

Alyssa Frederick Family Connects SB156_HB334 writt

Uploaded by: Alyssa Frederick

Position: FAV

Testimony in Support of SB 156 and HB 334: Universal Newborn Nurse Home Visiting Services – Program Establishment and Insurance Coverage

My name is Alyssa Frederick.

Family Connects saved my life.

I was adjusting to the joys and challenges of new motherhood, just having been released from Frederick Health Hospital with my new baby girl, Aurora, after having to have an emergency C-section. I received a visit from Gillian, my Family Connects nurse, and I felt an instant connection with her. She laid the foundation of trust with her gentle manner. She took my blood pressure and noticed something was wrong. My blood pressure was high- something like 158/90. We sat a minute or two and took it again, but it was not going down. So, we waited a few more minutes and tried again a third time with that last time reaching 160/110. Although I had never had a blood pressure problem before, Gillian strongly advised that I go to the ER immediately. Admittedly, I was apprehensive. Like many new mothers, I did not want to leave my newborn—even for a moment. However, Gillian quelled my apprehension by letting me know I could bring my baby along. Her prompting saved me, as I ended up being readmitted with postnatal pre-eclampsia.

To be clear, my apprehension at returning to the hospital had nothing to do with the quality of care I received at Frederick Health Hospital. The fear of separation is something I know many mothers experience. It is a fear that makes us hesitate. Family Connects helped me through that hesitation with their comprehensive, compassionate care; giving me the courage to prioritize my health.

For Black women, postnatal support is especially critical. The truth is, Black mothers face higher rates of complications during pregnancy and postpartum, yet we are often less likely to receive timely care or even be taken seriously when we complain or present illness. It is a harsh reality, and it is why services like Family Connects are essential. Family Connects offers support that bridges gaps in our healthcare

Family Connects recognizes that postpartum support goes beyond routine medical checkups. They are there not only for the physical health of mothers but also for our mental resilience and emotional stability. They understand that new mothers need guidance, comfort, and reassurance that someone is there to watch over both them and their children during such a vulnerable time.

Thanks to Family Connects, I am here to share my story and to advocate for programs that prioritize every mother's health—especially Black mothers, who are too often at risk.

That's why I am asking you to support SB156/HB334 and make it possible for all Marylanders with newborns to participate in Family Connects.

Family Connects is not just a program. It is a lifeline for mothers and families. It's a promise that no one has to navigate this journey alone.

Thank you

Alyssa Frederick, Esq., LL.M

1802 Fairway Ln

Frederick, MD 21702

alyssamrmoore@hotmail.com

Children's National Testimony - SB 156 - Tara Floy

Uploaded by: Austin Morris

Position: FAV



111 Michigan Ave NW
Washington, DC 20010-2916
ChildrensNational.org

**Testimony of Tara Floyd, MPH, BSN, RN, NE-BC
Vice President and Associate Chief Nursing Officer
Children's National Hospital**

**SB 156: Universal Newborn Nurse Home Visiting Services – Program Establishment and Insurance Coverage
Position: FAVORABLE
January 29, 2025
Senate Finance Committee**

Chair Beidle, Vice Chair Hayes and members of the committee, thank you for the opportunity to provide written testimony in favor of Senate Bill 156. My name is Tara Floyd, MPH, BSN, RN, NE-BC, and I am the Associate Chief Nursing Officer at Children's National Hospital. Children's National has been serving the nation's children since 1870. Nearly 60% of our patients are residents of Maryland, and we maintain a network of community-based pediatric practices, surgery centers and regional outpatient centers in Maryland. I am also a proud Maryland resident, born and raised in the state.

Senate Bill 156 takes important strides toward better health outcomes for Maryland infants and families by establishing a standard for universal newborn nurse home visits. We know that social determinants of health, including socioeconomic status, influence infant and maternal morbidity and mortality in significant ways.¹ Importantly, Senate Bill 156 allows for equitable access to home visit services regardless of a family's ability to pay. When completing my graduate degree in public health, I learned about the positive impact that newborn nurse home visits have on the individual, on the family, and the community. When completing my nursing degree, I participated in newborn home visits, and I saw that impact firsthand. What I learned on those visits more than twenty years ago is still relevant today.

Families have questions about safe sleep practices, developmental milestones, and feeding practices. They need education about the best ways to soothe their infants, and how to identify when to call a health care provider. Families need resources for mental health, safe

¹ Dagher RK, Linares DE. A Critical Review on the Complex Interplay between Social Determinants of Health and Maternal and Infant Mortality. *Children (Basel)*. 2022 Mar 10;9(3):394. doi: 10.3390/children9030394. PMID: 35327766; PMCID: PMC8947729.

housing, injury prevention, and food assistance. For some, leaving the house will be an imposition, or impossible, just after the birth of a child. Paying out of pocket for a home nurse would likely be seen as a luxury unattainable to many. Yet nurses, with their clinical expertise and repeatedly voted the “most trusted profession,” are uniquely positioned to work with families in the home setting.

The first twelve weeks after birth are a wonderful time, but also often a time fraught with uncertainty, fears, and risk. As clinicians, we understand the consequences of late intervention as well as the benefits of early identification of concerns. In the hospital setting we see the results of needs unaddressed or a disease process caught in the late stages. This bill takes an important step toward preventing adverse outcomes and stopping short-term medical needs from becoming long-term or chronic problems.

The nursing process prioritizes evidence-based assessment and intervention as tools to improve health and well-being. Many of the interventions utilized during newborn home nurse visits are low-cost and take just minutes but will have a lasting positive impact on a generation of children. For example, a visiting nurse who weighs an infant to trend ounces lost, or who identifies the telltale skin and eye color changes indicative of jaundice—has not only supported the child in receiving the proper clinical care before the condition escalates but has potentially gained the trust of a family who might not otherwise have sought care.

As nurses, we are committed to providing each family with the support, education, and tools they need to help their children grow and thrive. A home visit shortly after birth represents the ideal setting in which to provide this. Each newborn is a new opportunity. I applaud Senator Lewis Young for introducing this important legislation, which will have life-long benefits for our state's youngest residents and their families and respectfully request a favorable report on Senate Bill 156. Thank you for the opportunity to submit testimony.

For more information, please contact:

Austin Morris, Government Affairs Manager

almorris@childrensnational.org

Family Connects- CDorsey written testimony SB156-H

Uploaded by: Catherine Dorsey

Position: FAV

In support of SB156/HB334

Family Connects saves lives. I know that may seem extreme. It is my reality and the reality of many others who utilize the services of Family Connects.

I gave birth to my daughter, Camille, on February 7th, 2024. Having experienced a second trimester loss in 2023, I knew it was important to have someone looking out for me and looking out for my baby. I had had a high-risk pregnancy. Even with the support of a therapist, I didn't know what my mental health would look like, what my emotions would be, or how I would feel physically. I thought having a nurse visit me would be great for my well-being which in turn would be great for my child's well-being.

Lori visited my home and immediately made me feel comfortable through her conversational approach. She included my husband and at no point did I feel pressured, uncomfortable or like she was judging me. She completed a mental health screen, checked on my baby's weight and health and completed a blood pressure check on me. Lori checked my blood pressure three times during the visit which came back slightly elevated at 127/85. The nurse at my OB's office said they would not even see me for that reading but Lori was concerned. She went above and beyond to bring me a blood pressure monitor and asked me to check my blood pressure over the next couple of days. I watched my blood pressure climb over the next few days and finally, when it got to 154/101, I reached out to Lori who stated, "you need to call your OB right now." I worried that I was doing the blood pressure readings wrong, but Lori assured me that I wasn't. I called my OB who confirmed my blood pressure was 154/101 and immediately started me on medication to lower my blood pressure.

Postpartum preeclampsia, while rare, is a serious condition that can cause serious complications including seizures, brain damage, stroke, and death. As a Black woman, the risk is even higher as it affects Black woman at a rate 60% higher than white woman and is a leading cause of maternal death.

If it were not for Lori and her due diligence, I wouldn't have known about my blood pressure. I would have chalked up any symptoms to the lack of sleep I was getting and the fact that I had a newborn baby while also still raising my 5-year-old son. I could have ended up in the emergency room. I could have died.

When I say Family Connects saves lives, I am not being facetious, I am not being dramatic. They say it takes a village to raise a child. Family Connects is part of the village. They will look after you, even when no one else is.

Postpartum women do not see their OB for 6 weeks after giving birth even though complications are more likely to happen within the first weeks after giving birth. Having

Family Connect nurses who do home visits within 3 weeks bridges that gap. Even if nothing is wrong, Family Connects is peace of mind. They are a powerful resource. Whether they are providing supplies (diapers/formula), providing referrals, connecting you to resources or simply checking in, they provide an essential service which every woman regardless of race or economic status should take advantage of. As one of my fellow Family Connect mamas said, support for this vital service really is a “no-brainer.”

Please support SB156/HB334.

Thank You

Catherine Dorsey
1829 Country Run Way
Frederick, MD 21702
347-268-0940

Shackelford_SB156 Position_20250127.pdf

Uploaded by: Derek Shackelford

Position: FAV



FREDERICK

MARYLAND

To: Senate Finance Committee

Re: Senate Bill 156: Universal Newborn Nurse Home Visiting Services – Program Establishment and Insurance Coverage

Position: **Support**

Date: January 27, 2025

On behalf of the City of Frederick, I appreciate the opportunity to comment in support of Senate Bill 156.

Senate Bill 156 will reduce maternal health disparities, improve maternal and infant health outcomes, and reduce health care costs by supporting dedicated, sustainable funding for all Maryland families with newborns so that they may have access to the evidence-based Family Connects model.

The first few weeks after delivery of a baby are critical for both moms and newborns. Virtually all families with newborns face gaps in health care, material needs, and social services to keep them healthy and well. As a result, Maryland faces large disparities in resources and outcomes which disproportionately affects Black and African American, as well as Hispanic/Latino families. These disparities occur on top of widespread poor maternal health outcomes which affect families across all socio-economic backgrounds. The Family Connects model offers Maryland a way to bridge that gap in care and offer all families with newborns support and resources during this critical postpartum time.

The Family Connects model offers all families with newborns a visit at home with a registered nurse at no charge, with the goal of improving population-level health outcomes. Based on risk and needs, the family receives personalized resources and additional targeted services. Families may request and receive up to three more visits during the 12 weeks after delivery. The universal approach – unique among home visiting models -- reduces stigma and increases participation.

The Family Connects model reduces infant emergency department visits and overnight stays by 60% within the first six months and reduces child protective services investigations by 40% for up to 5 years. The return on investment for infant health care alone is \$3.17 for every \$1 invested. Research on the Family Connects model shows that it reduces maternal health disparities for Black and African American families for maternal depression and anxiety, infant emergency care, and child protection investigations.

Beginning on January 1, 2023, Frederick Health implemented Family Connects for Frederick County residents delivering at the hospital with seed-funding from County-allocated American Rescue Plan Act

grant funds. In the first two years, the team visited almost 2640 families with newborns. 64%, or 1699, were City of Frederick residents.

City of Frederick families have reported life-saving interventions – guided by their nurse - for high blood pressure, postpartum depression, anxiety, and infant respiratory distress. They have reported increased access to mental and maternal health care and better connections to community resources for breastfeeding, nutrition, diapers, support groups, and child care.

For these reasons, I respectfully request a favorable report on SB 156.

Sincerely,

Dr. Derek Shackelford
City Council Vice President

SB0156 CPMC FAV.pdf

Uploaded by: Diana Philip

Position: FAV

THE COALITION TO PROTECT MARYLAND'S CHILDREN

Our Mission: To combine and amplify the power of organizations and citizens working together to keep children safe from abuse and neglect. We strive to secure budgetary and public policy resources to make meaningful and measurable improvements in safety, permanence, and wellbeing.



**SB0156- Universal Newborn Nurse Home Visiting Services – Program
Establishment and Insurance Coverage
Senate Finance Committee
January 29, 2025**

Position: SUPPORT

The Coalition to Protect Maryland’s Children is a consortium of organizations and individuals formed in 1996 who are concerned about the care of Maryland’s most vulnerable children and work together to promote meaningful child welfare reform. CPMC urges a favorable report on HB0334 - Universal Newborn Nurse Home Visiting Services – Program Establishment and Insurance Coverage.¹

SB0156 seeks to require statewide implementation of a “universal” home visiting service offered to parents within 12 weeks after a newborn’s birth throughout all areas of Maryland. The legislation is calling for the use of the evidenced-based Family Connects model, currently existing in three areas of Maryland – Frederick County, Prince George’s County, and one hospital in Baltimore City. The Family Connects model offers health and wellness checks for all birth parents and newborns in a community at home with a well-trained nurse at no charge to families, with community-based referrals made for other supportive services.

Advocates for child welfare seeking to reduce instances of child maltreatment are excited by the potential of this program. Having it offered to every family with a newborn reduces any stigma that birth parents may feel about asking for help when facing post-partum, parenting, and/or baby bonding challenges by providing services and support to everyone. The legislation proposes that the first contact is made within 2 weeks after the newborn’s birth with up to three visits carried out in the home within the first 12 weeks. With each visit, the professionally trained nurse will assess and respond to issues surrounding maternal health, infant health, post-partum depression or anxiety, intimate partner violence, substance use disorder, household material supports, family and community safety, and meeting basic needs – holistically and without judgement.

A clinical longitudinal trial about this program was conducted in Durham County, North Carolina, concluding with positive results. It was found that families assigned to the Family Connects Program had 39% fewer child protective service investigations for suspected child maltreatment and 33% fewer child emergency medical care visits through the first 5 years of the child’s life. As the participants were randomly assigned, positive effects held across birth risk, child health insurance, the child’s gender, single-parent status, and racial/ethnic groups.²

We feel strongly that the Family Connects Program holds much promise for reducing maltreatment of our youngest, most vulnerable children. Maryland should make the investment to offer these services to as many families as possible. It is for these reasons that the Coalition to Protect Maryland’s Children **urges a favorable report on SB0156** - Universal Newborn Nurse Home Visiting Services – Program Establishment and Insurance Coverage.

¹ Members of CPMC represented by this written testimony include: Catholic Charities of Baltimore, Center for Hope, Child Justice, Citizens Review Board for Children, Court Appointed Special Advocates (Maryland), Court Appointed Special Advocates (Baltimore County), The Family Tree, The American Academy of Pediatricians – MD Chapter, Maryland Association of Resources for Families and Youth, National Association of Social Workers – MD Chapter, and State Council on Child Abuse & Neglect.

