

**Testimony on HB 0334/SB156 by Akiyyah Billups (Frederick County, Maryland)
Universal Newborn Nurse Home Visiting Services - Program Establishment and
Insurance Coverage
Health and Government Operations
January 29, 2025
Position: Support HB0334/SB156 with Amendments (FWA)**

Dear Chair and Members of the Committee,

My name is Akiyyah [Last Name], and I am submitting this testimony on behalf of Black Mamas Building Bridges (BMBB), a community group of moms dedicated to advocating for Black maternal health. We came together in 2020 to address the significant disparities in maternal health outcomes, initially partnering with our local health department. Since then, we have worked to raise awareness about these disparities and foster community-driven solutions and partnerships to improve maternal and infant health outcomes for Black families in Maryland. We support the intent of HB334/SB156 to establish a statewide newborn nurse home visiting program. However, we believe key amendments are necessary to ensure this program equitably addresses the needs of underserved and underrepresented communities.

Recommended Amendments

1. Remove Universal Language and Adopt a Targeted Approach

Revise the bill language to remove universal and adopt a targeted approach that focuses resources and tailored support on families with identified risk factors, such as socioeconomic challenges, geographic isolation, or health disparities, while still providing baseline support to all families. According to data from the Centers for Disease Control and Prevention (CDC), Black women are three times more likely to die from pregnancy-related causes than White women, and late maternal deaths are 3.5 times more likely among Black women. Similarly, in Maryland, the infant mortality rate for non-Hispanic Black infants is nearly three times higher than that of non-Hispanic White infants. A targeted approach ensures that families at greater risk due to structural inequities receive the intensive support necessary to address these persistent disparities.

2. Incorporate Community-Centric Partnerships

Add language that emphasizes collaboration with community-based organizations to ensure culturally appropriate and trusted services are provided to families. For example, programs that partner with local community groups have demonstrated improved breastfeeding initiation rates, reductions in preterm births, and better maternal mental health outcomes, especially in communities of color.

3. Prioritize Equity-Focused Data Collection

Require the collection of disaggregated data by race, ethnicity, income, and geographic location to track equity-focused metrics such as infant mortality rates, maternal mental health outcomes, and access to postpartum care. Maryland's Maternal Mortality Review Committee found that most pregnancy-related deaths among Black women occur between 43 and 365 days postpartum, underscoring the need for targeted data collection to identify and address disparities. Equity-focused metrics can ensure the program is meeting its goals of reducing disparities and improving outcomes for Maryland families.

BMBB urges that HB334/SB156 consider proceeding with these proposed amendments to ensure the program is equitable and impactful for all Maryland families, particularly those in underserved and underrepresented communities. We appreciate your consideration of our recommendations to ensure this legislation achieves its intended goals of improving maternal and infant health outcomes across the state.

Sincerely,

Akiyyah Billups

Akiyyah Billups

On Behalf of Black Mamas Building Bridges