ACCY Advocates for Connecticut's Children and Youth

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Testimony Supporting:

C.B. 245, An Act Concerning the Availability of Medical Services and Health Insurance for Low-Income Pregnant Women

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Human Services Committee Public Hearing

February 20, 2007

Dear Senator Harris, Representative Villano and members of the Human Services Committee:

I am Mary Alice Lee, a Senior Policy Fellow with Connecticut Voices for Children, a research-based public education and advocacy organization that works statewide to promote the well being of Connecticut's children, youth and families. I am here today to testify on behalf of the sister lobbying organization – Advocates for Connecticut's Children and Youth (ACCY), a statewide, independent, citizen-based organization dedicated to speaking up for children, youth and families.

We strongly support Committee Bill 245, An Act Concerning the Availability of Medical Services and Health Insurance for Low-Income Pregnant Women. This proposal addresses a very important gap in Connecticut's effort to ensure that all children and families have access to high quality, affordable health care. We commend members of the Legislature for recognizing the need to provide coverage for prenatal care and other health services that are so important for improving maternal health and birth outcomes for babies who will be eligible for the HUSKY Program. We support:

- **Expansion of Medicaid coverage for women with incomes up to 300% of the federal poverty level (FPL);**
- **State-funded coverage for prenatal care for undocumented pregnant women;**
- **Buy-in option for women with incomes above 300% FPL without other coverage;**
- **Presumptive eligibility for same-day coverage when women first present for prenatal care;**
- **Coverage for screening and treatment of periodontal care that may reduce preterm births;**
- **Coverage for tobacco dependence treatment during pregnancy.**

What is Prenatal Care?

Prenatal care is care delivered during pregnancy for the purpose of promoting optimal maternal health by identifying and addressing health risks, monitoring the progress of pregnancy, and providing the support and guidance that expectant mothers and families need while they await the birth of a new baby. Studies have shown that high quality prenatal care, especially programs targeted to women at risk for problems, is effective in improving birth outcomes. The American College of Obstetricians and Gynecologists and the American Academy of Pediatrics recommend that timely visits to prenatal care providers begin early in pregnancy and continue throughout the ensuing months. In 2004, about 88 percent of pregnant women in Connecticut received care that began early in pregnancy (first 13 weeks), compared with 84 percent of all mothers nationwide.[1] However, many women delay care because it is unaffordable.[2]

Who Is Currently Eligible for Medicaid Coverage During Pregnancy?

In Connecticut, Medicaid coverage is available to pregnant women with family income less than 185% of the federal poverty level (under $30,710 annually for a family of 2) during pregnancy and up to 60 days after giving birth.[3] Nearly all pregnant women who are determined eligible for coverage are enrolled in HUSKY A, the Medicaid managed care program. In fact, some women are already in the HUSKY program when they become pregnant, either because they are adolescents in families with income below 185% of the federal poverty level (FPL) or because they are parents of HUSKY A children in families with income less than 150% FPL. Many other women become eligible for coverage when they are screened for eligibility during pregnancy. The only exceptions to HUSKY managed care enrollment are made for women who do not apply for coverage until late in pregnancy *and* receive care from prenatal care providers who do not participate in the HUSKY Program. They are covered for the duration of the pregnancy with fee-for-service (FFS) Medicaid.

Pregnant women who are non-citizen legal residents of the United States and income-eligible for Medicaid are covered during pregnancy. In Connecticut, this coverage is available regardless of how long they have been in the US. State dollars pay for HUSKY coverage for pregnant women who have been in the US less than five years. Federal matching dollars are available for coverage of pregnant women who have been in the US five years or more.

In Connecticut, pregnant women who are undocumented immigrants are only eligible for coverage for care during labor and delivery ("emergency Medicaid"). They cannot get coverage for care during pregnancy or after giving birth. Applications for "emergency Medicaid" may be submitted after the services are provided, often by hospitals on behalf of the individual who received the services.

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[1] Connecticut Voices for Children. Births to Mothers in HUSKY A: 2003, 2004. New Haven, CT: CT Voices, December 2006

[2] Connecticut Department of Public Health. Pregnancy Risk Assessment Tracking Survey, 2003. Preliminary results available from Jennifer Morin, CT DPH (January 29, 2007).

[3] For the purpose of determining eligibility in the HUSKY Program, a pregnant woman is counted as 2.

