

**Testimony on HB 0334 by Dr. William Reid (Frederick County, Maryland)**  
**Universal Newborn Nurse Home Visiting Services - Program Establishment and Insurance Coverage**

**Health and Government Operations**

**January 29, 2025**

**Position: Support HB0334 with Amendments (FWA)**

Good afternoon, Madam Chair and **House and Government Operations Committee Members**. My name is William Reid. I am a resident of Frederick, Maryland, a leader and board member of Progressive Maryland, the Chair of Frederick Progressives, and a representative of the Asian American Center of Frederick. I appreciate the opportunity to testify in support of **HB0334 with amendments emphasizing equitable maternal and infant healthcare for all Marylanders**.

Maternal and infant health disparities persist across Maryland and in the United States. Black women are three times more likely to die from pregnancy-related causes than White women, and over 80% of such deaths are preventable (CDC, 2024). Multiple factors contribute to these disparities, such as differences in the quality of healthcare received in the prenatal and postpartum period, underlying chronic conditions, structural racism in the healthcare system, and implicit bias. Maryland's maternal mortality rate (MMR) from 2016–2020 was 17.5 per 100,000 live births, slightly below the national rate, but Black women faced an MMR 2.3 times higher than White women. Infant mortality rates also reveal racial inequities, with the 2020 non-Hispanic Black infant mortality rate (9.9 deaths per 1,000 live births) significantly exceeding that of non-Hispanic White and Hispanic infants.

Federal programs like HRSA's Maternal and Child Health initiatives and CMS's Transforming Maternal Health (TMaH) model aim to improve maternal outcomes through midwives, doulas, and Community Health Workers (CHWs). These approaches reduce adverse outcomes, including postpartum anxiety, depression, and cesarean sections for low-risk pregnancies.

To address these issues, **we urge you to support HB0334 with amendments to ensure equitable by:**

1. **Targeted Universalism:** Revise the "universal newborn home visiting program" language to support universal goals while prioritizing families with more significant risks. This approach ensures culturally appropriate and tailored interventions for at-risk groups.
2. **Perinatal Workforce Expansion:** Include CHWs in the home visiting model who work alongside registered nurses and social workers to enhance care for high-risk individuals, reduce disparities, and improve outcomes.
3. **Extended Service Timeline:** Expand postpartum care from the proposed 12 weeks to at least 365 days, addressing the 30% of maternal deaths occurring between 43 and 365 days postpartum.
4. **Equity-Focused Metrics:** Track data by race, ethnicity, income, and geography to analyze disparities and measure outcomes, such as infant mortality rates, breastfeeding rates, and maternal mental health indicators.

Research demonstrates that such revisions will improve health outcomes for Maryland families, particularly those in marginalized communities (JAMA Pediatr. 2023;177(9):939-946).

We urge you to **support HB0334 with these critical amendments**. Thank you.