² JAMA Network Open. 2021;4(7):e2116024. doi:10.1001/jamanetworkopen.2021.16024

Maryland Catholic Conference_FAV_SB156.pdf

Uploaded by: Diane Arias

Position: FAV



MARYLAND
CATHOLIC
CONFERENCE

January 29, 2025

Senate Bill 156

Universal Newborn Nurse Home Visiting Services – Program Establishment and Insurance Coverage
Senate Finance Committee

Position: Favorable

The Maryland Catholic Conference (MCC) is the public policy representative of the three (arch)dioceses serving Maryland, which together encompass over one million Marylanders. Statewide, their parishes, schools, hospitals, and numerous charities combine to form our state's second largest social service provider network, behind only our state government.

Senate Bill 156 requires the Maryland Department of Health to establish a program to provide universal newborn nurse home visiting services to all families with newborns residing in the State; requiring insurers, nonprofit health service plans, and health maintenance organizations that provide certain health benefits under certain insurance policies or contracts to provide certain coverage and reimbursement for universal newborn nurse home visiting services; requiring a report on the status of newborn nurse home visiting services by December 1, 2026.

This legislation provides vital support for new families in Maryland by ensuring access to newborn home visits. Newborns are particularly vulnerable to illness due to their underdeveloped immune systems. These home visits allow healthcare professionals to educate parents on proper feeding schedules, safe sleep practices, and infant care routines, helping to prevent avoidable tragedies such as Sudden Infant Death Syndrome (SIDS) and other preventable causes of infant mortality. Families can also receive guidance tailored to any special needs of the child, such as addressing feeding difficulties, monitoring health vitals, and managing fussiness or other concerns.

Equally important is the care provided to mothers during these visits. The postpartum period is a critical time, as many women experience significant physical and emotional changes. Postpartum depression is a common condition that can impact a mother's ability to care for herself and her baby. These visits allow healthcare professionals to monitor a mother's vitals, including blood pressure and recovery from childbirth or a C-section, and provide early

detection of conditions requiring medical attention.¹ Additionally, they create a platform for discussing emotional well-being and connecting mothers to mental health resources if needed. For families experiencing financial strain, these visits can also serve as a bridge to essential programs like WIC, which provide critical financial assistance and goods for mothers and infants. By addressing both physical and emotional health and connecting families to resources, this legislation ensures that fewer families slip through the healthcare cracks. This additional support could make the difference between life and death for a vulnerable newborn or a struggling new mother. It is important to note that these services are entirely voluntary, with no negative consequences for families who choose not to participate. Parents can seek these optional follow-up visits if needed and decline them if they are not required. By offering these critical resources, Maryland is making a meaningful investment in the health, safety, and well-being of its youngest residents and their families.

For these reasons, the Maryland Catholic Conference asks for a favorable report on **SB 156**.

Thank you for your consideration.

¹ <https://www.rush.edu/news/nurse-home-visits-help-moms-and-newborns#:~:text=Screen%20for%20baby%20blues%20and,any%20concerns%20and%20answer%20questions.>

SB156 & HB344 Erica Blake Personal Testimony.pdf

Uploaded by: Erica Blake

Position: FAV

Erica Blake
9303 Hillsborough Drive
Frederick MD 21701
Eenders1@gmail.com

January 27, 2025

Personal Testimony on SB156/HB334: Erica Blake

Frederick County parent of two, Family Connects patient

Member of the Family Connects Frederick County Leadership Advisory Council

I am writing to share my personal experience with Family Connects Frederick County.

I had my son at Frederick Health Hospital. Before I left the hospital, a Family Connects staff person scheduled my nurse visit for when my son was 3 weeks old. The nurse visited us at home and helped us with two critical health issues – our son’s breathing issues and my own postpartum anxiety.

First the nurse identified that our son had respiratory distress. This was the second occurrence in a two-week period. At the end of the visit, she suggested I take him to the emergency department.

Second, the nurse screened me for perinatal mood disorders – as the hospital had done before discharge. Both screenings were negative at the time they were done. The Family Connects nurse left me with fliers that explained the symptoms and told me to let her know if my mood changed.

Several weeks later, my anxiety over my son’s health began to spiral. I found myself constantly crying, unable to sleep, and I started experiencing bouts of dizziness with nausea. At one point I remember staring and my son and wishing that he had never been born.

I picked up the flier that the nurse gave me and immediately realized that I was experiencing postpartum anxiety. I texted the Family Connects nurse to get help figuring out what to do. She suggested additional postpartum-specific resources including online support groups through Postpartum Support International. With her guidance, I quickly contacted a therapist who I continue to meet with monthly. Before our conversation ended, she made sure that I knew to call 211 if I ever felt I was in crisis.

My son is now 19 months old and I am so thankful that I had access to her expertise in my home for my son and the additional screening. The support of the Family Connects nurse helped me pinpoint two critical issues and quickly find support. I don’t know what would have happened to my son or to myself without her guidance.

New mothers like me all over are facing a mental health crisis. My husband’s best friend died by suicide in December 2023 because of postpartum depression and psychosis. I believe that she would have gotten the help she needed if she had had access to Family Connects.

Our family’s story with Family Connects is not unique. That’s why I am writing to you on behalf of the other families and advocates on the Frederick County Leadership Advisory Council urging you to support SB156/HB334 to establish a newborn nurse home visiting program with dedicated sustainable funding so that all Maryland families with newborns can access Family Connects.

Thank you!

Sincerely, Erica Blake

Testimony on Family Connect bills.pdf

Uploaded by: Jamie Diggs

Position: FAV

**Testimony on Family Connect bills
SB156 and HB334**

January 27, 2025

Jamie Diggs
9395 Highlander Blvd.
Walkersville, MD 21793
Scrappydoo26@verizon.net

POSITION: FAVORABLE

Thank you for the opportunity to offer testimony in support of the Family Connect bills SB156 and HB334.

I am a 43-year-old mother of three children, a one year old son, 15 year old daughter and 25 year old daughter. I am married and work full-time and have a very busy household with sports activities, church events, all the other stuff that goes along with maintaining a family on a day-to-day basis. When my husband and I found out we were having a baby at our age we felt very blessed but also very shocked as we were not planning on having more children after our 15-year old.

My experience with Family Connect was amazing. The birth of our son was a complete blessing but starting over after all those years was a big task. When Family Connect visited me in the hospital I was overwhelmed at the time with a new baby and trying to learn to breastfeed for the first time. With this being my third child I was not sure if I would need assistance from Family Connect after I got home but I agreed to the appointment just to have an extra check on us after we got home. I was not exactly sure I would need the service since this was my third child. I was completely wrong about that assessment, and I very much needed the visit by the third week. I had so many questions. This was my first boy, new to breastfeeding and so many more questions for the nurse at the time and I felt so relieved to have someone there to answer my questions, provide me information for things, and to check the baby to make sure he was thriving and doing well. The nurse was very kind and patient. She did not rush our visit and was very warm and gentle with both of us.

I found the support very valuable. I did not realize how much I needed that visit and the information the nurse provided. There were things I was doing that I just needed her to tell me I was doing it correctly and to reassure me. I did not have this opportunity with my first and second child and I very much appreciate the opportunity with my third child to have Family Connect visit to check on my family and answer all my questions. I even had more questions after we started talking in conversation and after the visit I felt powerful again as a mom. With little sleep, hormones adjusting and a tiny little baby to care for your power can very easily diminish so it was very valuable to have someone check on you and help you with your needs.

All mothers should have access to this program. Having a baby whether it's your first or third time is a lot of work, and each baby is different. It doesn't matter your social status, income, or anything a mom needs that check up and help. It may be just questions answered or a little more deeper but it is very important. It is a tool to keep mothers and their children healthy. It allows mothers to have an extra layer of assistance in the first few weeks which are very critical when you have a new baby.

There are so many adjustments in your life at this point and Family Connect is a tool and resource to help mothers be successful in taking care of themselves and their new baby. To have that initial interaction at the hospital to set up the appointment you don't have to do anything else after that. You have enough on your plate when you leave and appointments to set up, so when you set up the appointment in the hospital you do not have to do anything else. It is a gift to a mom of a new baby.

Written Testimony SB 156.pdf

Uploaded by: Jan Gardner

Position: FAV

SUPPORT

UNIVERSAL NEWBORN NURSE HOME VISITING SERVICES –

SB 156

PROGRAM ESTABLISHMENT AND INSURANCE COVERAGE

January 29,2025

Former Frederick County Executive Jan Gardner urges your SUPPORT/FAVORABLE RECOMMENDATION for SB 156 to establish universal newborn nurse home visiting services and to establish insurance coverage.

As Frederick County Executive, I provided funding for the initial 4 years of the Family Connects Program – an evidence based, universal nurse home visiting program for all birthing parents in Frederick County. I initiated this program utilizing federal ARPA dollars because I wanted to use a portion of these funds to strengthen families, address maternal and infant health disparities, and to put our community in a better place than pre-COVID. I knew there would be a benefit to collecting data on the health outcomes and cost savings and that there were options that could be pursued for ongoing funding. This program garnered the bi-partisan support of the county council.

The existence of over 10 years of data from Family Connects through Duke University was convincing. Evidence demonstrates a reduction in infant emergency department visits and overnight stays, a reduction in maternal depression and anxiety, a reduction in child protective services investigations, a reduction in racial health disparities, as well as stronger families. And, the program generates health care cost savings to insurance providers and reduces the strain on our health care system. There is already preliminary data in Frederick County that demonstrates a reduction in postpartum health care costs both by patient and by visit. Our nurses have found instances that required immediate follow-up care for either the mother or an infant preventing what could otherwise be a catastrophic outcome.

Families can have up to 3 postpartum home visits and can have a warm handoff to other resources they may need which could include help with breastfeeding, assistance with childcare, participation in WIC, or referrals for mental health, Judy Centers, or for formula and diapers.

Smaller Family Connects programs exist in Baltimore City and Prince George’s County.

This program received the support of then county council member Jessica Fitzwater and that support continues as a priority under her administration.

I urge your FAVORABLE recommendation for SB 156.

Submitted by: Jan H. Gardner, 6102 Fieldcrest Dr. Frederick MD; janhgardner@gmail.com

SB156 2025 NAPNAP.pdf

Uploaded by: JD Murphy

Position: FAV



1/25/2025

Maryland Senate
Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

Dear Honorable Chair, Vice-Chair and Members of the Committee:

On behalf of the pediatric nurse practitioners (PNPs) and fellow pediatric-focused advanced practice registered nurses (APRNs) of the National Association of Pediatric Nurse Practitioners (NAPNAP) Chesapeake Chapter, I am writing to express our **support of SB 156 Universal Newborn Nurse Home Visiting Services – Program Establishment and Insurance Coverage.**

This bill would require the Maryland Department of Health to establish a program to provide universal newborn nurse home visiting services to all families with newborns residing in the State. It would also require insurers, nonprofit health service plans, and health maintenance organizations that provide certain health benefits under certain insurance policies or contracts to provide certain coverage and reimbursement for universal newborn nurse home visiting services. Additionally, it would require a report on the status of newborn nurse home visiting. Home visiting programs have been shown to boost all parents' knowledge and confidence around caring for their baby while also linking families who need additional services to community resources based on their individual needs and preferences. These services can range from helping a family select a child care arrangement to helping a parent find stable housing or address a substance abuse problem. These programs have been shown to increase families' connections to community resources and improve parenting behaviors, such as comforting an infant; it has also been found to improve parents' mental health, enhance the quality of home environments, reduce infants' emergency medical care, and increase parents' utilization of higher-quality child care for their children. We are aware that there are targeted newborn nurse home visiting services in Maryland that currently exist, however a universal approach expands the scope of the program and removes the potential stigma that could be associated with targeted programs.

For these reasons the Maryland Chesapeake Chapter of NAPNAP extends their support to **SB 156 Universal Newborn Nurse Home Visiting Services – Program Establishment and Insurance Coverage and requests a favorable report.**

The pediatric advanced practice nurses of your state are grateful to you for your attention to these crucial issues. The Chesapeake Chapter of the National Association of Pediatric Nurse Practitioners membership includes over 200 primary and acute care pediatric nurse practitioners who are committed to improving the health and advocating for Maryland's

pediatric patients. If we can be of any further assistance, or if you have any questions, please do not hesitate to contact the Chesapeake Chapter President, Yvette Laboy at mdchesnapnapleg@outlook.com.

Sincerely,

Yvette Laboy

Dr. Yvette Laboy DNP, CPNP-AC, CCRN, CPN
National Association of Pediatric Nurse
Practitioners (NAPNAP)
Chesapeake Chapter President

Evgenia Ogorodova

Dr. Evgenia Ogorodova DNP, CPNP-PC
National Association of Pediatric Nurse
Practitioners (NAPNAP)
Chesapeake Chapter Legislative Co-Chair

Lindsay J. Ward

Ms. Lindsay Ward MSN, CPNP-PC, IBCLC
National Association of Pediatric Nurse
Practitioners (NAPNAP)
Chesapeake Chapter Immediate Past-President

Jessica D. Murphy

Dr. Jessica D. Murphy DNP, CPNP-AC, CPHON, CNE
National Association of Pediatric Nurse
Practitioners (NAPNAP)
Chesapeake Chapter Legislative Co-Chair

SB0156 CRC Support 2025.pdf

Uploaded by: Jennifer Iverson

Position: FAV

January 27, 2025

**Testimony in Support of SB0156
Universal Newborn Nurse Home Visiting Services –
Program Establishment and Insurance Coverage
Senate Finance Committee**

Jennifer Iverson, Executive Director
Child Resource Connect
9475 Lottsford Road, Suite 202
Largo, MD 20774
240-418-9051
jiverson@childresource.org

Child Resource Connect (CRC), formerly Prince George’s Child Resource Center, has been providing services to Prince George’s County since 1990. CRC helps create healthy and nurturing environments for children by supporting their families and educating their caregivers. Through a comprehensive array of programming—direct services for children and families, education and coaching for child care providers, and grassroots advocacy in partnership with stakeholders at all levels—we work towards communities in which all families have access to the resources and support they need to build stable, secure environments in which children can thrive. CRC implemented Family Connects Prince George’s in 2021.

SB0156 will require Maryland Department of Health to support implementation of the evidence-based home visiting program, Family Connects, in local communities by requiring reimbursement for the service by commercial insurance payers and Medicaid. This approach can make Family Connects sustainable while having a significant impact.