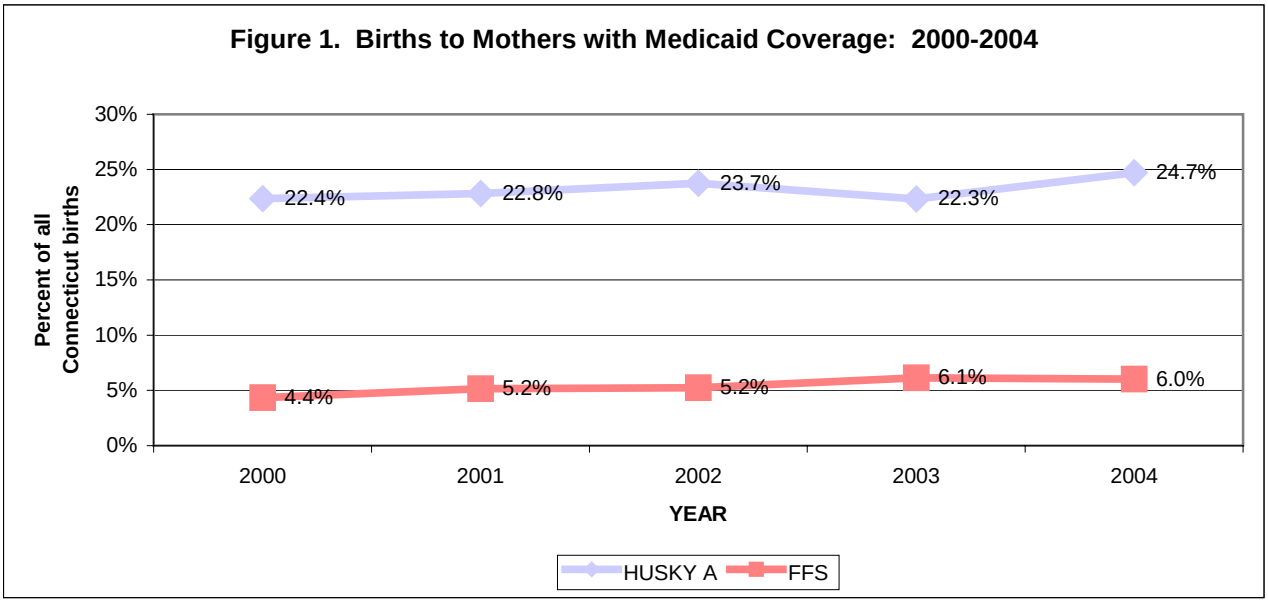
Table 1. Medicaid Eligibility for Pregnant Women and Babies in Connecticut

Mother is:	Medicaid Eligible for: Coverage for prenatal care?	Coverage for labor and delivery?	Coverage for baby for 1st year?
US citizen AND qualified for Medicaid	**YES**	**YES**	**YES**
Legal resident of US AND qualified for Medicaid	**YES** with state dollars if in US <5 years	**YES** with state dollars if in US <5 years	**YES**
Undocumented immigrant	**NO**	**YES** emergency Medicaid	**YES** after application for coverage

How Many Births Does Connecticut Cover with Medicaid?

In 2004 (the most recent year for which there are data available), there were 42,004 births to Connecticut residents, including 10,373 births (24.7%) to mothers enrolled in HUSKY A and 2,535 births (6.0%) to mothers whose births were covered by FFS Medicaid.[4] The proportion of births covered by Medicaid has increased from 27 percent in 2000 to nearly 31 percent of all births in Connecticut in 2004 (Figure 1).

Figure 1. Births to Mothers with Medicaid Coverage: 2000-2004



[4] Connecticut Voices for Children. Births to mothers in HUSKY A: 2003, 2004. New Haven, CT: CT Voices, December 2006.

How Many Low Income Mothers are Uninsured During Pregnancy?

Medicaid is an effective tool for ensuring coverage for all uninsured women. According to hospital data analyzed by the Office for Health Care Access, one in five uninsured hospitalizations in FY05 were related to pregnancy and childbirth.[5] Over the last five years, the number of uninsured maternity and childbirth hospitalizations fell by 10 percent. This drop in births to uninsured women in recent years parallels the increase in births to mothers with Medicaid coverage (HUSKY A and FFS Medicaid).

Based on analysis of Census data, Connecticut birth data, and experience in other states with higher income eligibility levels, an estimated 3,000 uninsured pregnant women with income between 185% and 300% FPL would benefit from this coverage expansion.[6]

How Many Undocumented Women Need Coverage for Prenatal Care?

In Connecticut, the number of births to foreign-born mothers in FFS Medicaid is disproportionately high (Table 2). While some of these 1,800 to 1,900 babies were born to mothers who were naturalized citizens or otherwise categorically eligible for Medicaid, the very high percentage of births to foreign-born mothers in FFS Medicaid suggests that many of these babies were born to undocumented pregnant women.[7] These women are not currently eligible for Medicaid coverage during pregnancy. Their babies are US citizens and eligible for coverage after the birth.

