



Maryland  
Hospital Association

**House Bill 520 – Prenatal and Infant Care Coordination – Grant Funding and Task Force**  
*Letter of Information to the House Health & Government Operations Committee*

**Bill Summary**

House Bill 520 would require the governor to include \$5 million in the annual budget beginning in fiscal year 2021 for the Maryland Prenatal and Infant Care Coordination Services Grant Program Fund; establish the Task Force on Maryland Maternal and Child Health; require the task force to study and make recommendations regarding certain matters; require the task force to report its findings to the General Assembly on or before November 1, 2019; and more.

**MHA Position**

Under Maryland's new Total Cost of Care agreement with the federal government, Maryland's hospitals are working to lower costs and improve population health. In addition to treating illness and injury, hospitals are reaching out beyond their four walls to keep people well and improve the health of the communities they serve. The result: hospitals are taking care of the whole person, empowering patients and families, coordinating care among different providers, and addressing social factors that influence people's health.

Ensuring that mothers and babies receive the care they need is central to that mission, and Maryland's hospitals fully support efforts like those in HB 520 to improve maternal and child health. In conversations with the bill sponsors, we are encouraged that the intent of bill is *not* to use hospital rates as a vehicle to generate the \$5 million called for in the bill, and we are working with sponsors to clarify this language.

Maryland's Total Cost of Care agreement with the federal government includes strict financial and quality goals that must be met by the state to indicate hospitals are controlling health care costs. The global budget principles used by Maryland's Health Services Cost Review Commission (HSCRC) already include incentives for hospitals and others to prevent adverse health outcomes. It is important to note that the HSCRC sets payment policies on an all-payer basis, which holds Maryland's hospitals accountable for the quality and cost of care for *all* patients — not just Medicare beneficiaries.

The HSCRC also considers maternal and/or infant health measures when setting its quality policies. For example, unlike hospitals outside of Maryland, our Readmission Reduction Incentive Program tracks and measures 30-day readmissions for all patients and causes. The Maryland Hospital Acquired Conditions program continues to include obstetric surgical infections as potentially preventable complications. Finally, the Potentially Avoidable Utilization Savings policy intends to include low birth weight and additional pediatric quality indicators, pending HSCRC approval this spring.

Maryland's hospitals look forward to continuing these efforts to advance the health of all Marylanders under the Total Cost of Care Model.