ISSUE BRIEF

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Prenatal Care Issue Brief

Healthcare in the months before birth helps make sure a baby is not just born healthy, but also has a better chance of a healthy life for years to come. By ensuring pregnant mothers have access to prenatal care, we can help more Nebraska babies reach their first birthdays. Not only that, we can reduce the chances a baby will be born with health problems that could last a lifetime – problems that are associated with great social and economic costs. Prenatal care is a basic step toward ensuring that all of Nebraska's children have the best opportunities to succeed.

Prenatal Care Makes a Difference for a Lifetime

- Prenatal care beginning in the first trimester leads to improved life chances for infants, compared to babies whose mothers started prenatal care late or not at all.[1]
- A lack of prenatal care is associated with a baby's increased chances of illness, disability, and death.

When Prenatal Care is Denied, Nebraska Babies Will Pay the Price

- Nebraska babies have faced distressing odds in recent years. Low birth weight and premature birth rates have been on the rise, and infant mortality rates have not improved despite technological advances.
- More and more women are uninsured going into pregnancy – a barrier to accessing prenatal care that puts babies at risk of not receiving the care they need.

Healthy Babies Are Worth the Investment

- Babies born with preventable poor health outcomes require greater medical interventions, including increased time in neonatal intensive care units (NICU).
- Low-income babies are eligible for Kids Connection, Nebraska's health care program for low-income children, at birth. Investing in prenatal care saves money once the child is born.

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Prenatal Care Makes a Difference for a Lifetime

The months before birth set a foundation for a baby – and the child, adolescent and adult that baby will eventually become. A mother's own health, behaviors and environment all make a difference, even before she becomes pregnant (see Impact Box, page 3). Concerns such as her stress or under nutrition can shape fetal development in a way that puts the child at risk of one day developing cardiovascular disease, diabetes or hypertension.[2]

But for the approximately 15,000 babies born in Nebraska each year to a low-income family, there is another risk factor.[3] The risk is that, in those foundational months before birth, the mother may not have access to as much or any of the prenatal care necessary to give her baby a healthy start. As one expert said, "Living in poverty is risky behavior. Unfortunately for some women, it is a behavior that cannot be changed in the short run, or even in the long term."[4] However, Nebraskans have long believed that, regardless of income, babies deserve to be born as healthy as possible. This value was reflected in the state's long-standing commitment to providing access to prenatal care to most low-income pregnant women in need. Unfortunately, this commitment to the health of unborn children was seriously undermined due to administrative policy changes enacted in early 2010 (see Policy Box on page 7).

Indeed, access to prenatal care is a critical part of ensuring that babies have the best possible chances in life. This care focuses on three areas: identifying any risks to mom or baby during pregnancy, treating medical problems, and education.[5] Content of care is important. As technology has improved, so has prenatal care evolved to include detection, treatment and prevention of poor birth outcomes, as well as to address stress, risk behaviors, and socioeconomic problems.[6] For example, for women at risk of hypertensive disorders, or high blood pressure, something as simple as calcium supplements may be given to prevent low birth weight or early birth.[7] Even for healthy women with low-risk pregnancies, experts recommend monthly prenatal care visits early, increasing in frequency to weekly visits as birth draws nearer.[8]

Prenatal care can mean the difference between life and death for Nebraska babies. When moms don't get the prenatal care they need, the effects can be devastating or even deadly. In neighboring South Dakota, babies who did not receive prenatal care were six times more likely to die within the first year of life.[9] Among babies in that state whose care started in the first trimester, the infant mortality rate was 6.3, compared with a rate of 36.0 among those who never received prenatal care. Put another way, for every 1,000 babies born who received prenatal care early, 6 will die. However, if those babies are born without prenatal care, that number jumps to 36 – eliminating one to two classrooms of future kindergartners. These rates are not outside the norm. Nationally, infant mortality rates also are six times higher among babies who received prenatal care late or not at all, compared with those whose care started in the first trimester.[10]

A lack of prenatal care isn't just linked to higher rates of infant death but also with increased risk of being born early or at a low weight. Some studies have indicated up to a four-fold increase in low birth weight among babies without prenatal care compared with those who received care.[11] Babies born too small (defined as less than 5.5 pounds or 2500 grams) or too soon are more likely to face setbacks such as the following:[12]