The Family Connects model offers health and wellness checks post-partum for all birth parents and newborns by a nurse at no charge to families. Family Connects fills a critical gap in care for birthing parents and newborns in the six weeks between hospital discharge and the first postpartum doctor’s appointment when almost 25% of deaths from pregnancy-related complications occur. **Research shows a return of \$3.17 for every \$1 investment for infant emergency department use and overnight hospital stays. Evidence also shows reduced racial disparities for maternal anxiety/depression child maltreatment investigations, and other impacts.**

CRC’s own Family Connects program has already grown to serve 700 families annually. Upon implementation, there was an immediate uptake on services and opportunities to scale the program. CRC wholeheartedly confirms the need for this program, and making it widely available in good for Maryland. Our nurses see patients every day who need these visits to understand their discharge orders, monitor blood pressure, and overall health of themselves and their babies.

Family Connects Prince George’s has an active community advisory board made up of individuals in the private and private sector, including many health care professionals.

Following is a list of our members who support this bill:

Patricia McCartney
Maribel Rodriguez
Jessica Jones
Alyson B Jacobson
Norberto Martinez, Langley Park Civic Ass. Inc.
Nicollette Carroll
Ruben Cuebas
Nydia Ocasio
Margaret Doyle
Donna Edwards
Jeffrey Scott Jacobson
Pamela Hamlin
LaChey Maynard
Barbara E. Solt, PhD, ACSW
Nicole Davis
Samantha Griffin
Mariela Vargas
Dr. La'Juan A. Way

Thank you for your leadership for our community.



LBH FAV SB156-Universal Newborn Nurse Home Visitin

Uploaded by: Jennifer Witten

Position: FAV



Date: January 29, 2025

To: Chair Beidle, Vice Chair Hayes and Finance Committee

Reference: Senate Bill 156-Universal Newborn Nurse Home Visiting Services - Program Establishment and Insurance Coverage

Position: Support

Dear Chair Beidle and Committee Members,

On behalf of LifeBridge Health, we appreciate the opportunity to comment on SB156. At LifeBridge Health, we understand the unique healthcare journey women and their families embark upon, especially during the transformative stages of motherhood and baby care. Our commitment to the well-being of every birthing mother and their family is unwavering. The Family Tree, a Baltimore-based nonprofit and national leader in child abuse prevention, is part of the LifeBridge Health System. The Family Tree Excellence, a multi-disciplinary approach to support informed professional practice, deploy effective prevention and intervention strategies that break the patterns of violence, and support families and children well-being across the life cycle.

Family Connects Maryland is an innovative program that makes home visiting services accessible to all. The program is implemented universally to maximize population reach and community acceptance. Its goals are:

- To connect with the mother to enhance maternal skills and self-efficacy.
- To assess each family's unique strengths and needs.
- To connect the family with needed community services such as health care, childcare, and financial and social support to promote family functioning and child well-being.

These services are provided free of charge by registered nurses. It is a part of The Family Tree's umbrella of programs, and made possible in collaboration with Sinai Hospital and our community stakeholders. Family Connects Maryland is supported by Family Connects International (FCI) is committed to strengthening bonds for families of newborns and linking them directly to supportive community care resources.

FCI works with community partners to offer residents the Family Connects Model, an evidence-based model that provides vital in-home clinical care by nurses and referrals to local supports for newborns and their family members. The FCI Model is designed to support optimal maternal-child health and advance equitable outcomes, while promoting better aligned community care systems.

CARE BRAVELY

Evidence for Family Connects has resulted in significant reductions in health disparities for African American families, reductions of emergency room visits and admissions for Infants up to 12 months, mothers were less likely to report postpartum depression, and evidence shows a reduction of Child Protective Services up to five years when early intervention is provided.

Innovative initiatives to reduce infant mortality in Baltimore City and the Greater Regions through programs emphasizing policy change, service improvements, community mobilization, and behavior change. It has helped reduce the infant mortality rate in Baltimore City to its lowest point ever: 9.7 deaths per 1,000 live births (2012). Infant mortality has decreased by 28% since the launch of the initiative, from 13.5 in 2009 to 9.7 in 2012; the disparity between white and Black infant deaths decreased by almost 40% during the same period.

These models support Maryland Total Cost of Care All-Payer model and will be critical in moving into the new AHEAD model enabling Maryland to build on its unique all-payer hospital rate setting system, expanding its focus on primary care, population health, and health equity. We appreciate the constraints that the state needs to take to address budget deficits, however we hope that through the AHEAD model and other programs the general assembly could find ways to support these pilots as proven cost reductions strategies.

For these reasons we ask the committee to give SB156 a Favorable report.

For more information, please contact:

Jennifer Witten, M.B.A.

Vice President, Government Relations & Community Development

jwitten2@lifebridgedhealth.org

Mobile: 505-688-3495

SB 0156, FAV, FCG, OCE, JF, LS25.pdf

Uploaded by: Jessica Fitzwater

Position: FAV



FREDERICK COUNTY GOVERNMENT
OFFICE OF THE COUNTY EXECUTIVE

Jessica Fitzwater
County Executive

SB 0156 – Universal Newborn Nurse Home Visiting Services - Program Establishment and Insurance Coverage

DATE: January 29, 2025
COMMITTEE: Senate Finance Committee
POSITION: Favorable
FROM: The Office of Frederick County Executive Jessica Fitzwater

As the County Executive of Frederick County, I urge the committee to give **SB 0156 – Universal Newborn Nurse Home Visiting Services - Program Establishment and Insurance Coverage** a favorable report.

As the County Executive of Frederick County, I am proud of the steps we have taken locally to implement the Family Connects model and the positive outcomes we have already seen. SB 0156 would expand this evidence-based program statewide by establishing dedicated, sustainable funding through reimbursement for the service by commercial insurance payers and Medicaid. Expanding this program will help reduce maternal health disparities, improve maternal and infant health outcomes, and reduce healthcare costs, ultimately benefiting families across Maryland.

Research consistently shows that the first few months following childbirth are a critical period for the newborn, the birthing parent, and the entire family. Unfortunately, many families experience gaps in care during this vital time, often exasperated by social isolation. The Family Connects model, which SB 0156 seeks to implement statewide, offers all families with newborns a free home visit from a registered nurse approximately three weeks after delivery or adoption. This visit is designed to assess both the maternal and infant health of the family, identify any potential risks, and connect them to personalized resources and services that address their specific needs. Families may receive up to three additional visits within the first 12 weeks after delivery. The universal nature of this approach—unique among home visiting models—ensures that no family feels singled out or stigmatized for seeking help and that the program is able to reach every family that could benefit from it. This approach helps increase participation, especially in communities where access to healthcare services may otherwise be limited or stigmatized.

In Frederick County, we began implementing the Family Connects model in January of 2023, using seed funding from the American Rescue Plan Act (ARPA). Over the first 24 months, 2660 families have received home visits. Through these visits, we have seen firsthand how the Family Connects model is improving health outcomes for our residents. Families have reported life-saving interventions, such as guidance on managing high blood pressure, addressing postpartum depression and anxiety, and responding to infant respiratory distress. Additionally, many families have reported better access to maternal and mental health care, improved connections to community resources for breastfeeding, nutrition, diapers, and childcare, and increased support through local support groups.

We have also collected data that highlights the effectiveness of this program in reducing healthcare costs and improving long-term outcomes. Studies of the Family Connects model show that it reduces infant emergency department visits and overnight stays by 60% within the first six months and reduces child protective services investigations by 40% for up to five years. The return on investment for infant healthcare alone is impressive, with every \$1 invested in the program yielding \$3.17 in savings. These

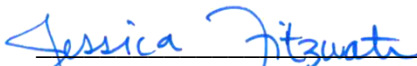
outcomes demonstrate the cost-effectiveness of the program and its long-term benefits for the health and well-being of Frederick County families.

The data we have gathered in Frederick County has been invaluable in shaping how we continue to tweak and expand our program in collaboration with Frederick Health. As we have seen more families benefit from the program, we have used that data to refine our approach and ensure that we are meeting the evolving needs of our community and maximizing the impact of the ARPA funds available. Importantly, the Family Connects Frederick County program harnesses one of Frederick’s biggest assets, community partnership, to guide its work through the Community Partner Council and the Leadership Advisory Council. The success we have experienced locally provides a strong foundation for expanding the Family Connects model across Maryland.

Moreover, the Family Connects program aligns with Governor Wes Moore’s broader agenda to lift families up and provide them with the tools and resources they need to succeed. By investing in the well-being of Maryland’s newborns and their families, we are investing in the future of our state. This program ensures that every family, regardless of race, ethnicity, or socioeconomic status, has access to the resources and support they need during this critical early period.

As we look toward the future, we remain committed to making data-informed decisions to continue improving the Family Connects model. The success we’ve seen in Frederick County serves as proof of the program’s effectiveness, and expanding it statewide will ensure that every family in Maryland can benefit from this life-changing support.

For these reasons, I respectfully urge the committee to issue a favorable report on SB 0156. By passing this legislation, we will provide all Maryland families with the opportunity to benefit from the Family Connects program, reduce maternal and infant health disparities, improve health outcomes, and reduce healthcare costs across our state.



Jessica Fitzwater, County Executive
Frederick County, MD

MLAW Testimony - SB156 - Universal Newborn Nurse H

Uploaded by: Jessica Morgan

Position: FAV



Bill No: SB156
Title: Universal Newborn Nurse Home Visiting Services – Program Establishment and Insurance Coverage
Committee: Finance
Hearing: January 29, 2025
Position: SUPPORT

The Maryland Legislative Agenda for Women (MLAW) is a statewide coalition of women’s groups and individuals formed to provide a non-partisan, independent voice for Maryland women and families. MLAW’s purpose is to advocate for legislation affecting women and families. To accomplish this goal, MLAW creates an annual legislative agenda with issues voted on by MLAW members and endorsed by organizations and individuals from all over Maryland. **SB156 - Universal Newborn Nurse Home Visiting Services – Program Establishment and Insurance Coverage** is a priority on the [2025 MLAW Agenda](#) and we urge your support.

SB156 would provide families with newborns in-home visits to promote child and maternal health, positive parenting, family self-sufficiency, and other aspects conducive to family cohesion early in a newborn's life.

The first few months of life are critical to ensuring long-term success. Many families lack access to qualified health care professionals to learn practices, techniques, and ensure their home is infant-ready. These free visits help women overcome challenges —especially in low-income communities and communities of color—related to affordability, transportation, access to a qualified health care professional, spousal/partner interference, and gaps in knowledge.

Universal Newborn Home Visiting will allow women access to health care professionals specialized in infant and maternal health. During the visits, they can learn practices and techniques that benefit them and their child(ren). These visits provide additional opportunities when mothers can ask questions of qualified health professionals to ensure mothers are armed with the knowledge they need to provide for their newborn. Finally, Universal In-home Visits provide an opportunity to prevent and address violence in the home.

For these reasons, MLAW strongly urges the passage of SB156.

MLAW 2025 Supporting Organizations

The following organizations have signed on in support of our 2025 Legislative Agenda:

1199 SEIU United Healthcare Workers East
AAUW Anne Arundel County
AAUW Garrett Branch
AAUW Howard County
AAUW Kensington-Rockville Branch
AAUW Maryland
Anne Arundel County NOW
Bound for Better, advocates for Domestic Violence
Calvert County Democratic Womens' Club
Charles County Commission for Womrn
Child Justice, Inc.
City of College Park MD
Court Watch Montgomery
Delta Sigma Theta Sorority North Arundel County Alumnae Chapter
FinnCORE, Inc.
Frederick County Commission for Women
Interfaith Action for Human Rights
Kids for Saving Earth
Maryland Chapter, National Organization for Women
Maryland Coalition Against Sexual Assault
Maryland Network Against Domestic Violence
Montgomery County, MD, NOW
National Coalition of 100 Black Women, Inc., Anne Arundel County Chapter
NCBWSOMD
ShareBaby, Inc.
Stella's Girls Incorporated
SUB&S LLC
The Rebuild, Overcome, and Rise (ROAR) Center of UMB
Trans Maryland
Unrooted Culture
Women of Honor International
Women's Equality Day Celebration across Maryland Coalition
Women's Equity Center and Action Network (WE CAN)
Women's Law Center of Maryland

*signed on as of 1/26/2025

Maryland Legislative Agenda for Women

**102 W. Pennsylvania Avenue, Suite 100 • Towson, MD 21204 • 443-519-1005 phone/fax
mdlegagenda4women@yahoo.com • www.mdlegagendaforwomen.org**

SB0156--Universal Newborn Nurse Home Visiting serv

Uploaded by: Jodi Danis

Position: FAV



COMMISSION FOR WOMEN COMMUNITY ENGAGEMENT CLUSTER

January 24, 2025

Senator Pamela Beidle
Chair, Finance Committee
3 East Miller Senate Office Building
Annapolis, Maryland 21401

Re: SB0156 (HB0334) Universal Newborn Nurse Home Visiting Services – Program Establishment and Insurance Coverage

Position: **SUPPORT**

Dear Chairperson Beidle and Members of the Senate Finance Committee,

On behalf of the Montgomery County Commission for Women, I request your support for SB0156 (Universal Newborn Nurse Home Visiting Services – Program Establishment and Insurance Coverage). The Commission for Women is charged by law to advise our County Executive, County Council, the public, and county, state, and federal government agencies on issues of concern to women. We support this bill because it will directly benefit women and infants throughout Maryland by providing them with cost-free maternal and newborn health assessments and other follow-up support during the critical first few weeks after a newborn arrives.

Many Maryland families lack access to qualified health care professionals to learn newborn care techniques and ensure their home is infant-ready. SB0156 promotes maternal and infant health by providing all families with newborns a no-cost in-home nurse visit with access to follow-up support. Families will be able to schedule a visit from a qualified nurse who will conduct health assessments of a postpartum mother and the newborn, answer questions and identify challenges that require ongoing support or referral to other services. Frederick County's successful implementation of universal newborn nurse home visits has demonstrated the measurable benefits and cost-effectiveness of this support.

Newborn nurse home visits produce both immediate and long-term benefits for infants and families. Early detection of medical conditions in infants during home visits has been shown to reduce by nearly 60% emergency medical care for newborns in their first six months of life, and another 30% reduction in their next six months. Such visits also have produced a nearly 40% reduction in adverse childhood experiences, such as child mistreatment and emergency medical care, during the first five years of a child's life.

