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SB 778

Maryland Medical Assistance Program – Children & Pregnant Women (Healthy Babies Equity Act)

Hearing of the Senate Finance Committee

March 8, 2022

1:00 PM

SUPPORT

The Public Justice Center (PJC) is a not-for-profit civil rights and anti-poverty legal services organization which seeks to advance social justice, economic and racial equity, and fundamental human rights in Maryland. Our Health Rights Project supports policies and practices that promote the overall health of Marylanders struggling to make ends meet, with the explicit goal of promoting strategies that work to eliminate racial and ethnic disparities in health outcomes. **PJC strongly supports SB 778**, which would require the Maryland Medical Assistance (Medicaid) Program to provide comprehensive medical and other health coverage to non-citizen pregnant people and their children up to age 1 who would qualify for the Program but for their immigration status.

Comprehensive prenatal and postpartum care is a critical part of improving birth outcomes for pregnant people.

Under current federal and state law, pregnant non-citizens who have resided in the United States legally for less than five years are not eligible for prenatal and postpartum care coverage through Medicaid. In fact, they are only eligible for Emergency Medicaid, which covers labor and delivery. Prenatal care not only helps pregnant people prepare for the birth of a child, but it also enables providers to quickly identify and prevent birth and infant health complications.¹ This means that low-income non-citizens who cannot afford prenatal care out of pocket must wait until birth to identify potentially life-threatening issues. Babies born to mothers who do not receive prenatal care are three times more likely to be born with a low birth weight and five times more likely to die than those who are born to mothers

¹ Jonas J. Swartz, et. al, *Expanding Prenatal Care to Unauthorized Immigrant Women and the Effects on Infant Health*, 130 *Obstetrics & Gynecology* 938 (2017),

https://journals.lww.com/greenjournal/Fulltext/2017/11000/Expanding_Prenatal_Care_to_Unauthorized_Immigrant.2.aspx#:~:text=Understanding%20how%20expanding%20access%20to%20prenatal%20care%20influences,is%20likely%20to%20be%20a%20topic%20of%20debate

who receive prenatal care.² Similarly, timely postpartum care is integral to postpartum recovery. In Maryland, the postpartum period is the most dangerous time for a pregnant person as the risk of pregnancy-related death is higher postpartum than during pregnancy.³

Whether a pregnant person and their baby receive quality care should not hinge on immigration status. SB 778 would help eliminate severe maternal health inequities by extending necessary prenatal and postpartum coverage to pregnant noncitizens and their babies. The bill also aligns with the Maryland Department of Health's stated vision that *all* pregnant people and infants have access to affordable, quality health care services including perinatal care.

For these reasons, the Public Justice Center urges the committee to issue a **FAVORABLE** report for **SB 778**. If you have any questions about this testimony, please contact Ashley Black at 410-625-9409 x 224 or blacka@publicjustice.org.

² Office on Women's Health, Prenatal Care, <https://www.womenshealth.gov/a-z-topics/prenatal-care> (last visited on February 21, 2021).

³ Of Maryland's 18 pregnancy-related deaths in 2018, 8 (44%) occurred within 42 days postpartum and 4 (22%) occurred between 43-365 days postpartum. Maryland Department of Health, *Maryland Maternal Mortality Review Annual Report (2020)*, <https://health.maryland.gov/phpa/mch/Documents/MMR/HG%20%C2%A7%C2%A7%2013-1207%2013-1208%20and%20%C2%A713-1212%20-%20Maryland%20Maternal%20Mortality%20Review%202020.pdf>.