- Mental and behavioral disabilities
- Chronic respiratory problems
- Deafness
- Blindness
- Cerebral palsy

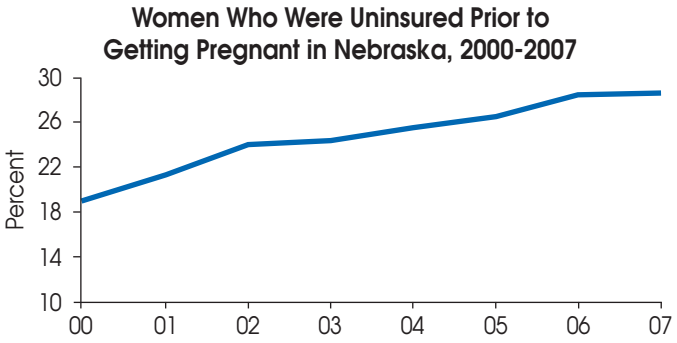
When babies are born at low weights, they are at greater risk for physical, cognitive and behavioral disabilities. Nebraska's babies born at low weight in 2008 were five times more likely than their peers of normal weight to have birth defects.[13] These problems can follow a child through the school years and even into adulthood.[14] One study showed that babies born at extremely low weight "are more likely to have lower IQ and academic achievement scores, experience greater difficulties at school in mid-childhood, and require significantly more educational assistance than children who were born at term."[15] More than half of the children in the study required special education and/or repeated a grade.[16]

When Prenatal Care is Denied, Nebraska Babies Will Pay the Price

Even before 1,600 pregnant women lost their access to prenatal care in March 2010 (see Policy Box, page 7), Nebraska began facing disturbing trends in birth outcomes. More and more babies are being born at low weight. An increasing number of women aren't getting adequate prenatal care. More and more women are uninsured prior to getting pregnant – a growing concern because women who don't have health insurance are less likely to seek prenatal care.[17]

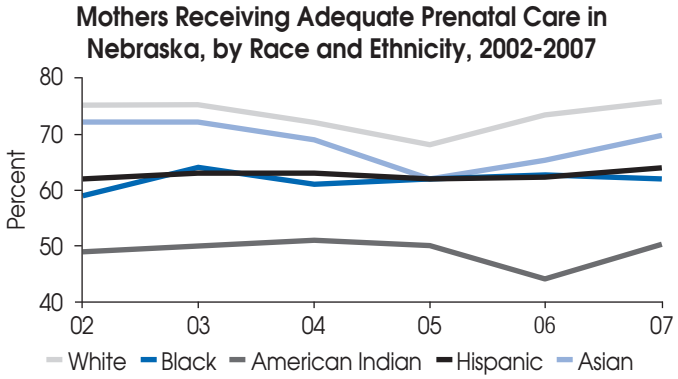
A lack of prenatal care puts mom at risk too. When women don't receive prenatal care, they're three to four times more likely to die of complications.[18] With a ratio of 12.6 maternal deaths per 100,000 live births, Nebraska ranks 40th in the nation for its comparatively high rate of maternal death.[19]

One possible barrier to accessing prenatal care is that an increasing number of women aren't insured when they become pregnant. In 2007, 28.6 percent of Nebraska women were uninsured before they got pregnant, a rate that has been increasing since 2000, when the rate was 19.1 percent.[20] When women enter pregnancy with unaddressed health problems, they face increasing chances of having trouble during pregnancy. Further, they also are at greater risk of having a poor birth outcome.[21] According to the Annie E. Casey Foundation, "High priority must be given to covering all pregnant women since women who lack health insurance are less likely to seek and obtain prenatal care. In particular, efforts to expand health insurance access and enrollment need to focus intensively on those women who are least likely to be covered, including African Americans and Hispanics, women living in poverty, high school dropouts, and young adults (ages 18 to 24)."[22]



Source: Pregnancy Risk Assessment Monitoring System, Centers for Disease Control and Prevention (CDC).