Newborn nurse home visits provide important opportunities for mothers to ask questions of qualified health professionals to ensure they are armed with the knowledge they need to provide for their newborn. Mothers can receive screening for postpartum depression and referrals for any needed follow-up care. Universal newborn nurse home visits also present an important opportunity to prevent and address violence in the home, enhancing safety for women and newborns

Support for SB0156 will **benefit underserved communities** by:

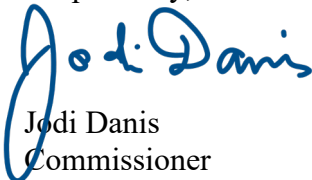
- helping women overcome challenges —especially in low-income communities and communities of color— related to affordability, transportation, access to a qualified health care professional, spousal/partner interference, and gaps in knowledge;
- increasing the likelihood that families will access this care, rather than avoid participation due to perceived stigma or risk of unwanted interventions, because the universal visits are voluntary and open to all; and
- decreasing the disproportionate rate of pregnancy-related deaths among African-American women.

Support for SB0156 **will benefit all Marylanders** by:

- providing all Maryland families with newborns – including adoptive and foster families – an opportunity for a no-cost in-home visit from a registered nurse and 12 weeks of ongoing access to a nurse
- providing an evidence-based method for improving health outcomes for women and their newborns by offering support during a critical window when such interventions can be most impactful
- promoting conditions conducive to healthy, positive and safe parenting, which will allow insurers and the State of Maryland to see reductions in longer term costs.

The Commission's strategic priorities include advocating for laws that enhance access to health care for low-income women. This bill furthers our goals, and we urge this Committee's support for SB0156.

Respectfully,



Jodi Danis
Commissioner
Montgomery County Commission for Women

SB0156 January 29, 2025 Written Testimony (1).pdf

Uploaded by: Ken Phelps Jr

Position: FAV



TESTIMONY IN SUPPORT OF SB0156

**Universal Newborn Nurse Home Visiting Services – Program Establishment
and
Insurance Coverage**

FAVORABLE

DATE: January 29, 2025

**TO: Chair Senator Pamela Beidle, Vice Chair Senator Antonio Hayes and
all Members of the Finance Committee**

**FROM: Lynn R. Mortoro, member of the Maryland Episcopal Public Policy
Network. (MEPPN)**

DATE: January 29, 2025

Chair Senator Beidle, Vice Chair Senator Hayes and Members of the Senate Finance
Committee.

Thank you for the opportunity to testify on behalf of this Bill.

The Episcopal Church has long promoted programs that address the health of both
the mother and newborn during the critical first weeks of life.

As a retired RN with experience in VNA and as a member of the Episcopal Church, I
fully support this bill.

By having assessments done by experienced medical personnel who are educated in
this period of life, support can be given that will prevent complications, give access to
any services required and help to ensure the safety of and well being of one of our
most vulnerable populations.

The Diocese of Maryland asks for a **Favorable** report on this bill.

MD SB 156 Testimony Support - Family Connects Inte

Uploaded by: Kimberly Friedman

Position: FAV



1/29/2025

Senator Pamela Beidle, Chair
Senate Finance Committee
Maryland General Assembly

Chair Beidle, Vice Chair Hayes, Members of the Committee,

On behalf of Family Connects International (FCI), the national office that provides the training and technical support for the Family Connects model, an evidence-based universally offered newborn nurse home visiting program. I am writing in support of SB 156 which requires the Department of Health to establish a program providing universal newborn nurse home visiting services to all families with newborns residing in the State and to require insurance coverage and reimbursement for the program. SB 156 would support the current implementation of the Family Connects model serving families with newborns in all of Frederick County, Prince George's County residents who deliver at University of Maryland Capital Region Health, and City of Baltimore residents who deliver at Sinai Hospital. The bill would also expand the program to ensure that families across the state have access to this vital program.

The postpartum period, especially the initial months after childbirth (known as The Fourth Trimester), is a vulnerable time for mothers. More women experience mortality during the Fourth Trimester than at any other time, either during pregnancy or from 43 days to 1 year postpartum. The most recent Maryland Maternal Mortality Review report found that while Maryland's maternal mortality rate (MMR) in the most recent five-year average data (2016- 2020) was 10 percent below the national rate, both the United States and Maryland MMR rates continue to increase. Both rates are higher than the Healthy People 2030 goal of 15.7 deaths per 100,000 live births, and significant racial disparities in maternal deaths persist. In reviewing maternal deaths, the Maternal Mortality Review Committee recognized significant problems with the coordination of postpartum care that affects the ability of patients to transition from the birth setting into the outpatient space and access continuing care. The Committee recommended commercial and government payers support initiatives to assist with patient navigation from pregnancy to beyond the postpartum state.

The Family Connects model of newborn home visiting can be an integral component of a comprehensive package that sets the gold standard for postpartum care and is a universal solution to a preventable problem. By offering Family Connects to all families within a community, Family Connects improves health outcomes at the population level.

A Family Connects nurse connects with a family in their home shortly after birth to share the joy of the birth; assess the child's and mother's physical health status (as applicable); assess unique family strengths and challenges; and respond to immediate family needs. Family Connects nurses are trained to carefully assess newborns and mothers and discuss concrete next steps to address opportunities and concerns, including seeking immediate medical care when necessary. FCI nurses also keep the whole family in mind, recommending appropriate mental health services or medical care for other family members as needed—and they follow up to make sure families' needs are met. The program is also available in the case of adoption, foster or kinship care, as well as for families who have experienced a loss.

When Family Connects is implemented, high quality, peer-reviewed research demonstrates that families are stronger, children's lives are enhanced, and communities save money. Key findings include:

- Significantly lower rates of infant emergency room visits and hospital overnight stays in the first year of life.
- Decreased likelihood of being investigated for child maltreatment.
- Family Connects mothers were less likely to report possible postpartum clinical anxiety.
- Family Connects mothers reported significantly more positive parenting behaviors, such as hugging, comforting and reading to their infants.
- Home environments improved, homes were safer and had more learning materials to support infant development.
- Community connections were higher for Family Connects families.
- Family Connects mothers were more likely to complete their six-week postpartum health check.

Currently, Family Connects is being implemented in twenty states across the country and over fifty-three communities, with statewide expansion underway in states including Oregon, New Jersey, New Mexico, Colorado, Connecticut, and Ohio. A citywide scaleup is also underway in Chicago. Two states, Oregon and New Jersey, passed that legislation that requires both Medicaid reimbursement for services and commercial insurance coverage for insurance plans that are regulated by the state. In addition to Medicaid and commercial insurance, other funding streams supporting this work include Title V, state/city or county general funds, Federal grants such as the Transforming Maternal Health Model and Preschool Development Grant, MIECHV administrative funds, Children's Trust Fund, philanthropy, and other funds. Nebraska is currently looking at funding the Medicaid reimbursement via the state's Medicaid Managed Care Excess Profit Fund, a fund that states create for MCOs to return to the state remittances for failing to meet the required Medicaid loss ratio or contractual incentive payments not earned by the MCO. Nebraska created this fund in 2020 to provide services to address the health needs of adults and children in Medicaid.

Thank you for your consideration and we look forward to working with you and the committee in moving SB 156 forward to improving the health and wellbeing of



Marylanders. If you have any questions or would like additional information, please contact me at kimberly@familyconnects.org

Sincerely,

Kimberly Friedman

Kimberly Friedman, JD
Chief Program Officer
Family Connects International



Kyra Kolbe Vocci Testimony.pdf

Uploaded by: Kyra Vocci

Position: FAV

Kyra Kolbe Vocci
103 Overcrest Road
Towson, MD 21286
kkolbe23@gmail.com

Re: Universal Newborn Nurse Home Visiting Services – Program Establishment and Insurance Coverage (SB156/HB344).

January 27, 2025

Dear Members of the Maryland House of Delegates and State Senate,
the Health and Government Operations Committee,

I urge you to vote in favor of the Universal Newborn Nurse Home Visiting Services – Program Establishment and Insurance Coverage Bill (SB156/HB344).

My name is Kyra Kolbe Vocci and I am a concerned Maryland resident and suicide survivor. My sister, Andrea Kolbe, gave birth to a beautiful baby boy on August 24, 2023. She had a normal and healthy pregnancy. But, 15 weeks later, on December 11, 2023, one day after her 35th birthday, we lost her. She took her own life because of the devastating effects of post-partum depression and psychosis.

The current state of maternal health care, support, and resources for new mothers is simply unacceptable. Our healthcare system is failing to adequately support new moms during one of the most critical times in their lives. This bill is absolutely essential; it will provide new mothers and their partners with the necessary assessments, referrals, information, and care that are sorely lacking. Without these vital provisions, families risk experiencing devastating losses similar to what my own family has suffered. The pain, sadness, and complicated grief that have haunted us for the past 13 months without her are beyond words. It is crucial that we take immediate action to address these issues, as the emotional toll of this catastrophic event is far too great to ignore.

With the passage of this bill, women will leave the hospital equipped with information that can help them navigate the postpartum depression phase. They will receive essential referrals and assessments just weeks after bringing their new baby home, ultimately reducing the maternal mortality rate in Maryland. It is alarming that 1 in 4 women dies by suicide due to postpartum depression, a statistic that should be regarded as a national health emergency.

On behalf of my sister, Andrea, who leaves a sweet baby boy, her husband and the rest of her beloved family and friends in shock and grief, I thank you for giving full consideration to this essential legislation.

Sincerely, Kyra Vocci

Written Testimony_CAB.pdf

Uploaded by: Lauren Thompson

Position: FAV

Community After Birth

1315 Saint Stephens Church Rd
Crownsville, MD 21032
(443) 203-9177
hello@communityafterbirth.org



Jan 27, 2025

Re: Universal Newborn Nurse Home Visiting Services – Program Establishment and Insurance Coverage (SB156/HB344)

Dear Members of the Maryland House of Delegates, State Senate, and the Health and Government Operations Committee,

Representatives of Community After Birth urge you to vote in favor of the Universal Newborn Nurse Home Visiting Services – Program Establishment and Insurance Coverage Bill (SB156/HB344).

My name is Lauren Thompson. I am the founder and Chair of Community After Birth, an Anne Arundel county-based nonprofit organization dedicated to closing gaps in postpartum care and support. Additionally, I Co-Chair Postpartum Support International - Maryland, the leading perinatal mental health resource in the United States. I am also a concerned Maryland resident, mother of three, and postpartum doula.

I see in my work every day the physical, emotional, and social support parents require when navigating their healing, parenthood transitions, and care of their newborn(s). While one single home-visiting program that includes one nurse visit at 3-weeks postpartum will not answer all of the current perinatal mortality and morbidity issues our state faces, it will push the needle in the right direction health insurance coverages need to go for the betterment of Maryland residents.

The passage of this bill creates a two-generation positive impact, provides crucial mental health resources, and adds to the important work of funding and fortifying a network of postpartum social support services that will bring about a healthier Maryland population.

Sincerely,

Lauren Thompson, Chair

Community After Birth

sb156- post-natal care FIN 1-29-2025.pdf

Uploaded by: Lee Hudson

Position: FAV



Delaware-Maryland Synod
Evangelical Lutheran Church in America
God's work. Our hands.

Testimony prepared for the
Finance Committee
on
Senate Bill 156
January 29, 2025
Position: **Favorable**

Madam Chair and members of the Committee, thank you for the opportunity to support access to health care in our State. I am Lee Hudson, assistant to the bishop for public policy in the Delaware-Maryland Synod, Evangelical Lutheran Church in America; a faith community with three synods in every region of our State.

A 2003 national assembly of our community committed us *to advocate that all people living in the United States of America, Puerto Rico, and U.S. territories have equitable access to a basic level of preventive, acute, and chronic physical and mental health care*. My community's position is that access to adequate and appropriate health care is required for humane social contracts and becomes a best practice for managing health costs by improving outcomes.

United States maternal health outcomes remain poor compared to our economic peers. In Maryland, which has done much to improve health outcomes with expanded access (*thanks to this Committee*), poor outcomes continue to arise.

The benefit of prenatal care is well documented. Against a universe of untreated pregnancy complications, which can include ICU admission, it is a bargain. Maternal and infant postpartum health, similarly, offers multiple potentials for healthy birth outcomes. That is the finding of national health services in countries where postpartum care is included on their care continuums. Good, that is beneficial care should be an assumption in Maryland's medical marketplace.

For example, the most common condition requiring postnatal readmission from 2016-19 in Maryland is hypertension, according to a 2023 NIH paper (available at the National Library of Medicine). The second is infection followed by depressive and adjustment issues. These are matters with readily available standards-of-care interventions. The NIH study found that in the study time frame African American mother/newborns were more likely than other demographics to experience treatment delays. Significantly, *most* readmissions happen within the first week, post-delivery. That is something this Bill would seem to address.

Requiring medical insurances to cover qualified care contacts postpartum is the proper policy for making sure all mother/newborns are being managed according to established standards of care. It is also so much more efficient, to use that oft-sullyng term-of-art, than costly interventions needed if things are not going well.

Senate Bill 156 would put Maryland more in line with standards of care in developed, and even numerous developing nations. We previously supported somewhat analogous policy proposals (see *SB814* of 2022, a related Medicaid proposal directed toward uninsured mothers). Providing both prenatal and postnatal care in Maryland is sensible policy, humane and efficient according to our understanding of access to *adequate, appropriate* health care. We urge a favorable report.

Lee Hudson

SB156_MLLC_FAV

Uploaded by: Legislative Latino Caucus

Position: FAV



MARYLAND LEGISLATIVE LATINO CAUCUS

Lowe House Office Building, 6 Bladen Street, Room 200 · Annapolis, Maryland 21401
Phone 410-841-3374 | 301-858-3374 · 800-492-7122 Ext. 3374 · Fax 410-841-3342 | 301-858-3342
latino.caucus@house.state.md.us · www.mdlatinocaucus.org

DAVID FRASER-HIDALGO, CHAIR
JOSELINE A. PEÑA-MELNYK, VICE-CHAIR
GABRIEL ACEVERO, TREASURER
JESSE T. PIPPY, SECRETARY
JASON A. AVILA GARCIA, EXECUTIVE DIRECTOR

TO: Senator Pamela Beidle, Chair
Senator Antonio Hayes, Vice Chair
Finance Committee Members
FROM: Maryland Legislative Latino Caucus
DATE: January 29, 2025
RE: SB156 – Universal Newborn Nurse Home Visiting Services –
Program Establishment and Insurance Coverage

The MLLC supports SB156 – Universal Newborn Nurse Home Visiting Services – Program Establishment and Insurance Coverage

The MLLC is a bipartisan group of Senators and Delegates committed to supporting legislation that improves the lives of Latinos throughout our state. The MLLC is a crucial voice in the development of public policy that uplifts the Latino community and benefits the state of Maryland. Thank you for allowing us the opportunity to express our support of SB156.

