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

Testimony prepared for the
**Health and Government Operations Committee**
on
# House Bill 334
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 much more efficient, to use that oft-sullying term-of-art, than costly interventions needed if things are not going well.

**House Bill 334** 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

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