Testimony in SUPPORT of SB778
Maryland Medical Assistance Program - Children and Pregnant Women
(Healthy Babies Equity Act)
Senate Finance Committee

March 8, 2022

Dear Honorable Chair Kelley and Members of the Committee,

CASA is pleased to offer favorable testimony in strong support of the Maryland Medical Assistance Program - Children and Pregnant Women (Healthy Babies Equity Act). CASA is the largest immigrant services and advocacy organization in Maryland, and in the Mid-Atlantic region, with a membership of over 120,000 Black and brown immigrants and working families. This legislation comes at a critical time when the health and well-being of vulnerable mothers and their babies are at high risk.

CASA operates a robust Health and Human Services Department, where our offices work closely with undocumented Marylanders who are uninsured. The CASA health team helps thousands of families and pregnant women navigate the Health and Human Services System each year. From our case management assistance to connect members with social services to improve physical and mental health to our multilingual health hotline and medical interpreter program, to our comprehensive public benefits outreach and enrollment program - CASA is one of the leading and trusted organizations providing health support to the immigrant community. Recently, our health team answered the call to support vaccinating families in the Latino and broader immigrant community. CASA has administered over 11,000 vaccine doses to immigrant communities of Baltimore and Langley Park, as well as fielded tens of thousands of calls from community members navigating them to COVID-19 tests and vaccines, as well as speaking to them about COVID-19 mitigation strategies and other pandemic information. The majority of families we serve every day lack access to health insurance programs and urgently need better options for care.

For decades, millions of people across the country have relied on Medicaid, the nation's public health insurance program, for low-income families to receive the critical care needed to stay healthy. Unfortunately, undocumented immigrants are excluded from this vital program. Despite the profound cultural contributions immigrants make to the state, along with their essential role in the Maryland workforce and millions in contributions to society through federal, state, and local taxes - they are still ineligible for Medicaid. This includes pregnant people without immigration status.

SB778 addresses critical health disparities faced by the immigrant community in Maryland by expanding Medicaid to pregnant people and their children (up to one year old), regardless of immigration status, who meet the program's standard requirements. The bill requires the Maryland Department of Health to submit a state innovation waiver (under § 1115 of the Social Security Act) to allow Maryland to change eligibility.

Over the last several decades, the need for healthcare coverage has been a consistent priority of the immigrant community in Maryland. SB778 is a crucial step in addressing access to care, starting with pregnant people. CASA's membership, unfortunately, is overflowing with stories of mothers who have suffered the ultimate price due to their lack of care. A recent example that illustrates the urgency of this legislation is of Maria Vicente, an undocumented mother from Prince George's County. Three years ago, Maria had her first child. Uninsured, she did not have any prenatal or postnatal care. While her baby was delivered healthy and well, she was not. The pregnancy left her appendix damaged, which she didn't find out until later at a check up at a community clinic. She wasn't able to address the appendix damage because she couldn't afford it. A few years later, Maria got pregnant again, still facing the challenges of navigating her pregnancy without healthcare. She saw a doctor for the first time during her delivery. The doctor explained to her that she had developed appendicitis during her pregnancy which caused inflammation and an infection. Maria's son died during birth. Maria, herself, will suffer from severe health issues for many years to come.

Another CASA member, Yuri Mena, from Baltimore County, also suffered through a pregnancy due to ineligibility for healthcare. During her pregnancy in 2020, Yuri was rushed to the hospital after suffering from severe pain and bleeding. In the hospital, Yuri was told that she had suffered a miscarriage. She was treated and told by doctors that she needed medication for her body to heal, however due to lack of care and affordability, Yuri has never received any treatment past her emergency visit. She believes that her miscarriage could have been prevented if she had recieved prenatal care from the beginning of her pregnancy. Stories like Yuir's and Maria's are just two examples of the crisis that undocument pregnant mothers face all the time. Without this urgent legislation, hundreds of mothers will face pregnancy alone - risking the health and life of their babies and themselves.

