



MID-ATLANTIC ASSOCIATION OF
COMMUNITY HEALTH CENTERS

TO: The Honorable Shane E. Pendergrass, Chair
Members, House Health and Government Operations Committee
The Honorable Mary Washington

FROM: Pamela Metz Kasemeyer
J. Steven Wise
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DATE: March 30, 2021

RE: **SUPPORT** – Senate Bill 923 – *Maryland Medical Assistance Program – Eligibility and Disenrollment*

On behalf of the Maryland State Medical Society, the Maryland Chapter of the American Academy of Pediatrics, the Maryland Section of the American College of Obstetricians and Gynecologists, and the Mid-Atlantic Association of Community Health Centers, we submit this letter of **support** for Senate Bill 923.

Senate Bill 923 would extend Medicaid coverage for pregnant women from 60 days postpartum to 12 months postpartum. Currently, Medicaid provides coverage for pregnant woman up to 250% of poverty. That coverage is in effect until 60 days postpartum. At that time, the infant retains coverage for 12 months, but the mother loses coverage 60 days after the birth of the child. The Maternal Child Health Task Force, the Senate President’s Workgroup on Equity and Inclusion, as well as Maryland’s Maternal Mortality Review Committee have identified extension of Medicaid to 12 months postpartum as a key recommendation to address maternal child health challenges, improve health outcomes, and save unnecessary health care costs.

The U.S., including Maryland, is battling a maternal health crisis. It is the only industrialized nation with a maternal mortality rate that is on the rise. The crisis is disproportionately impacting women of color, and the majority of pregnancy-related deaths are preventable. Furthermore, for every woman who dies from pregnancy-related causes, another 70 suffer from severe maternal morbidity. Medicaid has a vital role to play in improving maternal health outcomes. More than 40% of all births in Maryland are financed by Medicaid, and Medicaid enrolled pregnant women are more likely than women enrolled in private coverage to have certain chronic conditions and have a preterm birth or low birthweight baby, putting them at higher risk for poor maternal outcomes.

Since Congress established the 60-day postpartum period for Medicaid coverage for pregnant women in 1986, much more is known about maternal deaths and the delivery of postpartum care. Based on the science, there is broad agreement among healthcare providers, health plans, and consumer advocacy groups that the Medicaid postpartum coverage period should be 12 months. The simple step of extending postpartum coverage in Medicaid provides an automatic 12-month coverage pathway during a very vulnerable time, providing coverage for women without other options, and preventing disruptions in care. In addition to improving maternal and child health outcomes, a Medicaid postpartum coverage extension will reduce Medicaid costs because postpartum complications and chronic conditions will not be left untreated only to worsen over time. Many of the women who lose Medicaid coverage postpartum re-enroll in Medicaid at a later time; timely interventions will avoid more expensive care later on.

Furthermore, extending coverage to the mother aligns continuous coverage for both mother and baby for 12 months postpartum, regardless of changes in family income. It has been found that parental enrollment in Medicaid is associated with a 29-percentage point higher probability that a child will receive an annual well-child visit. Continuing Medicaid coverage for postpartum mothers will also improve health outcomes for children because children's healthy development is dependent on healthy parents.

Passage of Senate Bill 923 is critical to improving Maryland's maternal and child health outcomes, thereby reducing both health disparities and unnecessary health care costs. A favorable report is requested.

For more information call:

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