In 2024, the maternal mortality rate in Maryland was 21.3 per 100k births.¹ The infant mortality rate in Maryland was 6 per 1000 births as of 2022. Minority women and their infants suffer maternal and infant mortality in greater numbers and disproportionately experience negative health outcomes in the first weeks and months following delivery. For example, the infant mortality rate for White women in the state is 3.8 per 1000 births compared to 5.1 per 1000 births for Hispanic citizens and 9.6 per 1000 births for Black citizens.²

Beginning in 2023, Frederick County established their Family Connects program to connect families with newborns with postpartum home nurse visits. Family Connects visited 2,318 families between January 1, 2023 and September 20, 2024.³ During these at-home visits, nurses provide a full newborn assessment and a health assessment of the birthing parent.⁴ The program shows fewer Emergency Department visits following delivery, fewer re-admits, and has provided early identification of infant respiratory distress, postpartum preeclampsia, postpartum depression, and infected incisions. It has also identified wrap-around services available but not utilized.⁵

Using Frederick County's Family Connects program as an example, this bill requires the Maryland Department of Health to establish a universal newborn nurse home visiting services program for all families with a newborn up to 12 weeks old. The bill requires the Department of Health to establish rules for the program, specifically as it relates to community leads tasked with running the program. Insurers, nonprofit health service plans, and health maintenance organizations are required to cover

¹ [2024 March of Dimes Report Card for Maryland](#)

² Ibid

³ [Proposed state bill would expand at-home visiting program for newborns, parents statewide](#)

⁴ [At Home Newborn Visit](#)

⁵ ['Made me feel normal': Frederick County parents share the impact of at-home nurse visits](#)

newborn nurse home visits and must notify enrollees of the program once a newborn is added onto the plan. This program will help improve postpartum health outcomes for both the infant and birthing parents, specifically for minority and low-income families who are disproportionately impacted by postpartum health complications and infant and maternal mortality.

For these reasons, the Maryland Legislative Latino Caucus respectfully requests a favorable report on SB156.

SB 156 - MFN - Home Visiting - FAV - Klingenmaier.

Uploaded by: Lisa Klingenmaier

Position: FAV



**Testimony Concerning SB 156
Universal Newborn Nurse Home Visiting Services – Program
Establishment and Insurance Coverage
Submitted to the Senate Finance Committee
January 29, 2025**

Position: Support

Maryland Family Network (MFN) strongly supports SB 156, which would require the Maryland Department of Health to establish a program to provide home visiting services to all families with newborns residing in Maryland.

MFN has worked since 1945 to improve the availability and quality of child care and other vital supports for children and families in Maryland. We have been active in state and federal debates on policies that serve children and families and are strongly committed to ensuring that children and their caregivers have access to high-quality, affordable programs and educational opportunities.

The first few weeks after delivery are critical for new babies and parents. Two-thirds of all maternal deaths in the United States occur during the postpartum period, with more than half in the first 42 days after birth.¹ Disparities persist in postpartum outcomes, as maternal mortality among Black women in Maryland is four times higher than the rate among White women.² Moreover, Black patients in Maryland disproportionately experience life-threatening severe maternal morbidity events at two times the rate of non-Hispanic White patients.³ All birthing parents deserve quality postpartum care, but too often families slip through cracks in health care systems and safety-net programs.

Universal newborn nurse home visiting is an evidence-based model that creates safe and healthy spaces for babies and parents. Home visiting programs can move Maryland towards more equitable outcomes for every baby born in the state. The cornerstone of these programs are in-person nurse visits, which create opportunities to conduct postpartum depression and anxiety screenings, blood pressure monitoring, wound checks, and newborn screenings. They also connect new parents to care coordination, parent support groups, and local community resources. Clinical trials show that the combination of these types of services produce long-term positive benefits for families and communities, including

¹ CDC. May 2024. *Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 US States, 2017-2019.* <https://www.cdc.gov/maternal-mortality/php/data-research/mmrc-2017-2019.html>

² Maryland Department of Health. 2021. Maryland Maternal Mortality Review. <https://health.maryland.gov/phpa/mch/Documents/MMR/HG%20%C2%A7C2%A7%2013-1207%2013-1208%20and%20%C2%A713-1212%20-%20Maryland%20Maternal%20Mortality%20Review%202020.pdf>

³ MDMOM. July 2024. *Severe Maternal Morbidity Surveillance & Review Program in Maryland.* https://mdmom.org/sites/default/files/documents/2024_MDMOM_SMM_Report.pdf



reduced rates of child maltreatment, lower emergency medical care use in early childhood, a stronger connection to community, and improved maternal behavioral health.^{4,5}

SB 156 is an important tool in addressing early childhood disparities and improving maternal and infant health. Families need a variety of services and interventions throughout all stages of early childhood development, and universal newborn nurse home visiting is a meaningful investment as an early touchpoint for birthing individuals and newborns. We encourage support for an array of evidence-based home visiting models to meet the needs of families who need additional interventions and longer-term support.

Maryland Family Network respectfully urges a favorable report on SB 156.

Submitted by: Lisa Klingenmaier, Deputy Director of Public Policy
lklingenmaier@marylandfamilynetwork.org

⁴ Journal of the American Medical Association. July 2021. *Effect of a Universal Postpartum Nurse Home Visiting Program on Child Maltreatment and Emergency Medical Care at 5 Years of Age.*
<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2781681>

⁵ American Journal of Public Health. 2014. *Implementation and Randomized Controlled Trial Evaluation of Universal Postnatal Nurse Home Visiting.* <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2013.301361>

Written Testimony for Universal Newborn Home Visit

Uploaded by: Malcolm Furgol

Position: FAV



COALITION
for a Healthier Frederick County

January 27, 2025

Maryland State Senate Finance Committee

RE: SB0156 Universal Newborn Nurse Home Visiting Services – Program Establishment and Insurance Coverage

Dear Finance Committee,

I am writing this testimony to express the Coalition for a Healthier Frederick County's support for Senate Bill 0156.

The Coalition serves as the Local Health Improvement Coalition for Frederick County and has identified addressing and preventing Adverse Childhood Experiences (ACEs) as a community health priority for the last 9 years as part of our triennial Community Health Needs Assessment (CHNA) process. Universal newborn nurse home visiting is an evidence-based model for preventing ACEs. In particular, the Family Connects model has been shown to reduce incidences of ACEs in communities it is implemented in, and therefore improve health outcomes and quality of life for families over the course of their life and for future generations. For example, there is a 39% reduction in child protective services investigations for up to 5 years after a nurse home visit.

The Frederick County ACEs Workgroup, managed and supported by the Coalition, identified, and shared this information with our community as a model for our community to fill a gap in care, reduce stigma for accessing services by offering the program universally and thereby increase health equity and complement existing services. The ACEs Workgroup then successfully applied for American Rescue Plan Act funds through Frederick County Government to launch a universal newborn nurse home visiting program working with Frederick Health Hospital.

Frederick Health Hospital launched Family Connects Frederick County in 2023. Family Connects Frederick County has been a big success with strong engagement from Frederick County families with newborns. In the first 15 months, nurses visited 1,630 or 65% of the 2,500 eligible families, and families across all races, ethnicities, and insurance types accepted the visit.

As a member of the Family Connects Frederick County Community Partner Council, the Coalition for a Healthier Frederick County urges you to support efforts to develop sustainable funding for implementing state wide universal newborn nurse home visiting services so that all Maryland families with newborns can access this [evidence-based model](#) which [reduces maternal health disparities](#) and improves maternal and [infant health](#).

Our organization participates in the Family Connects Community Partner Council to ensure synergy between the program and the [Local Health Improvement Process \(LHIP\)](#) for Frederick County.

We work closely with Family Connects in the following ways:

- Sharing information learned from the triennial [Community Health Needs Assessment](#).

Uniting our community *towards a healthier future*

400 W. 7th Street | Frederick, MD 21701

HealthierFrederick.org



COALITION

for a Healthier Frederick County

- Inviting the program to engage with LHIP Workgroups as appropriate. For example, the Type 2 Diabetes Workgroup is working with the Family Connects Frederick County team on a gestational diabetes awareness campaign they are developing.
- Advocating to our partner organizations and volunteers to support awareness of Family Connects Frederick County and to get involved where needed.

Having Family Connects permanently in our community would mean that we can continue to reduce ACEs and improve lifelong health outcomes for all Frederick County families.

We are proud of the success in Frederick County and think that that all Maryland families with newborns can benefit from universal newborn nurse home visiting. We ask for your support and advocacy in the General Assembly and with Governor Wes Moore to make the case for sustainable funding so that all Maryland families with newborns can access this critical service.

Thank you!

Malcolm Furgol
Executive Director
malcolm@healthierfrederick.org

Uniting our community *towards a healthier future*

400 W. 7th Street | Frederick, MD 21701
HealthierFrederick.org

SB156_WomensCaucus_FAV

Uploaded by: Maryland Women's Caucus

Position: FAV

DEL. DANA JONES, DISTRICT 30A
President

DEL. MICHELE GUYTON, DISTRICT 42B
1st Vice-President

DEL. JENNIFER WHITE HOLLAND, DISTRICT 10
2nd Vice-President

DEL. SARAH WOLEK, DISTRICT 16
Secretary



DEL. LINDA FOLEY, DISTRICT 15
Treasurer

DEL. KAREN R. TOLES, DISTRICT 25
Parliamentarian

DEL. JACQUELINE T. ADDISON, DISTRICT 45
At Large

DEL. KYM TAYLOR, DISTRICT 23
At Large

WOMEN LEGISLATORS OF MARYLAND
THE MARYLAND GENERAL ASSEMBLY

January 28, 2025

To: Senator Pamela Beidle, Chair
Senator Antonio Hayes, Vice Chair
Finance Committee

The Maryland Women's Caucus is proud to express our unanimous support for **SB 156: Universal Newborn Nurse Home Visiting Services - Program Establishment and Insurance Coverage**. This critical piece of legislation aims to establish a comprehensive program for universal newborn nurse home visiting services, as well as to ensure insurance coverage for these vital services.

Maryland's maternal and infant mortality rates are concerning, with the state currently ranking 19th in the nation and significantly exceeding the World Health Organization's target of 15 per 100,000 births. Minority women and their infants are disproportionately affected by higher rates of maternal and infant mortality, as well as negative health outcomes in the crucial weeks and months following delivery. The need for targeted interventions, such as universal newborn nurse home visiting services, could not be more urgent.

SB 156 would help bridge the gap in healthcare access for new mothers, particularly those in underserved communities, by ensuring that all newborns and their families have access to critical postnatal care and support. This legislation directly addresses the healthcare disparities that contribute to higher maternal and infant mortality rates, ultimately saving lives and improving the health outcomes of mothers and their babies.

We respectfully urge the committee to issue a **favorable report** for **SB 156**. Together, we can ensure that Maryland's mothers and infants receive the care and support they deserve, ultimately improving the lives of families across our state.

Thank you for your consideration and your continued dedication to improving the lives of Marylanders.

2025-01-29 SB156 Position.pdf

Uploaded by: Michael O'Connor

Position: FAV



FREDERICK

OFFICE OF THE MAYOR

Senate Bill 156: Universal Newborn Nurse Home Visiting Services – Program Establishment and Insurance Coverage

Position: Support
January 29, 2025
Senate Finance Committee

On behalf of the City of Frederick, I appreciate the opportunity to comment in support of Senate Bill 156.

Senate Bill 156 will reduce maternal health disparities, improve maternal and infant health outcomes, and reduce health care costs by supporting dedicated, sustainable funding for all Maryland families with newborns so that they may have access to the evidence-based Family Connects model.

The first few weeks after delivery of a baby are critical for both moms and newborns. Virtually all families with newborns face gaps in health care, material needs and social services to keep them healthy and well. As a result, Maryland faces large disparities in resources and outcomes which disproportionately affects black and African American, as well as Hispanic/Latino families. These disparities occur on top of widespread poor maternal health outcomes which affect families across all socio-economic backgrounds. The Family Connects model offers Maryland a way to bridge that gap in care and offer all families with newborns support and resources during this critical postpartum time.

The Family Connects model offers all families with newborns a visit at home with a registered nurse at no charge, with the goal of improving population-level health outcomes. Based on risk and needs, the family receives personalized resources and additional targeted services. Families may request and receive up to three more visits during the 12 weeks after delivery. The universal approach – unique among home visiting models -- reduces stigma and increases participation.

The Family Connects model reduces infant emergency department visits and overnight stays by 60% within the first six months and reduces child protective services investigations by 40% for up to 5 years. The return on investment for infant health care alone is \$3.17 for every \$1 invested. Research on the Family Connects model shows that it reduces maternal health disparities for Black and African American families for maternal depression and anxiety, infant emergency care, and child protection investigations.

Beginning on January 1, 2023, Frederick Health implemented Family Connects for Frederick County residents delivering at the hospital with seed-funding from County-allocated American Rescue Plan Act grant funds. In the first two years, the team visited almost 2640 families with newborns. 64%, or 1699, were City of Frederick residents.

City of Frederick families have reported life-saving interventions – guided by their nurse - for high blood pressure, postpartum depression, anxiety, and infant respiratory distress. They have reported increased access to mental and maternal health care and better connections to community resources for breastfeeding, nutrition, diapers, support groups, and child care.

For these reasons, we respectfully request a favorable report on SB 156.

Sincerely,

A handwritten signature in blue ink, appearing to read "M. O'Connor", with a long, sweeping flourish extending to the right.

Michael O'Connor
Mayor

SB 156 - Universal Newborn Nurse Home Visiting Ser

Uploaded by: Natasha Mehu

Position: FAV



Maryland
Hospital Association

Senate Bill 156 - Universal Newborn Nurse Home Visiting Services - Program Establishment and Insurance Coverage

Position: *Support*
January 29, 2025
Senate Finance Committee

MHA Support

On behalf of the Maryland Hospital Association's (MHA) member hospitals and health systems, we appreciate the opportunity to comment in support of Senate Bill 156, which creates a voluntary statewide Universal Newborn Nurse Home Visiting program as a standard health care benefit in Maryland.

