



SB 156 – Universal Newborn Nurse Home Visiting Services - Program Establishment and Insurance Coverage

DATE:	January 29, 2025
COMMITTEE:	Senate Finance Committee
POSITION:	Support with Sponsor’s Amendment
FROM:	Pilar Olivo, Executive Project Manager, Family Connects Frederick County

On behalf of Family Connects Frederick County, we urge the committee to create a workgroup to learn how the evidence-based universal Family Connects model can make an important contribution to improving maternal child health in Maryland and how the model can contribute to health care savings.

A review of current Maryland Health Goals with the Family Connects model shows strong alignment.

The State Integrated Health Improvement Strategy establishes the domains of health care quality and delivery for the State to impact under the Total Cost of Care (TCOC) Model. Family Connects helps meet two of these domains:

- Health Quality: reduce avoidable admissions and readmissions to the hospital
 - Family Connects reduces infant emergency department visits and overnight stays.
- Maternal Health: reduce severe maternal morbidity rate
 - The Family Connects nurse visit fills a gap in care for maternal health care between hospital discharge and the six-week postpartum appointment when 24% of maternal deaths due to pregnancy related complications occur.

The Maryland Department of Health’s Maternal Mortality Review Team issued this recommendation in 2020:

- All postpartum individuals in Maryland should be offered a referral to a home visiting program or community health worker (embedded in the hospital or clinic setting) during their delivery hospitalization.



- Family Connects is the only evidence-based universal home visiting model included in Home Visiting Evidence of Effectiveness (HOMVEE).

Moore-Miller 2024 State Plan

- Improve eligibility and access to quality care, particularly focusing on **maternal and infant health...**
 - The Family Connects visit supports both birthing parent and newborn at the same time.

2024 State Health Improvement Plan (SHIP)

The SHIP identifies the State's top health priorities and lays out associated goals and objectives for improved health outcomes in the next five years. Priority 3 focuses on Women's Health:

- Goal 1: Improve maternal health outcomes through improved maternal care before, during and after pregnancy
 - Family Connects fills a gap in maternal care with a visit at home with a registered nurse between hospital discharge and the 6-week postpartum appointment.

MDMOM

The Maryland Maternal Health Innovation Program (MDMOM) is a nine-year (2019-2028) program to improve maternal health across the state of Maryland. Family Connects supports two important MDMOM priorities.

- Improve monitoring of blood pressure for patients at risk or with severe hypertension in pregnancy or postpartum
 - Family Connects can offer patients an early visit to check on blood pressure and reinforce education on how to use the blood pressure cuff provided by the hospital.
 - Blood pressure is taken during the visit at 3-weeks.
- Support warning signs education for bleeding, fever, pain, high blood pressure, and postpartum depression and anxiety.
 - Nurses provide re-education on post-birth warning signs.
 - The visit includes postpartum depression and anxiety screening.
 - Nurses help families reconnect with their health care providers, coach on self-advocacy strategies to and navigate practice triage protocols.



Maternal Health Act of 2024

- The Maternal Health Act of 2024 includes assessments during prenatal care and before hospital discharge.
 - The Family Connects model builds on the Maternal Health Act of 2024 which by offering families a comprehensive assessment in the home with a registered nurse about three weeks after hospital discharge – filling a gap in care when new needs and risks can arise.

The workgroup gives Maryland the chance to explore how the evidence-based universal Family Connects model aligns with important Maryland health goals and how the model with its utilization of registered nurses can make an important contribution to improving maternal child health in Maryland. The workgroup will also make it possible to explore cost savings and sources of funding for the possible future implementation of this model.

We urge the committee to support SB 156 with the sponsor's amendments.