

All Marylanders Deserve Access to Health Care

Position Statement Supporting Senate Bill 778

Given before the Senate Finance Committee

For decades, millions of people across the country have relied on Medicaid, the nation's public health insurance program for low-income families. Unfortunately, most undocumented immigrants are excluded from this critical program. Maryland must take action this legislative session to move toward ending this inequity, starting with prenatal care for pregnant people. **The Maryland Center on Economic Policy supports Senate Bill 778 because it improves health equity for our most vulnerable Marylanders.**

Research shows that most pregnancy-related deaths are preventable. Prenatal and postpartum care (including delivery, proper medication, immunization, labor planning support, and more) is transformative, especially for communities of color, in preserving and protecting the lives of children and their mothers. Every person deserves access to this lifesaving and critical care regardless of their immigration status.

Senate Bill 778 does this by:

- Expanding eligibility for prenatal and postpartum care through Medicaid (through pregnancy and 12 months postpartum) to all pregnant people, regardless of immigration status.
- Require the state to submit a state innovation waiver to allow Maryland to make this change to eligibility.

Expanding access to care for pregnant people and babies would be an important step toward addressing racial and ethnic disparities in health outcomes. Both Black mothers and Black children are more than twice as likely as their white counterparts to die during or soon after childbirth. Both Black and Latinx parents are less likely to receive adequate prenatal health care, and Latinx children are the only group that has experienced an increasing infant mortality rate in recent yearsⁱ. In part because Maryland has done little to expand health care access for people born outside the U.S., about 1 in 5 Latinx Marylanders does not have health coverageⁱⁱ.

Prenatal and postpartum care is life-saving. In expanded Medicaid states, maternal mortality dropped by 1.6 deaths per 100,00 women. In passing SB 778, Maryland would join 17 states, including our neighbor, Virginia, that already provide coverage to pregnant people regardless of immigration status - either through Medicaid or other established state programs. (AR, CA, IL, LA, MA, MI, MN, MO, NE, OK, OR, RI, TN, TX, VA, WA, WI). New York City and the District of Columbia also provide this coverage.

In Maryland, 1 in 14 infants (7% of births) are born to a person receiving late or no prenatal care. Babies without care are three times more likely to have a low birth weight and have birth complications. Women in majority Latinx communities have prevalence rates up to a third higher for risk factors, such as cesarean birth and pre-existing diabetes.

From profound cultural contributions to working in essential jobs during the pandemic to paying over \$240 million a year in federal, state, and local taxes, undocumented families are part of Maryland communities and deserve the same access to health care as all other Marylanders. The Healthy Babies Act is a step toward ending healthcare disparities for immigrant communities in Maryland. With this bill, Maryland would become a safer and healthier place for all its residents. It would ensure that individuals have access to prenatal care to increase the rate of healthy babies being born and lower the rates of infant and maternal mortality. For these reasons, **the Maryland Center on Economic Policy respectfully requests the Finance Committee to make a favorable report on Senate Bill 778.**

Equity Impact Analysis: Senate Bill 778

Bill Summary

SB 778 would require the Maryland Medical Assistance Program to provide comprehensive medical care and other health care services to certain noncitizen pregnant women and their children up to one year postpartum.

Background

For decades, millions of people across the country have relied on Medicaid, the nation's public health insurance program for low-income families. Unfortunately, most undocumented immigrants are excluded from this critical program.

Equity Implications

- Both Black mothers and Black children are more than twice as likely as their white counterparts to die during or soon after childbirth.
- Both Black and Latinx parents are less likely to receive adequate prenatal health care, and Latinx children are the only group that has experienced an increasing infant mortality rate in recent years.
- In part because Maryland has done little to expand health care access for people born outside the U.S., about 1 in 5 Latinx Marylanders does not have health coverage.
- In Maryland, 1 in 14 infants (7% of births) are born to a person receiving late or no prenatal care. Babies without care are three times more likely to have a low birth weight and have birth complications.
- Women in majority Latinx communities have prevalence rates up to a third higher for risk factors, such as cesarean birth and pre-existing diabetes.

Impact

Senate Bill 778 will likely **improve racial, health and economic equity** in Maryland.

ⁱ Christopher Meyer, "Budgeting For Opportunity: How Our Fiscal Policy Choices Can Remove Barriers Facing Marylanders of Color and Advance Shared Prosperity," Maryland Center on Economic Policy, 2019. <http://www.mdeconomy.org/budgeting-for-opportunity-health-education-transportation/>

ⁱⁱ *Ibid*