

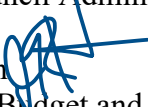


October 25, 2023

FISCAL AND POLICY NOTE

TO: Jennifer A. Jenkins
Council Administrator

William M. Hunt
Deputy Council Administrator

THRU: Josh Hamlin 
Director of Budget and Policy Analysis

FROM: Malcolm Moody - *MM*
Legislative Budget and Policy Analyst

RE: Policy Analysis and Fiscal Impact Statement
CR-090-2023, Black Maternal Health Fund

CR-090-2023 (*Proposed and Sponsored by: Council Members Oriadha, Hawkins, Harrison, Watson, Fisher, Olson, Dernoga, Ivey, Burroughs, and Blegay*)

Assigned to the Government Operations and Fiscal Policy (GOFP) Committee

A RESOLUTION CONCERNING BLACK MATERNAL HEALTH Fund for the purpose of encouraging providing grants to organizations whose mission is based on alleviating maternal health disparities in the African American community.

Fiscal Summary

Direct Impact:

Expenditures: Likely increase in expenditures.

Revenues: No revenue impact likely.

Indirect Impact:

Potentially favorable.

Legislative Summary:

CR-090-2023¹, proposed by Council Members Oriadha, Hawkins, Harrison, Watson, Fisher, Olson, Dernoga, Ivey, Burroughs, and Blegay, was introduced on October 10, 2023, and referred to the Government Operations and Fiscal Policy (GOFP) Committee. CR-090-2023 would establish a program titled “Black Maternal Health Fund” (Fund) which can be funded through public or private partnerships to assist the County in focusing on black maternal health by giving grants to non-profits that provide maternal health services. The County Council will request up to one million dollars (\$1,000,000.00) for the Fund. The allocation of the funding for this program will be overseen by the County Council.

Overview

The resolution would establish the Fund to provide grant money to non-profits providing maternal health services. The need for the Fund is based on information from the Center for Disease Control and Prevention (CDC) and the Government Accountability Office (GAO) showing non-Hispanic black women face increased risk for maternal mortality compared to other racial/ethnic groups.

Current Law/Background:

The Maryland General Assembly previously passed HB0520² (“Bill”) which established the Task Force on Maryland Maternal and Child Health (“State Task Force”), required one hundred thousand dollars (\$100,000.00) in funding for the Maryland Prenatal and Infant Care Coordination Services Grant Program Fund, required the State Task Force to study and make recommendations, including programs that the Maryland Medical Assistance Program³ (MMAP) should implement, and required the State Task Force to report findings/recommendations to the General Assembly.

The State Task Force established by the General Assembly has a similar goal to the Fund proposed in this and made recommendations in their report,⁴ which acknowledge disparities in maternal health, to the General Assembly on August 18, 2020. The recommendations made by the Final Report are as follows:

1. Make MCH the third goal under the population health domain of Maryland’s Integrated Health Improvement Strategy with the Centers for Medicare and Medicaid Services

¹ [CR-090-2023](#)

² [HB0520 - Prenatal and Infant Care Coordination - Grant Funding and Task Force](#)

³ [Maryland Medical Assistance Program](#)

⁴ [Task Force on Maryland Maternal and Child Health - Final Report](#)

- (CMS), with a focus on reducing maternal and infant mortality and fostering child and family mental, emotional, and behavioral health.
2. Establish a standing Maternal and Child Health Committee (Committee) in Maryland Department of Health (MDH) to develop a Blueprint for MCH and shared accountability framework that provides a roadmap to achieving outcome goals. This committee would develop an action plan, implement strategies, and define and monitor outcomes to improve MCH and eliminate racial/ethnic and socioeconomic disparities.
 3. The Maternal and Child Health Committee should define, collect, and track process and outcome metrics throughout the care delivery system for the MCH population to improve data utilization, data quality, and population health management, and to monitor progress toward high-priority outcomes relevant to MCH.
 4. Tailor financing and payment models to the MCH population, including establishment of a Maternal and Child Health Payment Advisory Subcommittee of the Maternal and Child Health Committee (see Recommendation #2). The Subcommittee should advise MDH and Health Services Cost Review Commission (HSCRC) on care delivery models and payment methodologies across the care delivery system that ensure quality and outcomes for the MCH population.
 5. Extend Medicaid coverage for pregnant women until 12 months postpartum and provide care coordination and health literacy education for individuals as they transition coverage.
 6. Ensure all pregnant women receive comprehensive prenatal care (PNC) by increasing awareness of and access to resources for all women, including a statewide Emergency Medicaid Program that covers undocumented immigrants.
 7. Strengthen the obstetric workforce by further integrating Certified Nurse Midwives (CNMs) into Maryland Hospitals.
 8. Foster healthy mental, emotional, and behavioral development of children and coordinate care to address MCH population health needs.
 9. Ensure that Statewide MCH strategies and programs prioritize parent and community engagement, two-generation family approaches, and place-based outreach initiatives. Important components of these efforts are explicitly supporting families in their 20 psychosocial needs and reaching children and families in community locations, including childcare centers and schools.

