



1/29/2025

Delegate Joseline A. Pena-Melnyk, Chair
House Health and Government Operations Committee
Maryland General Assembly

Chair Pena-Melnyk, Vice Chair Cullison, 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 HB 334 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

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Chief Program Officer
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