Table. 2. Connecticut Births by Maternal Birthplace and Payer Source: 2003, 2004

	FFS Medicaid	HUSKY A	Other payers	Total
2003 births	2,620	9,561	30,645	42,826
Foreign-born mothers [a]	1,944	1,272 [d]	5,908	9,124
	74.7% [c]	13.4%	19.3%	21.4%
US-born mothers [b]	659	8,247	24,631	33,537
	25.3%	86.6%	80.7%	78.6%
Unknown	17	42	106	165
2004 births	2,535	10,373	29,096	42,004
Foreign-born mothers [a]	1,776	1,368 [d]	6,187	9,331
	70.6% [c]	13.2%	21.3%	22.3%
US-born mothers [b]	741	8,979	22,811	32,531
	29.4%	86.8%	78.7%	77.7%
Unknown	18	26	98	142

[a] Foreign-born mothers can be US citizens.
[b] US-born: maternal birthplace reported on birth certificate as one of 50 states, DC, or Puerto Rico.
[c] Includes undocumented immigrant women whose hospital charges were paid with emergency Medicaid.
[d] Foreign-born mothers in HUSKY A must be US citizens or legal permanent residents to qualify for coverage.
Note: Babies born to non-citizens are US citizens at birth.

[5] Personal correspondence from Michael Sabados, PhD, Office for Health Care Access, December 27, 2006.
[6] Methods for deriving this estimate are available upon request from Connecticut Voices for Children.
[7] Recent data from the Census Bureau's American Community Survey show that about half the foreign-born residents of Connecticut are naturalized citizens.

Fifteen states provide Medicaid or SCHIP coverage for pregnant immigrant women; twelve of these fifteen states provide coverage for prenatal care *regardless of immigration status.*[8] These states finance this coverage with state dollars in their Medicaid programs or with state dollars and federal matching funds under the State Children's Health Insurance Program (SCHIP).[9]

How Else Does This Bill Improve Coverage for Pregnant Women?

Data from the Pregnancy Risk Assessment Tracking Survey conducted by the Connecticut Department of Public Health show that most of the women who reported that they did not receive prenatal care as early as desired were uninsured or unable to pay for visits.[10] As this legislation proposes, **presumptive eligibility** is an important tool for ensuring that women can get care the very same day that they present for care, ideally early in pregnancy. This procedure is currently in operation for children.

Young adults are more likely than any other age group to be uninsured. Even among those who are insured, many do not have maternity coverage. This means that women who become pregnant may face difficulties for obtaining coverage for what can be characterized as a preexisting condition. **Allowing women with incomes in excess of 300% FPL to buy-in** when they do not have other creditable coverage will ensure that they receive the care they need to protect their health and that of their babies.

Data from several studies show that diagnosing and treating periodontal disease during pregnancy is a highly effective way to reduce preterm births, particularly among women at risk. Expanding Medicaid benefits to include **screening and treatment of periodontal disease** is an important step to reducing costs in the program and improving birth outcomes.

What Else Can Be Done?

Connecticut should cover treatment for tobacco dependence for children and pregnant women in its Medicaid program and should contract with HUSKY managed care plans to cover this treatment. Mothers in HUSKY A and mothers with FFS Medicaid are far more likely to have smoked during pregnancy than other mothers.[11] Their babies were more likely to be born low birthweight (<2500 grams) or preterm (<37 weeks gestation) or both. Six years ago, the Centers for Medicare and Medicaid Services told states that they are required to cover smoking cessation for the

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[8] Fremstad S, Cox L. Covering new Americans: A review of federal and state policies related to immigrants' eligibility and access to publicly funded health insurance. Washington, DC: Kaiser Commission on Medicaid and the Uninsured, November 2004. Available at: www.kff.org/medicaid. The following states provide coverage under Medicaid: California, Missouri, New Jersey, New York, and Washington. The following states provide coverage under SCHIP: Arkansas, Illinois, Massachusetts, Michigan, Minnesota, Nebraska, and Rhode Island. The authors are currently in the process of updating the state-by-state information.

[9] In order to provide prenatal care and other health services, the definition of "targeted low income child" under the State Children's Health Insurance Program was revised to include an unborn child. See State Children's Health Insurance Program: Eligibility for prenatal care and other health services for unborn children (final rule) 67 Federal Register 61956 (October 2, 2002).

[10] Connecticut Department of Public Health. Pregnancy Risk Assessment Tracking Survey, 2003. Preliminary results available from Jennifer Morin, CT DPH (January 29, 2007).

[11] Connecticut Voices for Children. Births to Mothers in HUSKY A: Smoking during pregnancy, 2004 (brief). New Haven, CT: CT Voices, January 2007. Available at: www.ctkidslink.org.

health of the pregnant woman and the fetus.[12] In 2005, Medicaid programs in 38 states and the District of Columbia covered at least some smoking cessation services for all Medicaid recipients.[13] *But tobacco dependence treatment is not a covered benefit in Connecticut's HUSKY A or fee-for-service Medicaid programs.*

Conclusion

We thank you for this opportunity to testify on C.B. 245. We urge you to make prenatal care coverage available to more women in Connecticut for their benefit and for the benefit of children who will be covered in our HUSKY Program.

[12] Centers for Medicare and Medicaid Services. Dear State Medicaid Director (letter). Baltimore, MD: CMS, January 5, 2001.
[13] Centers for Disease Control and Prevention. State Medicaid coverage for tobacco-dependence treatments—United States, 2005. Morbidity and Mortality Weekly Report, 2006; 55(44): 1194-97.