The proposed program offers families the opportunity to receive visits from a licensed registered nurse after the birth or adoption of their baby. During these in-person or virtual visits, nurses assess the baby's development, identify services or resources the family may need, and refer them to additional programs and social support. Families may be eligible for up to four visits within the first 12 weeks of the baby's life.

Newborn nurse home visiting programs provide families of newborns with personalized, non-stigmatizing, comprehensive services through a care system designed to enhance perinatal health outcomes. They emphasize evidence-based practices to improve overall health and wellness. Key focus areas include positive parenting, economic self-sufficiency, child development, and reducing child maltreatment and family violence.

Statewide models, such as in Oregon, and local initiatives like Frederick Health's Family Connect Pilot Program and LifeBridge Health's Family Tree show promising results.

In 2023, data from Frederick Health's Family Connect Pilot Program¹ showed improvements including:

- Decreased emergency department visits for new mothers and babies
- Diminished health disparities for Black families
- Effective identification of undiagnosed postpartum depression or anxiety and preeclampsia
- Successful connections for families to wrap-around services
- Improved rates of breastfeeding, childhood immunizations, and overall better maternal and infant health outcomes

¹ Newborn Visits for All Families to Reduce Racial Disparities and Improve Maternal and Child Health Outcomes: An Overview of the Family Connects Model & Sites in Maryland

Establishing this program as a universal standard health care benefit ensures it has a broad reach to families across all income, insurance, and education levels. Payers must cover and reimburse providers for the full cost of delivering services under the program. They are also prohibited from imposing copayments, coinsurance, or deductibles for these services. Additionally, they must inform the insured or enrolled individuals about the program whenever newborn coverage is added.

The framework for this program includes oversight and review. The Maryland Department of Health (MDH) and the Maryland Insurance Administration (MIA) are required to develop regulations that set the criteria for covered services, and the amount and method of reimbursement. Additionally, insurers must report data on the claims submitted for these services to MDH, so the department can effectively and comprehensively monitor care.

Newborn nurse home visiting programs provide important care and services to new parents and their babies—improving perinatal health outcomes. For these reasons, we request a favorable report on SB 156.

For more information, please contact:
Natasha Mehu, Vice President, Government Affairs & Policy
Nmehu@mhaonline.org

SB 156- LWVMD- FAV- Universal Newborn Nurse Home V

Uploaded by: Nora Miller Smith

Position: FAV



TESTIMONY TO THE SENATE FINANCE COMMITTEE

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

POSITION: Support

BY: Linda Kohn, President

DATE: January 29, 2025

The League of Women Voters Maryland believes every resident should have access to affordable, equitable, quality health care. The League also supports government and community programs to promote the well-being, development, and safety of all children. **The League thus supports Senate Bill 156: Universal Newborn Nurse Home Visiting Services**, to establish a program providing voluntary home visiting nurse services to all Maryland families with newborns.

Per the March of Dimes,¹ **Maryland's infant mortality rate** (death occurring during the first year of life) **in 2022 was 6.0 per 1,000 live births. The U.S rate that year was 5.6.** There are ways Maryland newborns and their families can stay safer. Home nursing visits to provide screening, education, case management, and support tailored to the individual needs of families with newborns, is a particularly successful and cost-effective method.

Visiting nurses in the home setting are advocates for the entire family. They identify and evaluate the needs of both newborn and parent, providing assistance, resources, referrals, and reassurance in a comfortable setting that allows time to develop trust. **Without a physically AND emotionally healthy parent, the newborn will not thrive.**

Nurse home visits focus not only on the health and proper development of the newborn, but also on evaluating the home environment, reinforcing parenting skills, and strengthening bonding, thus reducing the possible stress, anxiety, fear and postpartum depression many new parents can experience.

Home nurse visits can help identify problems early, thus enabling early intervention to resolve them. **The League of Women Voters Maryland, representing 1,500+ concerned members throughout Maryland, urges a favorable report on Senate Bill 156.**

¹ <https://www.marchofdimes.org/peristats/data?reg=99&top=6&stop=370&lev=1&slev=4&obj=35&sreg=24&creg>

R_Mandel MD Letter HB334_SB156.pdf

Uploaded by: Rachel Mandel

Position: FAV

January 27, 2025

Dear Distinguished Members of the Maryland General Assembly,

As a Board-certified Obstetrician and Gynecologist with experience in clinical practice and community health initiatives I am writing to express my strong support for SB156/HB334, the *Universal Newborn Nurse Home Visiting Services* bill, which supports the statewide implementation an evidence-based universal nurse and newborn home visiting service.

Throughout my career, I have been deeply engaged in improving maternal health outcomes in our communities. My work has included organizing health fairs for the underserved, facilitating baby showers in immigrant neighborhoods, and teaching in a Community Health Worker certification program. I have led national webinars on critical maternal health topics and served on the County's local health improvement plan committee that addressed maternal health disparities. Additionally, as a consultant to the Frederick County Family Connects program, I have witnessed firsthand how comprehensive maternal and newborn support services transform families.

Given all of my experience, I am glad to see that the nurse newborn home visiting program takes a universal approach to supporting new families. This inclusive model offers services to everyone while addressing maternal health disparities. By providing customized care to each and every family, the program effectively meets the diverse needs of the participants. Experience has shown that every family has some type of need, though they may not recognize it until engaging with a skilled nurse. Through these vital encounters in the Frederick County program, nurses have identified many situations requiring urgent intervention. These include new-onset maternal blood pressure problems, significant lactation challenges, and critical material needs. Nurses have also addressed behavioral health concerns such as depression and anxiety, environmental safety risks, and newborn health issues.

Even experienced mothers have reported that they benefited from the extra support and were grateful to learn about the latest information and resources. By providing every family with a nurse visit and tailoring the care and resources to each family's specific needs, the program ensures equitable access to care while acknowledging that different families require various levels and types of support. It makes sense.

The program continues to provide comprehensive support through post-visit calls and easy access to nurses after the initial visit and throughout the 12-week service provision period when more visits can be provided if necessary. Nurses focus on connecting families to needed community resources. This creates a vital bridge between families and existing support services. This approach has resulted in consistently remarkable satisfaction rates of 99% among participating families.

Let me share an example of the program's potential long-term positive impact through just one intervention which is lactation support. Research demonstrates that women who breastfeed for six months or longer experience reduced risks of:

- Breast and ovarian cancer, diabetes, and cardiovascular disease
- Depression and hypertension.

Their infants likewise gain substantial lifelong health benefits, to include:

- Enhanced immune system function and reduced risk of obesity
- Lower incidence of respiratory infections and sudden infant death syndrome
- Reduced rates of allergic conditions, including asthma
- Decreased risk of diabetes and childhood leukemia

Additionally, successful breastfeeding provides significant financial benefits for families while maternal-infant bonds continue to develop. With the high cost of formula putting a strain on many household budgets, the ability to breastfeed can result in substantial savings. This economic benefit is particularly impactful for families facing financial challenges, making the lactation support provided through the universal nurse-newborn visit an important tool for promoting both health equity and financial stability. Families who do not have access to a nurse home visit or this type of support may not breastfeed, or not breastfeed as long, and therefore may not experience the same positive outcomes or benefits.

This represents just one example of the many ways evidence-based nurse-newborn home visits improve outcomes and generate cost savings. The program creates positive impacts across multiple domains - for families, healthcare systems, and entire communities. Each nurse intervention has the potential to prevent costly complications, reduce emergency room visits, strengthen family well-being, and promote healthier communities. The cumulative effect of these various interventions creates substantial value for Maryland's healthcare system and economy.

As a healthcare provider who has dedicated my career to improving maternal health outcomes, I am comfortable in stating that this initiative addresses a critical gap in our healthcare system. The postpartum period, often referred to as the "fourth trimester," is a crucial time when families need support the most, yet it is when they often feel the most isolated and vulnerable.

The statewide implementation of a universal nurse newborn home visiting service would represent a significant step forward. It would address maternal health disparities and ensure that every Maryland family has access to this vital support. When we support families during this critical period, we strengthen our communities and create a foundation for better health outcomes that can last a lifetime.

Again, I strongly urge you to support this bill and make this evidence-based program available to all Maryland families. The potential for transformational change in maternal and infant health outcomes cannot be overstated. This investment in our families is an investment in Maryland's future.

Thank you for your consideration of this important legislation.

Sincerely,



Rachel Mandel, MD MHA

8571 Indian Springs Rd

Frederick, MD 21702

301-964-1780

Testimony in support of SB0156- Universal Newborn

Uploaded by: Richard KAP Kaplowitz

Position: FAV

SB0156_RichardKaplowitz_FAV
1/29/2025

Richard Keith Kaplowitz
Frederick, MD 21703

TESTIMONY ON SB#0156 - FAVORABLE

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

TO: Chair Beidle, Vice Chair Hayes, and members of the Finance Committee

FROM: Richard Keith Kaplowitz

My name is Richard K. Kaplowitz. I am a resident of District 3, Frederick County. I am submitting this testimony in support of SB#0156, **Universal Newborn Nurse Home Visiting Services - Program Establishment and Insurance Coverage**

This bill is a priority for the County Executive and County Council of Maryland.

Frederick County has been a leader in Maryland in doing all it can to increase maternal and infant health. The county looked at health disparities in various segments of the population, especially in BIPOC and Latinx communities, and developed a program to address and remedy these issues.

Frederick believes that this program, implemented state-wide, will have overwhelmingly positive consequences for mothers and infants. In pursuit of that aim this bill will require the Maryland Department of Health to establish a program to provide universal newborn nurse home visiting services to all families with newborns residing in the State. It mandates participation for insurers, nonprofit health service plans, and health maintenance organizations that provide certain health benefits under certain insurance policies or contracts to provide certain coverage and reimbursement for universal newborn nurse home visiting services. Finally, it will collect data documenting the results of this program implementation requiring a report on the status of newborn nurse home visiting services by December 1, 2026.

Frederick visited 65% of the eligible families, proportionately representing all races, insurance types and ethnicities, out of those families considered for participation. Seed funding was provided from the American Rescue Plan Act.

Lifesaving interventions included recognition and treatment for high blood pressure, postpartum depression and anxiety, and infant respiratory distress. Frederick Health *Helping Growing Families Thrive*¹ makes clear the benefits this program has brought to Frederick County that can and should be done throughout the state of Maryland.

I respectfully urge this committee to return a favorable report on SB#0156.

¹ <https://www.frederickhealth.org/news/2024/december/helping-growing-families-thrive/>

2025 ACNM SB 156 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Committee: Senate Finance Committee

Bill Number: Senate Bill 156

Title: Universal Newborn Nurse Home Visiting Services – Program Establishment and Insurance Coverage

Hearing Date: January 29, 2025

Position: Support

The Maryland affiliate of the American College of Nurse-Midwives strongly supports *Senate Bill 156 - Universal Newborn Nurse Home Visiting Services – Program Establishment and Insurance Coverage*. The legislation will create a statewide program of nurse visits available to new parents.

We know that families benefit from extended support during the newborn period, support that goes well beyond what any individual healthcare provider can offer. Providing home visiting by nurses who can evaluate the health and wellbeing of mother and child, answer questions about newborn care, infant feeding, and assess for infant and maternal concerns such as postpartum mood disorders or substance use meets many community needs.

The success of model programs including Family Connects in Frederick, where 88% of new families accessed the resources, as well as the programs in Prince George’s County for families at UM Capital Region and at Sinai in Baltimore City, illustrate the benefits a statewide program can offer our families.

We ask for a favorable report on this legislation. If we can provide any further information, please contact Robyn Elliott at relliott@policypartners.net or (443) 926-3443.

2025 MCHS SB 5 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



Maryland Community Health System

Bill Number: Senate Bill 5 - Maryland Health Benefit Exchange – State–Based Young Adult Health Insurance Subsidies Pilot Program – Sunset Repeal

Committee: Senate Finance

Hearing Date: January 29, 2025

Position: Support

The Maryland Community Health System (MCHS) supports *Senate Bill 5 - Maryland Health Benefit Exchange – State–Based Young Adult Health Insurance Subsidies Pilot Program – Sunset Repeal*. The bill removes the termination date of the State-Based Young Adult Health Insurance Subsidies Program.

MCHS is a network of federally qualified health centers who focus on serving the uninsured and individuals in the Medicaid and Medicare programs. This bill will support our health centers’ young adult patients in obtaining affordable insurance. This will be critical to improving health outcomes and encouraging preventative health measures amongst the young adult population. The bill will continue to make insurance more affordable for everyone. By encouraging more young adults to purchase insurance, the Young Adult Subsidy Program will broaden the risk pool and lower premium rates for all participants.

We ask for the Committee’s full support of this legislation. If we can provide any further information, please contact Michael Paddy at mpaddy@policypartners.net.

2025 MdAPA SB 5 Senate Side.pdf

Uploaded by: Robyn Elliott

Position: FAV



To: Senate Finance Committee

Bill: Senate Bill 5 - Maryland Health Benefit Exchange – State-Based Young Adult Health Insurance Subsidies Pilot Program – Sunset Repeal

Date: January 29, 2025

Position: Favorable

The Maryland Academy of Physician Assistants supports *Senate Bill 5 - Maryland Health Benefit Exchange – State-Based Young Adult Health Insurance Subsidies Pilot Program – Sunset Repeal*. The bill provides for the State-Based Young Adult Health Insurance Subsidy Pilot Program to become permanent. Through the Program, the Maryland Health Benefit Exchange has been able to increase enrollment of young adults, increasing their access to healthcare services and improving health outcomes. As more young adults have enrolled in qualified health plans, the risk pool has become healthier, which lowers insurance rates for everyone.

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

SB 156 Written Testimony The Family Tree .pdf

Uploaded by: Stacey Brown

Position: FAV



The Family Tree

A LifeBridge Health Group | **Raising families up.**

Date: January 29, 2025

To: Chair Beidle, Vice Chair Hayes, and the Finance Committee

Reference: Senate Bill 156, Universal Newborn Nurse Home Visiting Services-Program Establishment and Insurance Coverage

Position: Letter of Support

Dear Chair Beidle, Vice Chair Hayes, and the Finance Committee:

On behalf of The Family Tree, we appreciate the opportunity to comment on and express wholehearted support for Senate Bill 156. The Family Tree is a nonprofit organization that leads Maryland in the prevention of child abuse and neglect. As such, we are dedicated to supporting families and individuals through various programs and services that promote child safety and well-being, stability, and growth. We focus on enhancing the quality of life for families via preventive measures, education, and resources that empower parents and children alike. The Family Tree offers family support services that address a wide range of issues including maternal health, child maltreatment, child safety and development, and trauma informed care. Through parenting classes, home visiting programs, case management, and resource and referral to community resources; families receive the assistance they need to navigate challenges and build a stronger foundation for the future.

