



Testimony of Alicia Wilson  
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Protecting Immigrant Families Coalition

In Support of SB778  
Maryland Medical Assistance Program  
Children and Pregnant Women  
(Healthy Babies Equity Act)

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Honorable Chair Kelley and Members of the Finance Committee, on behalf of the Protecting Immigrant Families Coalition, a network of more than 500 active member organizations across the country that advocate for immigrant inclusion in government-funded safety-net programs, I appreciate the opportunity to submit testimony in support of the Healthy Babies Equity Act.

### The Right Thing To Do

States across the country are grappling with a crisis of rising infant and maternal mortality rates, especially affecting Black, Indigenous, and People of Color (BIPOC) residents. The journal Health Affairs cites federal data showing a 26% increase in maternal mortality in the US between 2000 and 2014, and that one third of pregnancy-related deaths occur within the 12-month postpartum period.<sup>1</sup> While grant funds, provider training initiatives, and home-visiting programs have all made a positive impact, states have several key policy tools that can make a dramatic, positive change for perinatal health and healthy starts for newborns.

Churn, or disruptions in continuous insurance coverage, can prove dangerous for birth outcomes and can be a contributor to the one-in-three postpartum, pregnancy-related deaths reported. This level of churn is pronounced among Medicaid recipients, especially those whose delivery alone was covered by emergency Medicaid, or whose income was higher than state thresholds for non-pregnant adults. The DHHS Office of Health Policy explains, “Disruptions in postpartum health coverage are common, particularly among those enrolled in Medicaid, as most states continue pregnancy-related Medicaid coverage for only 60 days after childbirth.”<sup>2</sup> Continuing coverage for a full 12 months after delivery can ensure better health for the parent and child. The federal Medicaid program states, “Timely postpartum visits provide an opportunity to assess a woman’s physical recovery from pregnancy and childbirth. Postpartum visits provide an opportunity to address: chronic health conditions, such as diabetes and hypertension; mental health status, including postpartum depression; family planning, including contraception and inter-conception counseling.”<sup>3</sup> Continuing, uninterrupted coverage for all pregnant people from the first prenatal visit to 12 months postpartum will have a significant impact on the health outcomes for Maryland families.

While improving perinatal and newborn health outcomes through expanded, continuous health insurance coverage for all, including immigrants, is a moral and public health imperative, it also

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<sup>1</sup> <https://www.healthaffairs.org/doi/10.1377/forefront.20200203.639479/full/>

<sup>2</sup> [Medicaid After Pregnancy: State-Level Implications of Extending Postpartum Coverage](#)

<sup>3</sup> <https://www.medicaid.gov/state-overviews/scorecard/postpartum-care/index.html>

serves as sound public policy and an economic positive for states. Many states that have expanded health insurance coverage to immigrant communities who have been excluded from the ACA exchange or Medicaid have shown positive overall impacts for their health ecosystem. According to the healthcare consulting firm Manatt, “The benefits of affordable health coverage are undeniable, including improved access to primary and preventive healthcare services, better health outcomes, and higher rates of school and work attendance. Higher health insurance rates in states strengthens the healthcare system by increasing revenue to providers, decreasing uncompensated care costs, and enhancing provider capacity to deliver care. While opponents of state-funded coverage programs cite state spending as a concern, research indicates that health coverage expansions for immigrant populations are ultimately less expensive than providing emergency-only services.”<sup>4</sup> Investments in perinatal and early childhood health coverage is an investment that provides great returns to a state.

### Coverage Options

States have several policy options to expand coverage to those excluded from Medicaid due to their immigration status, and many states are pushing exciting initiatives that combine state funds with federally funded programs where possible to include more state residents in the safety net and bring their uninsured rates down more. The Healthy Babies Equity Act will help Maryland join many others that are expanding healthcare options for immigrant residents.

SB 778 is consistent with what states across the country and across the political spectrum are already doing. Twenty states (Arkansas, California, DC, Illinois, Louisiana, Massachusetts, Michigan, Minnesota, Missouri, Nebraska, New Jersey, New York, Oklahoma, Oregon, Rhode Island, Tennessee, Texas, Virginia, Washington and Wisconsin) cover prenatal care, regardless of the status of the pregnant person.<sup>5</sup> While there are varying rationales for this coverage among the states, including states that have rejected the ACA’s Medicaid expansion options, there is agreement that access to coverage for prenatal care ensures significantly better birth outcomes. These states use CHIP or state-only funding for this coverage. Postpartum coverage up to 12 months for undocumented people is currently provided in California and Illinois, with Connecticut and Minnesota joining them as early as July of this year.<sup>6</sup>

Many states have used state funds to cover children, regardless of immigration status. California, DC, Illinois, Massachusetts, New York, Oregon, and Washington have all taken the option to provide coverage through their CHIP or Medicaid programs. Maine, Vermont, and Connecticut will soon join them in this enhanced safety net.

We applaud efforts to expand coverage for Maryland residents and urge Maryland legislators and state officials to continue to look at promising models in other states. While expansion of prenatal, postpartum and newborn coverage is an excellent, sensible, and forward-thinking move for Maryland to take, it is an incremental step toward coverage for all, such as that taking place in California and Illinois. We also think that Maryland residents would be well-served by

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<sup>4</sup> [State Funded Affordable Coverage Programs for Immigrants](#)

<sup>5</sup> <https://www.nilc.org/issues/health-care/healthcoveragemaps/>

<sup>6</sup> [Medical Assistance Programs for Immigrants in Various States](#)

policies such as New Mexico's recently enacted H.B. 112, Eliminating discrimination on basis of immigration status for all state- or locally-funded healthcare programs, which pave the way for further expansions of the safety net by ending immigration-based exclusions in healthcare.<sup>7</sup>

Using all of the policy tools available to the state to expand coverage for pregnant people and newborns is the right thing to do, and is a strong step toward an equitable healthcare system in the state. As the COVID-19 crisis has laid bare the deadly consequences of health inequities, we urge you to take this important incremental step toward care for all Maryland residents. The Manatt authors explain, "as the immigrant population grows at a rapid pace, states have an imperative to address persisting structural racism that impacts the health of immigrants by closing the gap in coverage and better integrating immigrant families into the healthcare system."<sup>8</sup> We support this bill's passage and encourage the Senate to continue to push for additional advancements to give all Maryland residents the opportunity of health.

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<sup>7</sup> [2021 Regular Session - HB 112](#)

<sup>8</sup> [State Funded Affordable Coverage Programs for Immigrants](#)