HEALTH CARE FOR THE HOMELESS TESTIMONY
IN SUPPORT OF
SB 778 – Maryland Medical Assistance Program - Children and Pregnant Women (Healthy Babies Equity Act)

Senate Finance Committee
March 8, 2022

Health Care for the Homeless strongly supports SB 778, which would extend Medicaid benefits, regardless of immigration status, to pregnant persons, postpartum care, and their children up to one year. While Medicaid expansion has shown transformative health outcomes for people across the country, this lifesaving policy has been categorically denied to Marylanders who are undocumented. Health care is a human right and should never depend on a person's immigration status.

As a federal qualified health center, treating all people regardless of immigration status, at Health Care for the Homeless we seen firsthand that denial of Medicaid coverage for pregnant persons and their infants due to immigration status has tremendously negative consequences. Over the past two years, we have seen an exponential increase in the number of clients present who are pregnant and are undocumented. For our clients, access to this oftentimes life-saving care is both critical to public health and is also an issue of fundamental human rights. Medicaid coverage of pregnant persons and infant care must be made accessible for anyone otherwise eligible, regardless of immigration status.

Generally, a lack of Medicaid coverage leads to poorer health outcomes

Generally, denial of health coverage leads to poorer health outcomes. Barriers to Medicaid coverage, and outright exclusions from Medicaid, have far-reaching implications — from missed early cancer diagnoses to reduced medication adherence for treatable conditions — that causes unnecessary suffering in families.

People without health insurance are more likely to skip preventive services and are less likely to obtain regular health care. Adults who are uninsured are over three times more likely than insured adults to say they have not had a visit about their own health to a doctor or other health professional's office or clinic in the past 12 months.[1] People who are uninsured are also less likely to seek medical care when they have a health problem. One in five (20%) uninsured adults say that they went without needed care in the past year because of cost compared to 3% of adults with private coverage and 8% of adults with public coverage.[2]

Because uninsured people are less likely than those with insurance to obtain regular medical care, they are more likely to have negative health consequences. This can include having an increased risk of being diagnosed at later stages of diseases, including cancer, and have higher mortality rates than those with insurance.[3]

[1] The Uninsured and the ACA: A Primer – Key Facts about Health Insurance and the Uninsured amidst Changes to the Affordable Care Act – How does lack of insurance affect access to care? – 7451-14 | KFF

[2] Id.

[3] Id.

While safety net providers, like Health Care for the Homeless, are crucial in providing care to people who are uninsured, and particularly people who are undocumented, the safety net system does not nearly close the gap in care for the uninsured.[4] For Health Care for the Homeless in particular, while we are a federally qualified health center that provides care for all people regardless of immigration status, we are primary care provider and do not provide most prenatal services in-house. Therefore, we must refer out for such services. See below on the extreme barriers to referring out for prenatal care for our undocumented immigrant clients.

Inaccessibility of Medicaid coverage leads to particularly poor health outcomes for people who are pregnant and their babies

Poor health outcomes have particularly dire consequences for people who are pregnant and their infants when they are born. As with other health care services, the lack of health insurance results in individuals receiving fewer preventive health care services, resulting in poorer reproductive health outcomes.[5] **Not having health insurance due to immigration status can be fatal**.

For people who cannot receive prenatal care, their rate of childbirth-related hospitalization is significantly higher as are birth complications, including neonatal morbidity, including fetal alcohol syndrome, respiratory distress syndrome, and seizures. Additionally, studies have shown that people who are undocumented begin prenatal care later and have fewer prenatal visits than the general population – and this disparity is linked to a lack of health care coverages. Unsurprisingly, when publicly funded prenatal programs are available, the use of prenatal care increases.[6]

A baby born to a person who did not receive prenatal also face significantly higher poor health outcomes, including lower birthweight, infant mortality, prolonged hospital stays, and hospital transfers.[7]

Health Care for the Homeless Population Health Nurse, Shannon Riley, notes specific challenges when hospitals are presented with a person in labor who did not receive prenatal care: "When people come to the hospital and they have not received prenatal care, we don't have documentation of when they became pregnant and can't prepare for delivery specific to gestational age. Because of this uncertainty, decisions that mean to err on the side of caution can lead to unneeded intervention which both cost more money and carry their own risks to the mother-baby dyad. Those interventions can be anything along the continuum from unneeded antibiotics to major surgery."