The Family Tree strongly supports Senate Bill 156 - Universal Newborn Nurse Home Visiting Services-Program Establishment and Insurance Coverage as amended by the sponsor. The passing of this legislation would create a workgroup to explore how to provide all families with support during the early stages of parenthood when it is needed most. In-home visits from trained nurses address post-natal maternal health factors such as hypertension, diabetes, and postpartum depression. Issues such as infant mortality are also addressed by way of well-baby health checkups, safety assessments, and safe sleep education.

We look forward to the study exploring key benefits of the universal program include:

Enhanced Child Health and Well-being:

- Families and their newborns will receive health screenings to address issues that arise between hospital discharge and scheduled pediatric well child visits.
- Parents receive education on nutrition, safe sleep practices, and vaccination schedules, promoting healthier lifestyles from the very beginning.



The Family Tree

A LifeBridge Health Group | **Raising families up.**

- Support for maternal mental health:
 - Families are universally assessed for postpartum depression, substance use, parental emotional support, and history of parenting difficulties.
 - Families receive emotional support from trained professionals to help cope with the challenges of new parenthood which includes referrals to mental health resources when needed.
- Long term costs benefits
 - By addressing issues early, the program helps prevent more serious challenges later on, reducing healthcare costs and the need for services in the future.
 - Investing in prevention based early intervention programs has long-term societal benefits. Most importantly, it helps Maryland's children while promoting healthier communities, thus reducing the burden on public resources.

The Family Tree began implementing Family Connects in 2016. Family Connects is a universal home visiting program that provides nurse home visits to all families within a designated geographical area. Over the years it has become evident that the implementation of universal home visits is beneficial as it allows all families to receive support regardless of race, income, or social economic status.

Moreover, the Family Connects model has demonstrated numerous favorable results with, for example, fewer infant emergency room and pediatric visits for injuries and illnesses and participating mothers are less likely to experience anxiety and depression.

For all the above stated reasons, we request that the committee support Senate Bill 156, Universal Newborn Nurse Home Visiting Services-Program Establishment and Insurance Coverage as amended by the sponsor.

For more information, please contact:

Stacey Brown, M.Ed. LCPC

Executive Director, The Family Tree

sbrown@familytreemd.org

Phone: 410-889-2300

SB 156_FAV_MCHI_SCHLATTMAN.pdf

Uploaded by: Suzanne Schlattman

Position: FAV



TESTIMONY IN FAVOR OF SENATE BILL 156

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

Before the Senate Finance Committee

By: Suzanne Schlattman, Deputy Director, Maryland Citizens' Health Initiative
January 29, 2025

Chair Beidle and members of the Finance Committee, thank you for the opportunity to submit supportive testimony for this bill. Thank you Senator Karen Lewis Young for introducing this important bill.

We support establishing a universal newborn home visitation program for all Marylanders because of the program's potential to improve coverage rates and advance more equitable access to quality affordable health care for all. I am submitting this testimony on behalf of our individual organization, Maryland Citizens' Health Initiative, Inc., as we have not reviewed this legislation with the full Maryland Health Care for All! Coalition.

Our staff had the pleasure of meeting with the Family Connects program this past summer to learn more about the pilot program in Frederick, Prince Georges and Baltimore, MD. We understand that Family Connects fills a gap in services for families from the time of delivery to 12 weeks postpartum. In addition to the impressive measurable improvements in maternal and child health and reductions in ER utilization in random control trials, significant qualitative feedback indicates strong consumer support for sustaining and expanding on the program.

This program serves all families, regardless of income or background. In doing so, it has reduces stigma and increases participation among populations with historic disparities in health care access by age, race and ethnicity. It aligns with the goals of the new AHEAD Model and can help more Marylanders take advantage of health care services and coverage options

Thank you for your careful consideration of this issue. We urge a favorable review.

SB0156 Universal Newborn Nurse Home Visit WDC Test

Uploaded by: Virginia Macomber

Position: FAV



MONTGOMERY COUNTY, MARYLAND
WOMEN'S DEMOCRATIC CLUB

P.O. Box 34047, Bethesda, MD 20827

www.womensdemocraticclub.org

Senate Bill SB0156 - Universal Newborn Nurse Home Visiting Services - Program Establishment and Insurance Coverage

Finance Committee – January 29, 2025

SUPPORT

Thank you for this opportunity to submit written testimony concerning an important priority of the **Montgomery County Women's Democratic Club (WDC)** for the 2025 legislative session. WDC is one of Maryland's largest and most active Democratic clubs with hundreds of politically active members, including many elected officials.

WDC urges the passage of [SB0156](#) - Universal Newborn Nurse Home Visiting Services - Program Establishment and Insurance Coverage. This bill will require the Maryland Department of Health to establish a flexible, voluntary program to provide universal newborn home visiting services by a registered nurse to all families with newborns residing in Maryland. The program will be developed in accordance with best practices in consultation with health care providers, social service agencies, insurers, and community-based organizations. Services will be provided in-home or virtually to all families caring for newborns (including foster and adoptive newborns) and to birthing individuals, within two weeks of the birth and include at least one visit with an opportunity for three additional visits during the newborn's first twelve weeks of life. A follow-up call will occur no later than three months after the last visit. Insurers, health service plans and health maintenance organizations will be required to provide coverage and reimbursement for the full cost of these newborn nurse home visiting services without a co-pay or deductible. The Department of Health will be required to evaluate program success.

The [first twelve weeks](#) after birth, often called the fourth trimester, are a critical time for a mother's physical and mental health, and for bonding and breast-feeding attachment. Women are also most at risk for post-partum depression during this period. Yet only [40 percent](#) of mothers have post-partum visits. Many families, especially underserved communities of color, lack access to qualified health care professionals to learn the practices, and techniques that promote newborn and maternal health, and positive parenting.

Passage of this bill will ensure that all new parents receive the health care support they need for successful maternal and infant outcomes during the critical first twelve weeks after birth. It will ensure that underserved communities, particularly underserved communities of color, have equal access to these resources and best practices.

We ask for your support for SB0156 and strongly urge a favorable Committee report.

Tazeen Ahmad
WDC President

Ginger Macomber
WDC Reproductive Health
Subcommittee

Diana Conway
WDC Advocacy Co-Chair

HB334_SB156_BMBBFrederick_FWA.pdf

Uploaded by: Akiyyah Billups

Position: FWA

**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

SB 156 Family Connects Frederick County testimony.

Uploaded by: Pilar Olivo

Position: FWA



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.

SB0156 Family Connects Cover Letter (Written Testi

Uploaded by: Senator Karen Lewis Young

Position: FWA

KAREN LEWIS YOUNG
Legislative District 3
Frederick County

Budget and Taxation Committee



THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

Annapolis Office
James Senate Office Building
11 Bladen Street, Room 302
Annapolis, Maryland 21401
410-841-3575
800-492-7122 Ext. 3575
Karen.Young@senate.state.md.us

District Office
253 East Church Street
Frederick, MD 21701
301-662-8520

The Honorable Chair Beidle
The Honorable Vice Chair Hayes
Finance Committee
Miller Senate Office Building
Annapolis, MD 21401

January 29th, 2025

SB0156: Universal Newborn Nurse Home Visiting Services - Program Establishment and Insurance Coverage (Family Connects)

Chair Beidle, Vice Chair Hayes, members of the Finance Committee,

The first few weeks after birth are a critical time for both infant and mother. This bill will establish a program for universal home visits by a nurse for the newborn and mother. During the visit, the nurse screens the baby's health, including taking blood pressure and checking for injuries. The nurse is able to help the new parents by answering questions and referring them to community services.

This bill is necessary because a critical gap exists in care for newborns and new parents in the weeks between hospital discharge and the first postpartum doctor's appointment. During this window, almost 25% of deaths from pregnancy-related complications occur, a disproportionate number of those occurring among families from historically disadvantaged backgrounds. An in-home visit overcomes barriers to accessing community resources, funding, scheduling, and transportation. The nurse offers expertise on making sure the home environment is safe. Finally, a visit serves as an opportunity to identify potential mistreatment of the infant and/or parent.

In pilot programs, participating infants had 50% fewer trips to the emergency room in their first year.¹ Reports of postpartum complications were down by 30%. This leads to a reduction in postpartum health care costs.

¹ Family Connects International. <https://familyconnects.org/impact-evidence/the-evidence/> Accessed January 23rd, 2025.

The program currently exists in the City of Baltimore, Frederick County, and Prince George's County. In a year of budgetary restraint, Family Connects would be administered by the Maryland Department of Health but paid for via reimbursement from commercial insurance payers and Medicaid. Research shows that for every \$1 spent, there is a \$3.17 return on investment.

We recognize that a full roll out would be an extreme challenge in the current economic environment. Nevertheless, this program can bridge critical gaps in infant and maternal health while addressing equity of access.

I request your support as we explore opportunities to continue the pilot and/or further evaluate opportunities to sustain this program.

Sincerely,

A handwritten signature in blue ink that reads "Karen Lewis Young". The signature is written in a cursive, flowing style.

Senator Karen Lewis Young

Universal Nurse Newborn Home Visits for All Maryla

Uploaded by: Senator Karen Lewis Young

Position: FWA

Universal Newborn Nurse Home Visits for All Marylanders: Summary for Policy Makers on SBI 56/HB334

A critical gap exists in care for birthing parents and newborns in the six weeks between hospital discharge and the first postpartum doctor's appointment when almost 25% of deaths from pregnancy-related complications occur. Universal newborn nurse home visits for all Marylanders can fill this gap.

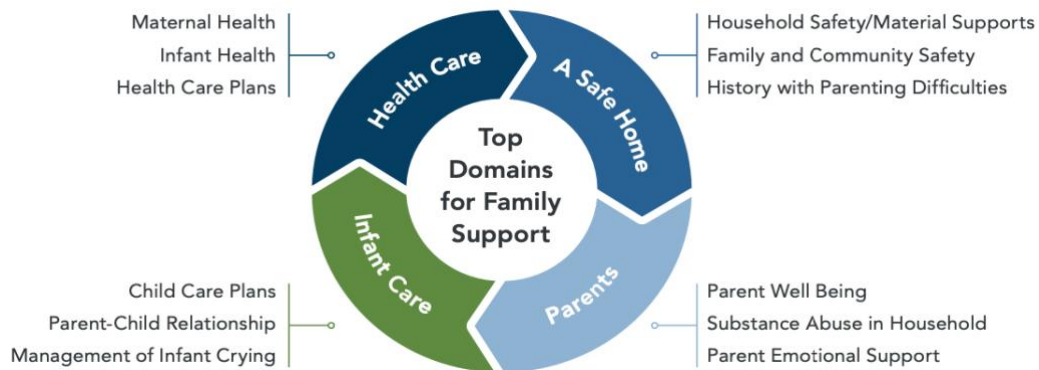
What SBI 56/HB334 Does

SBI 56/HB334 will require MDH to create a program based in local communities to offer the Family Connects model to all Maryland families with newborns. The bill requires reimbursement for the service by commercial insurance payers (a new source of funds) and Medicaid. MIA will establish a reimbursement rate.

Family Connects: An Evidence-Based Model that Reduces Stigma

The Family Connects model offers health and wellness checks for all birth parents and newborns in a community at home with a well-trained nurse at no charge to families. Visits are made about three weeks after the baby's arrival. Families are connected to services to meet the needs they identify during the visit.

Care for Families Aligns with State Integrated Health Improvement Strategies and Maryland Moms



What is included in a nurse visit?

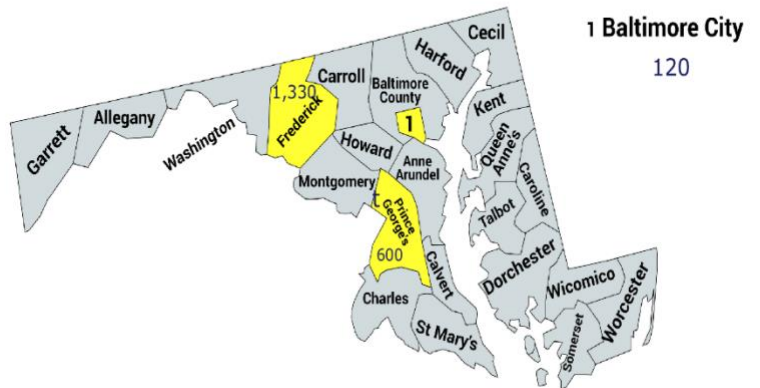
- Comprehensive assessment based on the factors above
- Full assessment of the baby, blood pressure and incision or wound check for birthing parent
- Screenings for postpartum depression and anxiety and intimate partner violence
- Risks are rated 1-4 with the most urgent or emergent needs rated as 3s and 4s.
- Case management for warm connection to referrals, as needed.



The Case for Nurse Postpartum Visits

- [Research](#) shows a return of **\$3.17 for every \$1 investment** for infant emergency department use and overnight hospital stays.
- **Reduced racial disparities** for maternal anxiety/depression child maltreatment investigations, and other impacts.
- Ability to **reduce postpartum health care costs** for birthing parents.
- **98%** patient satisfaction
- **100%** of families with risk identified received at least one referral. Top referrals were for health care, household safety and materials support, and mental health care.

FY 2024 Number of Families Served



What Families Say

- *“I’m a nurse and I didn’t realize my headaches were from postpartum preeclampsia – diagnosed after the nurse checked me.”*
- *“The nurse identified that my son was in respiratory distress, and we quickly went to the emergency department.”*
- *“My blood pressure was extremely high, and she helped me get care when I was reluctant.”*
- *“This visit was helpful because I was alone with no friends.”*
- *“She gave me information I did not know, even after having multiple children.”*
- *“The nurse helped me understand my baby blues and was supportive with breastfeeding.”*
- *“I remembered her education on postpartum anxiety when my symptoms started. I reached out to get connected to support and got care right away.”*

DOCS-#238541-v1-SB_156_League_Oppose_Mandate.pdf

Uploaded by: Matthew Celentano

Position: UNF



15 School Street, Suite 200
Annapolis, Maryland 21401
410-269-1554

January 29, 2025

The Honorable Pam Beidle
Chair, Senate Finance Committee
3 East
Miller Senate Office Building
Annapolis, MD 21401

Senate Bill 156 – Universal Newborn Nurse Home Visiting Services – Program Establishment and Insurance Coverage

Dear Chair Beidle,

The League of Life and Health Insurers of Maryland, Inc. respectfully **opposes** *Senate Bill 156 – Universal Newborn Nurse Home Visiting Services – Program Establishment and Insurance Coverage* and urges the committee to give the bill an unfavorable report.

