2019 Session Legislation Related to Infant and Maternal Health & Wellbeing

April 9, 2019

Note: This presentation is for informational purposes. The Maryland Health Care Commission has not taken an official position on any of the bills described in this presentation.
Legislative Process

HOUSE

1st Reading Committee 2nd Reading 3rd Reading 1st Reading Committee 2nd Reading 3rd Reading {Conference Committee} Returned Passed Passed Enrolled Enacted

SENATE

HOUSE BILL

SENEATE BILL

3/18/19: Cross-Over Date

4/8/19: Sine Die
HB 127 / SB 36 - Health Insurance - Health Benefit Plans - Special Enrollment Period for Pregnancy

• Provides a special enrollment period for pregnancy for small employer health insurance plans and individual health plans.

• Special enrollment periods are for 90 days from the date that the pregnancy is confirmed by a health care practitioner, and enrollment dates to the start of the month in which the pregnancy was confirmed.

• Status: Both bills - Return Passed
HB 520 / SB 406 - Prenatal and Infant Care Coordination –
Grant Funding & Task Force

• Doubles the budgeted amount for the Maryland Prenatal and Infant Care Coordination Services Grant Program Fund, otherwise known as the “Thrive by Three” fund, from $50,000 to $100,000 starting with FY 2021. This fund provides for care coordination services for low-income pregnant women, postpartum women and their children from birth to age 3.

• Adds additional stakeholders to the membership of the Task Force on Maryland Maternal and Child Health. This task force focuses on early intervention on child health issues and child care.

• Status: Both bills passed enrolled
HB 583 / SB 356 - Health-Maternal Mortality Review Program - Recommendations and Reporting Requirement (1/2)

Requires the Maternal Mortality Review Program in MDH, in consultation with the Office of Minority Health and Health Disparities, to make recommendations to reduce any disparities in the maternal mortality rate, including recommendations related to social determinates of health.

The Maternal Mortality Review Program is charged with collecting information on maternal mortality, analyzing the information, developing recommendations to prevent maternal deaths, disseminate those findings and recommendations to policy makers, health care providers, health care facilities, and the general public.
HB 583 / SB 356 - Health-Maternal Mortality Review Program - Recommendations and Reporting Requirement (2/2)

• The annual report of the Maternal Mortality Review Program must include a section on racial disparities that includes—
  – A comparison of the maternal mortality rates of non-Hispanic black and non-Hispanic white women;
  – Data on changes in the maternal mortality rate by race and ethnicity
  – The number of live births by race
  – The percentage of woman who gave birth by race
  – The percentage of maternal deaths by race and ethnicity
  – The maternal mortality rate by race
  – A comparison of the leading causes of maternal death my race; and
  – Any other information the Secretary determines necessary.

• Status: House Bill – Return Passed; Senate Bill - Enrolled
HB 796 / SB 602- Public Health-Maternal Mortality Review Program-Establishment of Local Teams

• Allows for the establishment of local maternal mortality review teams in each county under the direction of the local health officer (or multicounty teams).

• Provides for data sharing between MDH and the local teams and provides privacy protections for that information.

• Allows MDH to release de-identified data to the CDC, local maternal mortality review teams and others.

• Increases the types of information that the Secretary is required to share with the Maternal Mortality Review Program, including medical examiner investigate information and information from social services agencies that provided service to the woman.

• Status: House Bill- Return Passed; Senate Bill did not come out of committee
HB 1272 / SB 904- Maryland Department of Health - Family Planning Program - Funding

• This bill prohibits the Maryland Department of Health (MDH) from accepting any federal funding under the Title X Family Planning Program if that program
  – (1) excludes family planning providers and
  – (2) does not require such providers to provide a broad range of acceptable and effective medically approved family planning methods and services.

• If MDH does not accept Title X program funds, the Governor must fund Maryland’s Family Planning Program at the same level as total funding provided in the preceding fiscal year.
  – In fiscal 2021 and annually thereafter, the Governor must provide a minimum of $1.0 million above the level of State funds provided in fiscal 2020 for specified family planning grants for specified purposes.

• Status: House Bill –Enrolled; Senate Bill - Return Passed
SB 47  Health Insurance - Technical Correction and Required Conformity With Federal Law

• Under current law, a carrier must provide a special enrollment period during which an individual who experiences a triggering event can enroll in or change health benefit plans.

• The bill adds a new triggering event when an eligible employee or dependent loses access to health care services through a program providing prenatal care or services, which is considered to occur on the last day the eligible employee or dependent would have access to health care services.

• Status: Senate Bill - Return Passed, no cross file