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TO: The Honorable Peter A. Hammen, Chairman

Members, House Health & Government Operations Committee

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The Honorable Heather Mizeur

FROM: Joseph A. Schwartz, III

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DATE: March 8, 2011

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RE: **SUPPORT** – House Bill 778 – *Family Planning Works Act*

On behalf of MedChi, the Maryland State Medical Society, Maryland Section of the American Congress of Obstetricians and Gynecologists, the Mid-Atlantic Association of Community Health Centers, and the Maryland Chapter of the American Academy of Pediatrics, we support House Bill 778.

House Bill 778 expands eligibility for family planning services to all families with income at or below 250% of poverty. Under current law, a pregnant woman is eligible for Medical Assistance if her income is at or below 250% of poverty. Two months after the delivery of her child, she loses her eligibility for Medicaid but remains eligible for family planning services for five years. Passage of House Bill 778 would eliminate the requirement that a woman whose income is at or below 250% of poverty give birth to a child to qualify for family planning services.

Ideally, all women with incomes at or below 250% of poverty should be eligible for full Medicaid benefits. However, the State's current fiscal situation does not allow for that breadth of coverage. Providing family planning services is at least a step in the right direction. Maryland's rates for infant mortality, premature births and low birth weight infants continue to increase. While prenatal care is an essential component to reducing these outcomes, access to family planning services and the education it provides will go a long way toward avoiding the issues that cause women to find themself pregnant when they are unable to appropriately care for themselves during pregnancy. Furthermore, because the benefit is provided whether a woman has given birth or not, it may enable young women to learn how to plan their pregnancies appropriately in accordance with their age and health status.

Expanding access to family planning services has proven to be cost-effective. According to a federally funded evaluation of state Medicaid family planning expansions completed in 2003, all of the programs studied yielded significant savings to the federal and state governments. States as diverse as Alabama, Arkansas,

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California, Oregon, and South Caroline each saved more than \$15 million in a single year by helping women avoid unintended pregnancies that would have resulted in Medicaid-funded births.

House Bill 778 will advance the health and well-being of Maryland's women and their children while savings scarce state revenues. It is a win-win for all concerned. A favorable report is strongly requested.

For more information call:

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