Shannon Riley describes a "2-pronged" problem with the lack of prenatal care, explaining that it can both lead to poor health outcomes or even death and also that there are missed opportunities to optimize health for even those deliveries that don't end in catastrophe. As Ms. Riley says, it "doesn't have to be a disaster" in order for it to take a toll on our health care system – any person presenting with a lack of prenatal care is a problem for all of us. When a person presents at the hospital in labor without having received medical care for the entirety of the pregnancy, the delivery is much more complicated and requires additional hospital resources for both the person in labor and the baby. Ms. Riley urges that we "need a mindset of prevention and optimization of health" and if we don't have that, "everyone loses out."

Problem of "charity care" for prenatal services

It's worth noting that the cobbled together system of "charity care" for health care services for undocumented immigrants, particularly those who are pregnant, is insufficient, ineffective, and demoralizing. To illustrate the

[4] Id.

[5] ACOG

[6] Fuentes-Afflick E, Hessol NA, Bauer T, O'Sullivan MJ, Gomez-Lobo V, Holman S, et al. Use of prenatal care by Hispanic women after welfare reform. Obstet Gynecol 2006;107:151–60. See also Birth complications.

[7] https://www.ncbi.nlm.nih.gov/books/NBK221019/

problem of relying on "charity care" to provide prenatal services to people who are denied Medicaid coverage based on immigration status, consider what Health Care for the Homeless doctors, nurses, and case managers must do in order to connect their clients with the prenatal care they need – often to no avail. Due to the fact that Health Care for the Homeless is a primary care provider and we cannot provide the full span of prenatal and OB services, when someone presents to us pregnant, we must refer them to another provider for their prenatal care. For clients who either have insurance or are not otherwise ineligible for Medicaid due to immigration status, we can refer out to specialty care through a typical referral process to a wider range of providers and engage in our standard process for follow-up care. Because clients who present to us pregnant who are undocumented do not have access to Medicaid – or any other insurance, for that matter – we cannot go through these normal channels. Instead, there is a fragmented, piecemeal system of "charity care," requiring our staff to navigate a complex process of finding a charity care provider, determining if the clients meet the specific criteria for eligibility of that care, and completing an enormous amount of paperwork. This process often involves several departments to just connect one person with charity care. Given that the complexity and time commitment is daunting for our own staff of professional health care providers, this system is nearly impossible for individuals on their own to navigate – not to mention clients often also experience significant language barriers, on top of the already complicated system. For many undocumented people, the process of getting connected to prenatal care is so intimidating that they may be reluctant to attempt to access it at all.

If we are lucky enough to get our client connected to charity prenatal care, unfortunately the barriers for client care do not end there. Due to the fragmented system and the inability to utilize a standard referral process, it is oftentimes extremely difficult to follow-up with the client to ensure they received the care they needed. With our standard system of referrals for prenatal care, the follow-up is also standard practice. We can ensure the client got the care they needed and reconnect with our team for primary care needs. This cannot happen reliably with a charity care system and we have needed to rework our entire clinical operations practice in order to accommodate these challenges and provide the best care for all of our clients.

Testimonial from Health Care for the Homeless Physician, Dr. Max Romano:

When Mary was 36-weeks-pregnant, she had already been turned away from two hospitals and two clinics in Maryland seeking prenatal care because she was undocumented and therefore didn't qualify for Medicaid public health insurance. Despite her seizure disorder, her schizophrenia, her homelessness, her low income, and her history of prior pregnancy complications, the state of Maryland would not insure her until she delivered her baby, and then only temporarily to pay for the hospital costs associated with her delivery. Mary spent months trying to navigate the complex web of charity care programs at hospitals and community prenatal clinics, however the byzantine paperwork requirements (e.g. proof of address, notarized financial statements), large distances between free clinics, language barriers, and out-of-pocket costs were all insurmountable. She qualified for a free prenatal ultrasound at a local hospital, but by the time she arrived for the appointment her fetus was in so much distress that she was rushed directly from the ultrasound suite to the obstetric ward for an emergency delivery. The irony of Mary's experience is that the substantial costs for Mary's emergent delivery, the neonatal ICU stay for her child, and the long-term complications of her unsupervised pregnancy for her US-born Medicaid-eligible child would all be paid for by Maryland taxpayers, but not the prenatal care that could have prevented those costs in the first place.

