.

The societal pathologies caused by fatherlessness will not be diminished or ameliorated by letting criminals go unpunished. Societal pathologies will increase as we wrongfully encourage broken families to enter America...more so when they arrive illegally.

By encouraging single parents and solo children to illegally enter America, we are burdened with a population that was not invited and is not here legally. Two million under Biden's coma-presidency alone.

They are in fact illegal aliens; they are not – despite what flawed immigration lawyers spout in JPR – entitled to the constitutional protections which legal residents and legally-immigrated citizens are. Please quit regurgitating such misguided application of law. You are JPR.

This bill aims to write into Maryland code that we have to give “comprehensive pregnancy care” to foreign-born and illegal aliens. We don't even express that as a “right” for people in Dorchester County or in Hagerstown or Salisbury. This is wrongful and unbalanced.

This is a right the state of Maryland cannot legally give. Federal law is clear on the issue of expressing rights to non-citizens which are not expressed to our own citizens. This is a constitutional issue; most of you in JPR are aware of this. I'm sure Help Save Maryland or FAIR can help provide you documentation on the matter offline if you are not.

Also, as you heard my testimony against this bill and others like it in the House, we already provide care for illegal aliens and others as a matter of routine. This happens daily. The agencies work to make this happen, not just referring to services but work to eliminate costs for the mother

receiving services. As I also said in the House we care for children and I advocate for children each year...as well as their fathers.

We have this problem because we have illegals who don't follow laws to get into the country in decency and order, as a unified, nuclear family.

That is the area to attack whatever problems we find on the ground. But, as to the mothers receiving care FOR FREE, that is already happening.

As such, this bill is not needed.

This isn't just NOT America First. This is America Last.

You should know better than to iterate a right for a foreign-born, illegal alien which is not presently iterated for all Maryland's legal citizens.

America First, Senators. This is our country we work for, not the United Nations.

humbly offered

~vince

**8a - SB 778 - FIN - MDH - LOI.pdf**

Uploaded by: Heather Shek

Position: INFO



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

March 2, 2022

The Honorable Delores G. Kelley  
Chair, Senate Finance Committee  
Miller Senate Building, 3 East  
Annapolis, MD 21401-1991

**RE: SB 778 – Maryland Medical Assistance Program - Children and Pregnant Women (Healthy Babies Equity Act) – Letter of Information**

Dear Chair Kelley and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information for Senate Bill (HB) 778 – Maryland Medical Assistance Program - Children and Pregnant Women (Healthy Babies Equity Act). SB 778 requires the Maryland Medical Assistance (Medicaid) program to cover, subject to the limitations of the state budget, comprehensive medical care and other health care services to non citizen pregnant women who would be eligible for the program but for their immigration status and to their children up to the age of one (1) year. MDH assumes the intent of SB 778 is to cover *both* the birthing parent and their child(ren) for 12 months after birth.<sup>1</sup>

Noncitizen pregnant women do not qualify for full Medicaid coverage under the existing eligibility rules. If these individuals would otherwise qualify for Medicaid (e.g. based on income), MDH will cover both emergency medical care and labor and delivery services. From fiscal year (FY) 2019 through FY 2021, on average 5,785 pregnant women met this criteria. Individuals may enroll early in their pregnancy as a convenience to hospitals, but payments are restricted to services with labor and delivery. However, Medical Assistance coverage is provided for a period of 12 months to any baby born to a woman whose labor and delivery services were paid for by MDH.

MDH estimates that the annual fiscal impact of SB 778 in FY23 will be \$149 million total funds (\$97 million federal funds, \$52 million general funds) with costs increasing incrementally each year thereafter. As MDH already covers labor and delivery costs and coverage for newborns up to one year old for this population, the additional costs will be for prenatal and postpartum care, including both full medical and dental coverage.

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<sup>1</sup> MDH will begin covering services for individuals who were pregnant for twelve months postpartum beginning April 1, 2022. The state plan authority, authorized by the American Rescue Plan Act (ARPA), will remain in effect for a period of five years. To note, this coverage does not include noncitizen individuals.

To cover prenatal services for non citizen pregnant women, MDH will need to create a new Children's Health Insurance Program (CHIP) initiative. In 2002, CMS clarified its definition of 'child' in 42 CFR 457.10 to be 'an individual under the age of 19 including the period from conception to birth.' This allows states who elect the "unborn child" option to provide coverage to pregnant individuals who themselves are not eligible for Medicaid or CHIP. States that elect to extend this coverage must do so under a separate CHIP program. Maryland Medicaid currently operates its CHIP coverage as an expansion program, so a separate CHIP program for this population will need to be established.

Furthermore, states that elect the unborn child option may also cover postpartum care for the woman by either using a CHIP Health Services Initiative (HSI) or paying for the services through a global fee that includes prenatal, labor and delivery, and postpartum care for 60 days after the end of the pregnancy. To cover 12 months MDH will need to use a CHIP HSI.

Under Title XXI of the Social Security Act, which authorizes CHIP, states may draw down federal matching funds for HSIs that aim to improve the health of children enrolled in, or eligible for, Medicaid/CHIP.<sup>2</sup> States that pursue HSIs are granted flexibility to design and implement programs or services that meet the health needs of the eligible population. The overall expenditures under HSI cannot exceed 10 percent of the total amount that a state spends on CHIP health benefits. Currently there are two HSIs implemented in Maryland. Maryland uses HSI funding to (i) support the State's poison control centers, and (ii) operate programs that identify and remove lead hazards in the homes of low-income children and that provide home-visiting services for children with moderate to severe asthma or elevated blood lead levels.

If you have any questions, please contact Heather Shek, Director of Governmental Affairs, at [heather.shek@maryland.gov](mailto:heather.shek@maryland.gov) or (443) 695-4218.

Sincerely,



Dennis R. Schrader  
Secretary

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<sup>2</sup> CMS defines HSIs as activities that "protect the public health, protect the health of individuals, improve or promote a State's capacity to deliver public health services, and/or strengthen the human and material resources necessary to accomplish public health goals" (42 CFR 457.10).