

MID-ATLANTIC ASSOCIATION OF COMMUNITY HEALTH CENTERS



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- TO: The Honorable Shane E. Pendergrass Members, House Health and Government Operations Committee The Honorable Joseline A. Pena Melnyk
- FROM: Pamela Metz Kasemeyer J. Steven Wise Danna L. Kauffman Christine Krone

DATE: March 2, 2022

RE: **SUPPORT** – House Bill 1080 – Maryland Medical Assistance Program – Children and Pregnant Women (Healthy Babies Equity Act)

On behalf of the Maryland State Medical Society, the Maryland Chapter of the American Academy of Pediatrics, the Mid-Atlantic Association of Community Health Centers, and the Maryland Section of the American College of Obstetricians and Gynecologists, we submit this letter of **support** for House Bill 1080.

House Bill 1080 would provide Medicaid coverage for noncitizen pregnant women who would otherwise qualify for coverage but for their immigration status and their children up to the age of 1 year. Under current law, immigrant pregnant women are only eligible for emergency Medicaid for labor and delivery and do not have access to coverage for either prenatal or postpartum care, which is critically important for both the pregnant woman and their child.

Studies in several areas of the country have found that immigrant women begin prenatal care later and have fewer prenatal visits than the general population.ⁱ ⁱⁱⁱThis disparity appears to be related to health care coverage. When publicly funded prenatal programs are available, the use of prenatal care increases.ⁱⁱⁱ Similarly, Latino immigrants are less likely to visit a physician in an outpatient setting than the general U.S. population. Conversely, their rate of childbirth-related hospitalization is significantly higher.^{iv} Birth complications are more common among immigrant women, as is neonatal morbidity, including fetal alcohol syndrome, respiratory distress syndrome, and seizures.^v

As this Committee is aware, the U.S., including Maryland, is battling a maternal health crisis. It is the only industrialized nation with a maternal mortality rate that is on the rise. The crisis is disproportionately impacting women of color, and the majority of pregnancy-related deaths are preventable. Furthermore, for every woman who dies from pregnancy-related causes, another 70 suffer from severe maternal morbidity. Medicaid has a vital role to play in improving maternal health outcomes and also improving the health of newborns. It has been found that parental enrollment in Medicaid is

associated with a 29-percentage point higher probability that a child will receive an annual well-child visit.

Maryland's Task Force on Maternal and Child Health recommended not only that Medicaid extend coverage for pregnant women to 12 months postpartum, which this General Assembly enacted into law last year, but it also recommended ensuring access to prenatal care and related health care services to all women regardless of their immigration status. House Bill 1080 achieves that objective. Ensuring access to Medicaid coverage for pregnant women regardless of immigration status will dramatically improve the health outcomes for both mothers and babies and will also result in significant cost savings to Maryland's health care system. For these reasons, the above-named organizations request a favorable report.

For more information call:

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^{iv} Berk ML, Schur CL, Chavez LR, Frankel M. Health care use among undocumented Latino immigrants. Health Aff 2000;19:51–64. [PubMed] [Full Text] ^v Reed MM, Westfall JM, Bublitz C, Battaglia C, Fickenscher A. Birth outcomes in Colorado's undocumented immigrant population. BMC Public Health 2005;5:100. [PubMed] [Full Text]

ⁱ 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. [PubMed] [Obstetrics & Gynecology]

ⁱⁱ Reed MM, Westfall JM, Bublitz C, Battaglia C, Fickenscher A. Birth outcomes in Colorado's undocumented immigrant population. BMC Public Health 2005;5:100. [PubMed] [Full Text]

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