Maryland is lagging behind other states that have already expanded Medicaid pregnant residents across the country, including our neighbor, Virginia. Seventeen states provide coverage, including AR, CA, IL, LA, MA, MI, MN, MO, NE, OK, OR, RI, TN, TX, VA, WA, and WI. New York City and the District of Columbia also provide this coverage. Maryland has the fifth-highest percentage of undocumented residents in their population - leaving one of the most significant percentages of residents left without eligible for care.

Prenatal care saves lives. Women in the United States have the highest death rate from complications during pregnancy and childbirth. - 14 deaths per 100,000 live births. One of the most direct contributing factors is the lack of prenatal care.[1] Unfortunately, thousands of mothers across

---

[1] https://www.commonwealthfund.org/publications/issue-briefs/2018/dec/womens-health-us-compared-ten-other-countries

the state, who otherwise meet the income requirements of Medicaid, are forced to risk their lives and the lives of their babies simply because they do not have immigration status.

Research shows that Black and Hispanic women are more likely to have risk factor for Severe Maternal Morbidity (SSM), identified by the CDC[2] as unexpected outcomes of labor and delivery that can result in short and long-term consequences to a woman's health. Some of the biggest SMM indicators amongst Black and Hospital communities are kidney failure, sepsis, shock and eclampsia, with a majority of Hispanic communities having prevalence rates up to a third higher for cesarean birth and pre-existing diabetes.[3]

While limited care exists for undocumented pregnant people now, it is not enough.
Undocumented mothers are primarily not receiving care because of eligibility bars and limited alternative options. Often, undocumented expectant mothers see a doctor for the first time at the time of delivery. While public health clinics and non-profit organizations, such as Federal Qualified Health Centers, are open to individuals regardless of immigration status, they are limited in scope. Not all Federal Qualified Health Centers offer prenatal and postpartum care - locations vary. Many other barriers remain, including overall accessibility to the centers that provide care to pregnant mothers and capacity issues as the need for care continues to grow.

While CASA often refers undocumented pregnant people and uninsured individuals to FQHCs, our office continues to see cases of sick individuals being turned away because of overcapacity. These centers are a tremendous service to the immigration population at-large, yet for various reasons are not enough to provide the comprehensive prenatal care needed by the entire population of uninsured, undocumented pregnant mothers. Furthermore, in many cases, undocumented immigrants are eligible to purchase private insurance, but it is unaffordable - leaving the overwhelming majority of the undocumented individuals uninsured.

Emergency Medicaid has long been in existence to save lives. Emergency Medicaid is available to anyone within the United States, regardless of immigration status, that is experiencing a life or limb threatening medical emergency. While it currently covers labor and delivery for uninsured pregnant women, due to the high risk labor and delivery pose to the life of the baby and mother, we know that prenatal care is vital for a healthy birth for both mother and baby. Lack of access to prenatal care increases the risk of premature birth, low-birth weight and contributes to poor health outcomes experiences by undocumented pregnant people (including precipitous labor, excessive bleeding, breech presentation, fetal distress, and more).[4] Maternal mortality rates increase 5 times for women that do not have prenatal care.[5] Extending care to cover the prenatal and postpartum periods dramatically increases survival and prevents long-term complications for both the mother and baby.

[2] https://www.cdc.gov/reproductivehealth/maternalinfanthealth/severematernalmorbidity.html
[3] https://www.bcbs.com/the-health-of-america/reports/racial-disparities-in-maternal-health
[4]
https://undocumented.thehastingscenter.org/issuebrief/undocumented-immigrants-in-the-united-states-access-to-prenatal-care/#:~:text=Lack%20of%20access%20to%20prenatal.precipitous%20labor%2C%20excessive%20bleeding%2C%20breech
[5] https://www.womenshealth.gov/a-z-topics/prenatal-care

This common-sense legislation is uncontentious and aligns Maryland with its values of protecting life and treating all people with dignity, respect, and care. For all of the reasons above, CASA urges a favorable report of Senate Bill 778, and thanks Senator Lam for his sponsorship of this critical legislation.