The Fiscal and Policy Note⁵ for the Bill found that expenditures would increase due to the requirement of increasing funding for the Maryland Prenatal and Infant Care Coordination Services Grant Program Fund from fifty thousand dollars (\$50,000.00) to one hundred thousand dollars (\$100,000.00) which begun in Fiscal Year 2021.

Resource Personnel:

- Tiffany Hannon, Chief of Staff, Council District 7
- Leroy D. Maddox Jr, Legislative Officer

⁵ [HB0520 - Fiscal and Policy Note](#)

Discussion/Policy Analysis:

Concerning the purpose of the proposed legislation, the County’s Health Department conducted a Maternal and Infant Health Report in 2019⁶ has shown that there are disparities present in the County in relation to maternal health outcomes. The report found the following disparities for pregnancy-related mortality (2008-2017):

	Prince George’s Number of Deaths	Prince George’s Rate per 100,000 live births	Maryland Number of Deaths	Maryland Rate per 100,000 live births
TOTAL DEATHS	35	28.6	198	26.9
Black, NH	27	37.4	108	44.9
White, NH	*	*	63	19.1
Hispanic	*	*	17	15.6
Asian/PI, NH	*	*	10	18.8

Figure 1. * Means that data is unavailable

Figure 2. Source: CDC Wonder Online Database, Underlying Causes of Death; CDC Wonder Online Database, Births

The Maryland Department of Health conducted a Maryland Vital Statistics Annual Report in 2021⁷, which looked at a multitude of health outcomes across the state. The report tried to compare the health outcomes it examined by looking at differences between age groups, races, ethnicities, and location. The Annual Report is a part of a series of reports dating back to 1996. There are also additional reports that look at Infant Mortality rates and Live Birth data⁸.

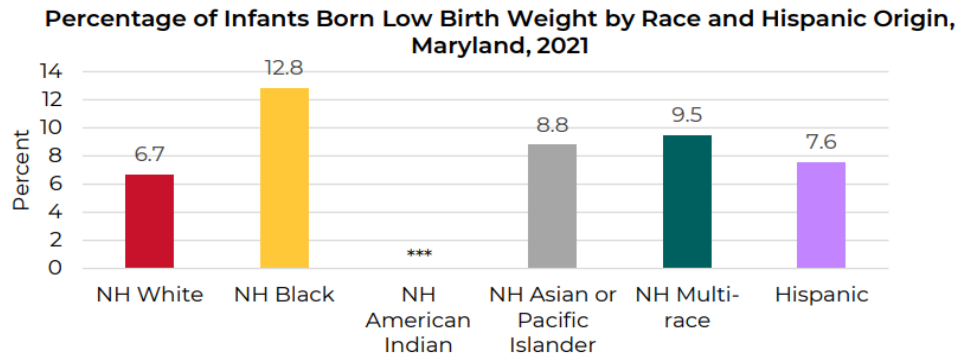


Figure 1. Source: Maryland Vital Statistics Annual Report 2021 – Page. 15

Figure 2. *Percents with <20 events in the numerator are not presented since such rates are subject to instability.

⁶ 2019 Maternal and Infant Health Report

⁷ 2021 Maryland Vital Statistics Annual Report

⁸ Vital Statistics and Reports - MD Department of Health

Fiscal Impact:

- *Direct Impact*

Adoption of CR-090-2023 will not have a direct adverse fiscal impact on the County because it commits this Council to *request* that up to one million dollars (\$1,000,000.00) of funding be allocated to the proposed Fund. Any actual direct fiscal impact will be the result of and in the amount of such future appropriation.

- *Indirect Impact*

Adoption of CR-90-2023 may have a favorable indirect fiscal impact on the County to the extent that alleviating maternal health disparities has a positive impact on the health of County residents, though the exact impact is unknown.

- *Appropriated in the Current Fiscal Year Budget*

No

Effective Date of Proposed Legislation:

The proposed Resolution shall become effective as of the date of adoption.

If you require additional information, or have questions about this fiscal impact statement, please call me.