

March 14, 2025

The Honorable Joseline A. Peña-Melnyk  
Chair, House Health and Government Operations Committee  
Room 241, House Office Building  
Annapolis, MD 21401

**RE: Senate Bill 213 - Health - Maternal and Child Health Population Health Improvement Fund - Use - Letter of Support**

Dear Chair Peña-Melnyk:

The Health Services Cost Review Commission (HSCRC) appreciates the opportunity to express strong support for Senate Bill (SB) 213, "Health - Maternal and Child Health Population Health Improvement Fund - Use," and respectfully requests that the Committee issue a favorable report. The provisions SB 213 are the same as House Bill (HB) 170, which already received a favorable report from this Committee.

SB 213 ensures continued funding for critical maternal and child health programs in Maryland only using existing funds, not requesting additional money. In addition, some of the dollars in this fund will be leveraged to draw down additional federal dollars in Medicaid, effectively doubling the resources available for these vital initiatives.

Under Maryland's Total Cost of Care Model, the state has set ambitious goals to improve health outcomes related to severe maternal morbidity and childhood asthma. The Maternal and Child Health Improvement Fund (MCHIF), established by the legislature in 2021 through the Budget Reconciliation and Financing Act (House Bill 589), provides essential seed funding to create and expand programs designed to meet these goals.

To date, the Health Services Cost Review Commission (HSCRC) has allocated \$40 million to support maternal and child health interventions led by Medicaid and the Prevention and Health Promotion Administration (PHPA) within the Maryland Department of Health (MDH). This funding was collected through a broad-based, uniform hospital assessment.

The Maternal and Child Health Fund is currently set to sunset on December 31, 2025. SB 213 proposes to change the sunset provision to sustain and expand these essential programs, enabling the Maryland Department of Health (MDH) to utilize the fund's balance through December 31, 2027.

As with any new initiative, it has taken time to develop programs, including identifying participants and recruiting workers, resulting in money remaining in the fund to date. To date, MDH has implemented regulations, established necessary contracts, recruited programs, and provided education and support to those programs. Those programs have recruited participants and workers, in addition to providing services. Program activities (and expenditures) have increased in each subsequent year as program activities expand. Standing up these programs in 2022 and early 2023 was particularly challenging due to

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the COVID-19 pandemic. If this bill passes, MDH intends to spend the entirety of the remaining fund balance by the end of 2027.

## Program Highlights and Impact

In the short period of time that HSCRC has funded these programs, they have demonstrated significant success in improving health outcomes and addressing health disparities:

- **Perinatal Home Visiting:** Medicaid has enrolled 16 home visiting providers serving 14 of Maryland's 24 jurisdictions. In 2023, 5,412 services were provided to 627 participants, with 63% in rural areas. None of the participants experienced birth complications. PRHA supports additional home visiting sites.
- **Doula Services:** Among Medicaid-funded doula service participants, 68% were Black, and none experienced birth complications.
- **CenteringPregnancy:** This evidence-based group prenatal care program has grown from 4 sites in 2021 to 17 sites in 8 counties by 2023, with significant coverage in underserved areas such as Prince George's County and Baltimore City. Eighty-two percent of participants were Black or Hispanic, and none experienced birth complications.
- **MOM Program:** This program provides enhanced case management for pregnant and postpartum Medicaid participants with opioid use disorder (OUD). None of its participants experienced birth complications.
- **HealthySteps:** In FY 2023, this pediatric care model served 1,370 infants and toddlers, 85% of whom were Black, promoting positive parenting and healthy child development.
- **Asthma Home Visiting:** MDH operates programs in 11 jurisdictions, serving 897 children in FY 2024, with 72% of participants identifying as Black. Statewide, Maryland has seen a decline in childhood asthma emergency department visit rates, with larger decreases among Black children.

These programs are essential in reducing health disparities and improving outcomes for Maryland's mothers, children, and families. Extending the sunset provision for 2 additional years allows MDH to sustain and expand these efforts, paving the way for a healthier future across the state.

The Commission urges a favorable report on SB 213. If you have any questions or if we may provide you with any further information, please do not hesitate to contact Jon Kromm, Executive Director, at [jon.kromm@maryland.gov](mailto:jon.kromm@maryland.gov) or Deborah Rivkin, Director of Government Affairs, at [deborah.rivkin@maryland.gov](mailto:deborah.rivkin@maryland.gov).

Sincerely,



Jon Kromm  
Executive Director