Senate Bill 156 requires insurers to provide coverage and reimbursement in full for the cost to a provider for delivering universal newborn nurse home visiting services with no cost-sharing, potentially upsetting the fully insured health insurance markets prior to analysis. The result of this bill could have dramatic impact on premium and we urge the committee to consider the affordability impact before moving forward with this legislation.

Carriers certainly agree with proponents that care coordination is a laudable goal with the target populations identified and could lead to better health outcomes with connections to wrap-around services, but the pilot demonstrated in Frederick might just be one of many models that could provide return on investment in this space. There are a number of home visiting programs that are utilized across the country that have shown effectiveness and a mandated study to examine social interventions seems prudent. We are also concerned about the cost associated with the bill as introduced, as the average cost-per-patient as presented by the proponents utilizing Chesapeake Regional Information System for our Patients (CRISP) data is \$3,361. The average cost-per-visit is \$2,361. These costs will certainly have overall premium impact that at this time is unknown. We suggest we need to have a handle on that impact before moving forward.

League members also wanted to note that carriers already have provider panels at the ready, and consumer approaches full of covered options to help with new mothers and the newborn's care, as well contracted relationships with community providers and organizations to assist with navigation of services.

Under the ACA, each state must pay, for every health plan purchased through the Maryland Health Benefit Exchange, the additional premium associated with any state-mandated benefit beyond the federally mandated essential health benefits. This means, should the Commissioner include the mandate in the State

bench mark plan, the State would be required to defray the cost of the benefits to the extent it applies to the individual and small group market ACA plans.

The League opposes any additional mandated benefits to Maryland's law. Mandated benefits add cost to health insurance policies in our state and limit the ability of insurers to design benefits to best meet the needs of enrollees. Given the potential impact to health insurance costs in the State, Maryland law includes a statutory framework for review and evaluation of proposed mandated benefits by the Maryland Health Care Commission under § 15-1501 of the Insurance Article. The law requires the assessment of a proposed mandate for the social, medical and financial impact of the proposed mandate and equips the General Assembly with such information as the extent to which the service is generally utilized by a significant portion of the population; the extent to which the insurance coverage is already generally available; if coverage is not generally available, the extent to which the lack of coverage results in individuals avoiding necessary health care treatments; if coverage is not generally available, the extent to which the lack of coverage results in unreasonable financial hardship; and the level of public demand for the service. Before adopting this or any other mandated health benefit, we urge the Committee first request an evaluation of the proposed benefit to facilitate an informed decision.

For these reasons, the League urges the committee to give Senate Bill 156 an unfavorable report.

Very truly yours,

A handwritten signature in black ink, appearing to read "Matthew Celentano", with a long horizontal flourish extending to the right.

Matthew Celentano
Executive Director

cc: Members, Senate Finance Committee

SB 156-FIN-MDH-LOC.docx (1).pdf

Uploaded by: Meghan Lynch

Position: UNF



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

January 29, 2025

The Honorable Pamela Beidle
Chair, Senate Finance Committee
3 East Miller Senate Office Bldg.
Annapolis, MD 21401-1991

RE: Senate Bill (SB) 156 – Universal Newborn Nurse Home Visiting Services – Program Establishment and Insurance Coverage – Letter of Concern

Dear Chair Beidle and Committee Members:

The Maryland Department of Health (“the Department”) respectfully submits this letter of concern for Senate Bill (SB) 156 – Universal Newborn Nurse Home Visiting Services – Program Establishment and Insurance Coverage.

The Department is committed to improving maternal and child health outcomes. The Maryland Medical Assistance Program (“Medicaid”) pays for approximately 45 percent of all births in the state each year (32,175 in 2022). Medicaid has made significant investments in home visiting services since 2017 leveraging state funding through the Maternal and Child Health Population Health Improvement Fund to pull down additional federal matching dollars.

SB 156 would require the Department to establish a voluntary program to provide home visiting services to all households with an infant up to twelve weeks of age or an individual who experienced a stillbirth in the past twelve weeks. Qualifying households would be eligible to receive up to four home visits from a nurse. The services must follow an evidence-based model and address several health domains. All payers, including Medicaid, would be required to participate. SB 156 also requires the Department to submit an annual report to the Governor on findings and recommendations from the program beginning on or before December 1, 2026.

Evidence-based home visiting programs are widely supported in Maryland. Their expansion is included in the Moore-Miller State Plan Priority 1- “Ending Child Poverty in Maryland,” as well as the Maryland Department of Health’s [Women’s Health Action Plan](#).¹ Central to these plans are alignment and integration with existing Department programs to ensure coordination of the services offered. The Department is concerned that the bill establishes new and separate processes for a newborn home visiting program rather than integrating with the systems and leveraging strategies already in place.

¹ Maryland Department of Health, Women’s Health Action Plan, <https://health.maryland.gov/phpa/mch/Pages/Womens-Health-Action-Plan.aspx>

Though a specific home visiting model is not named in SB 156, the bill indicates that the newborn home visiting program must be an evidence-based, nurse-led, universal early childhood home visiting service delivery model under the criteria established by the U.S. Department of Health and Human Services (HHS). HHS has deemed over 25 models to be evidence-based, however, only the Family Connects model meets the criteria in the bill.² The current legislation does not allow for a localized process to select models that address the specific challenges faced by each community and engender effective, sustainable, and responsive solutions.

Additionally, because Family Connects International (FCI) maintains accreditation for the Family Connects model, any significant operating changes to FCI, the home visitor curriculum, or minimum training requirements have the potential to create a misalignment with implementing the program according to the current legislation.

Maryland Medicaid Home Visiting Programs

The Department established a home visiting pilot program through Medicaid in 2017 and expanded services statewide in 2022. Medicaid reimburses for two evidence-based home visiting models, Nurse Family Partnership (“NFP”) and Healthy Families America (“HFA”). Both programs cover the seven domains outlined SB 156: infant and child health, child development and school readiness, maternal and postpartum health, family economic self-sufficiency, positive parenting, reducing child maltreatment, and reducing family violence. Both NFP and HFA provide services to families over a longer span of time, starting during pregnancy and continuing through the early toddler years, allowing for trust to be established and a connection to be created.

In 2023, Medicaid reimbursed for more than 6,470 services delivered to over 600 unique individuals, including more than 200 infants. The Medicaid program is structured to mirror previously-existing programs and allows grant-funded programs to serve additional Marylanders outside the Medicaid program. Currently there are 12 HFA sites and 2 NFP sites enrolled as Medicaid providers. As these sites continue to grow, the Department remains dedicated to working with providers to engage them with the Medicaid program.

Projected Fiscal Impact

If implemented as currently drafted, this bill would result in significant annual expenditures related to administering this program. For the next five years, the total expenditures for both program administration and Medicaid are estimated to be \$27,144,134 for fiscal year 2026; \$32,023,509 for fiscal year 2027, \$32,053,453 for fiscal year 2028, \$32,084,841 for fiscal year 2029, and \$32,116,324 for fiscal year 2030. In fiscal year 2026, this estimate includes salary and fringe benefits for 6.5 full time employees totaling \$344,828 with associated operating costs of \$70,410, as well as travel for staff estimated at \$47,620 annually to meet with community leads

² U.S. Department of Health and Human Services. Home Visiting Evidence of Effectiveness - Model Search. https://homvee.acf.hhs.gov/model-search?search_api_fulltext=&field_miechv_eligible=1&meets-hhs=1&f%5B0%5D=target_population_taxonomy_term_name%3A0-11%20months&page=0

around the state. The Department also estimates centralized intake system costs of \$2,000,000 to expand the home visiting database to include: the intake system to receive referrals, coordination between database vendor and client intake staff, and provide equipment such as phones/tablets for field staff to manage intake. Grants to community leads would total \$12,600,000. These costs include those that are not reimbursable by insurance, including start-up costs, model dues (which must be paid to the developers of the home visiting program in order to use the program), training, out-of-pocket reimbursements, and administrative overhead. The Department calculated the estimated costs of \$600,000 per community lead by reviewing costs associated with other statewide universal home visiting programs. Based on the current home visiting implementation structure, the Department assumes that there will be 21 community leads.

By creating a universal newborn nurse home visiting program, Medicaid assumes that provider participation and service utilization would increase substantially. Assuming reimbursement through the universal program aligns with the Medicaid rate (\$188/home visit), provision of four visits (\$752) to the 32,159 households not receiving home visits today would have a fiscal impact of \$24.18 million total funds (\$12.83 million federal funds, \$11.35 million state general funds) annually. Between fiscal year 2026 and 2030, the total cost will be \$108.83 million total funds just for the Medicaid costs of the program (\$57.74 million federal funds, \$51.08 million State general funds).

If you would like to discuss this further, please do not hesitate to contact Sarah Case-Herron, Director of Governmental Affairs at sarah.case-herron@maryland.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Laura Herrera Scott', written in a cursive style.

Laura Herrera Scott, M.D., M.P.H.
Secretary

SB 156 - MACHO - FIN - LOC.pdf

Uploaded by: State of Maryland (MD)

Position: UNF



**2025 SESSION
POSITION PAPER**

BILL: **SB 156 - Universal Newborn Nurse Home Visiting Services - Program Establishment and Insurance Coverage**

COMMITTEE: **Senate - Finance Committee**

POSITION: **Letter of Concern**

BILL ANALYSIS: **SB 156 would require the Maryland Department of Health (MDH) to establish a voluntary universal newborn nurse home visiting program for all newborns in the state and require insurers, non-profit health service plans, and health maintenance organizations that provide related benefits in certain plans to provide certain coverage and reimbursement for the universal newborn nurse home visiting services.**

POSITION RATIONALE: The Maryland Association of County Health Officers (MACHO) submits a Letter of Concern for SB 156. MACHO's concerns are budgetary, duplication of existing programs, and diversion of scarce resources.

Local health departments (LHDs) are one entity eligible to be a community lead to provide the described nurse home visiting services. Currently, many LHDs receive funding via MDH's HRSA funded Maryland Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program to implement evidence-based, voluntary family support programs to meet the needs of the most vulnerable women and families as identified through a comprehensive statewide needs assessment. Many of the components outlined in SB 156 can also be found in the MIECHV program: use of data/reporting platform, evaluation, training and technical support, program monitoring, nurse-led, target audience (pregnant and post-partum women, and infants), and focus areas. In addition, the MIECHV has a statewide home visiting plan and consortium to which reps from education, health care, research and evaluation, public health, and home visiting meet to share information and ensure coordination and collaboration in the implementation of home visiting programs across Maryland. Lastly, MIECHV also serves young children which expands the impact of the existing nurse home visiting program and is longer term. Examples of such LHD programs are Healthy Families, Babies Born Healthy, and Thrive By Three. These go beyond home visiting services to provide comprehensive care coordination for the entire family. *If additional funding was allocated, more LHDs could be funded, and more families could be supported without the administrative overhead of a new program.*

While SB 156 specifies that LHDs and other community leads develop and implement strategies with MDH to secure funding, this should be done at the state level, in coordination with any relevant entity to ensure resources and rates are adequate to cover the cost of providing the comprehensive services. *Given the current budget situation and for LHDs, reductions to Core Funding, without a dedicated funding source, LHDs would have a difficult time implementing an unfunded program.*

The universal scope of the proposed program will divert resources from those who need them most. The proposed bill would result in an influx of newborns requiring home visits, overwhelm limited resources, and divert focus from those most at-risk of adverse birth and childhood outcomes. For these reasons, the Maryland Association of County Health Officers submits this Letter of Concern for SB 156. For more information, please contact Ruth Maiorana, MACHO Executive Director at рмаioral@jhu.edu or 410-937-1433. This communication reflects the position of MACHO.

Final SB156 - MIA - LOI.pdf

Uploaded by: Marie Grant

Position: INFO

WES MOORE
Governor

ARUNA MILLER
Lt. Governor



MARIE GRANT
Acting Commissioner

JOY Y. HATCHETTE
Deputy Commissioner

DAVID COONEY
Associate Commissioner
Life and Health Unit

200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202
Direct Dial: 410-468-2471 Fax: 410-468-2020
1-800-492-6116 TTY: 1-800-735-2258
www.insurance.maryland.gov

Date: January 29, 2025

Bill # / Title: Senate Bill 156 - Universal Newborn Nurse Home Visiting Services – Program Establishment and Insurance Coverage

Committee: Senate Finance Committee

Position: Letter of Information

The Maryland Insurance Administration (MIA) appreciates the opportunity to provide information regarding Senate Bill 156.

The bill requires the Maryland Department of Health (MDH) to establish a program to provide universal newborn nurse home visiting services to all families with newborns residing in the State. The aim of the bill is to create a program that would, with consultation from relevant stakeholders, provide universal newborn nurse home visiting services to all families with newborns residing in the State and to tailor the program to meet individual community needs. The legislation requires MDH, in collaboration with the MIA, to write regulations that contain the criteria for the covered services and to develop a reimbursement formula to be paid to providers of the new services.

While the bill's intent is to facilitate a comprehensive nurse home visiting program tailored to the needs of specific communities, the MIA notes that the bill places a substantial mandate on a very limited subset of Maryland's private insurance market.

The bill's provisions of required coverage and reimbursement would only apply to a very limited subset of the insured - namely those in the large group market and the individual grandfathered market. Sections 31-116(a), (c), and (d) of the Insurance Article indicate that mandates required after December 31, 2011 are not applicable to the non-grandfathered individual and small employer markets if the mandates are not included in the State benchmark plan.

If the bill were drafted to apply to individual and small group products, this could have the effect of triggering Affordable Care Act (ACA) defrayal requirements that require the state to cover the costs for any new mandates that go beyond the state's benchmark plan for Essential Health Benefits.

Senate Bill 156 requires that the MIA collaborate with MDH to create a formula which establishes the reimbursement rate for the providers. MIA notes that the process of creating a formula would involve hiring actuarial consultants with expertise in newborn nurse home visiting services, which create a fiscal impact to the MIA.

Thank you for the opportunity to provide this letter of information. The MIA is available to provide additional information and assistance to the committee.