The Health Babies Equity Act (SB778/HB1080) would expand public Medicaid eligibility to include children and pregnant women irrespective of their legal immigration status, impacting the lives of thousands of women and children like Mary who have foregone essential medical care in Maryland due to their lack of papers and inability to pay.

At Health Care for the Homeless, we care for thousands of undocumented Marylanders every year. We provide behavioral health, dental, and primary care for adults and children, however we don't provide prenatal and other specialty care, so our low-income undocumented patients have to seek these medical services elsewhere. While we work with incredible hospital and community partners to try to meet our patients' needs, every day I see gaping holes in the "safety-net" for undocumented Marylanders I serve:

- One fourteen-year-old patient of mine goes without costly seizure medications because he doesn't qualify for Medicaid due to his legal status, so his mother keeps him home from school in fear that he may have dangerous convulsions.
- An eight-year-old patient of mine suffers from post-traumatic stress disorder after having being kidnapped en route from his politically violent home country to the US, however he can't afford to see a mental health provider because he doesn't qualify for Medicaid.
- Another fourteen year-old child has a chronic limp due to an inherited hip disorder and foregoes physical therapy because he doesn't qualify for public health insurance. The list goes on and on.

These children and pregnant adults' medical problems do not disappear when they forego treatment, they just deteriorate until they become emergencies requiring hospitalization with far higher financial and social costs for our state.

Hospitals and clinics in Maryland try to fill the gaps for uninsured Marylanders with free or low-cost health care where possible, however our patchwork of "safety net" providers is failing our state. Mary's beautiful daughter is now twenty months old. She gets speech therapy through a state program, receives pediatric care via Medicaid, and will soon qualify for special education in Maryland public schools. All of these programs are supported by Maryland taxpayers and seek to lessen the impact of inadequate prenatal care. Undocumented Marylanders like Mary have a human right to health care irrespective of their legal status, and we are failing them. The Healthy Babies Equity Act promises to fill an important gap in essential care for thousands of Marylanders.

<u>Testimonial from Health Care for the Homeless Medical Provider Katharine Billipp</u>:
I recently saw a young (undocumented) pregnant woman in my office. She walked to the clinic from her house in a sweatshirt, without a hat, gloves or a jacket in 21 degree weather, as she doesn't own these items. She had not eaten anything, wasn't taking prenatal vitamins, had an acute urinary tract infection. Our prior attempts at getting her into Baltimore Medical Systems for an initial financial aid visit (which is needed prior to getting an OB visit) failed, even with a written note and referral in-hand from our agency. I have numerous more stories like this one.

<u>Conclusion</u>
No one should get sick or die because they are poor or undocumented. Health care is a human right. A person's immigration status should never, under any circumstances, determine the ability to receive affordable and high-quality health care. As a matter of public health and a matter of fundamental human rights, Medicaid must be extended to pregnant persons and their children.

We urge a favorable report on SB 778.

Health Care for the Homeless is Maryland's leading provider of integrated health services and supportive housing for individuals and families experiencing homelessness. We work to prevent and end homelessness for vulnerable individuals and families by providing quality, integrated health care and promoting access to affordable housing and sustainable incomes through direct service, advocacy, and community engagement. We deliver integrated medical care, mental health services, state-certified addiction treatment, dental care, social services, and housing support services for over 10,000 Marylanders annually at sites in Baltimore City and Baltimore County. For more information, visit www.hchmd.org.

For more information please contact Joanna Diamond, Director of Public Policy at jdiamond@hchmd.org.