In 2008 alone, 158 women did not receive prenatal care. This makes up about 0.6 percent of Nebraska births, a rate that has slowly been increasing since 2003.[23] Though this rate is small, the risks to the 158 babies born without prenatal care are unacceptably large. Even among those who receive prenatal care, the care may not be enough. Increasingly, mothers are reporting inadequate prenatal care,[24] a rate that has been on the rise since 2002 (when Kids Count in Nebraska first reported the number). In 2007, mothers reported inadequate prenatal care for 3,724 births, or 14.2 percent of the state's total. In 2002, the rate was 10.5 percent.[25] Women of racial or ethnic minority groups are less likely to receive adequate prenatal care, pointing to racial and ethnic disparities. A greater percentage of white mothers reported adequate or adequate plus prenatal care than any other racial or ethnic group.[26] Knowing that many of the women who lost Medicaid coverage in March 2010 are already at risk of not having health insurance or of receiving adequate prenatal care, we can see that stripping away eligibility for pregnant women adds another barrier to getting important medical attention for Nebraska babies.



Source: Vital Statistics, Nebraska Department of Health and Human Services.

Our state's disturbing trends in birth outcomes reflect those of the nation. Infant mortality rates have held steady in recent years, despite sharp declines prior to about 1980. In 2008, 183 Nebraska babies died within the first year of life, translating to an infant mortality rate of 5.4.[27] This rate is lower than for 2007, yet unacceptable disparities remain. African American babies face the worst chances of dying, with an infant mortality rate of 16.3[28] – the highest rate for this group since 2004.[29]

Nebraska, like the rest of the country, has been experiencing an increase in the last decade, and even before, in babies being born too soon.[30] In 1990, 8.5% of Nebraska births were premature (less than 37 completed weeks), while the national average was 10.6%.[31] In 2006,

IMPACT BOX

Preconception Care – Healthy Moms Before Pregnancy

Many factors that affect pregnancy outcomes for women and infants are present even before women become pregnant. The purpose of preconception care is to identify risks and improve the health of each woman before pregnancy, and thereby positively impact the future health of the woman, her child, and her family. Preconception care promotes the health of potential mothers, and implements screenings and interventions for women of reproductive age to reduce risk factors that might affect future pregnancies.

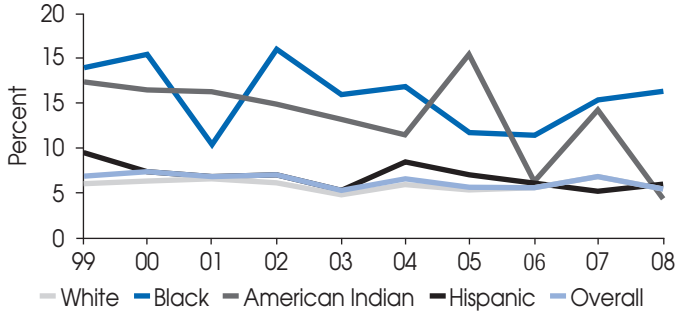
Risk factors for adverse pregnancy outcomes remain prevalent among women of reproductive age and may be contributing to the lingering problems in infant and maternal health, despite significant breakthroughs in medical science. According to the CDC, of women who could get pregnant, 69% do not take folic acid supplements, 31% are obese, and 3% take prescription or over-the-counter drugs that are known teratogens (agents that can cause structural abnormality following fetal exposure during pregnancy).[1] Also, about 4% of women have medical conditions, such as diabetes, that can negatively affect pregnancy if not properly managed.[2]

A fetus is most susceptible to developing certain problems in the earliest stages after conception, often before prenatal care is initiated and possibly even before a mother may know she is pregnant. Preconception interventions, such as smoking cessation, weight and obesity control, folic acid supplementation, and medication adjustments must begin long before conception, so as to ensure a baby, when conceived, is not affected by these risk factors. While prenatal care is monumentally important to monitor pregnancy progress and identify problems with the pregnancy before they become serious for either mom or baby, it may come too late to prevent a number of serious maternal and child health problems. If we truly want to impact infant and maternal health, we need to ensure that moms-to-be are as healthy as possible before and between pregnancies, not just after a pregnancy has begun.

[1] Centers for Disease Control and Prevention, "Preconception Health and Care, 2006," http://www.cdc.gov/ncbddd/preconception/.

[2] Ibid.

Infant Mortality Rates* in Nebraska by Race and Ethnicity, 1999-2008



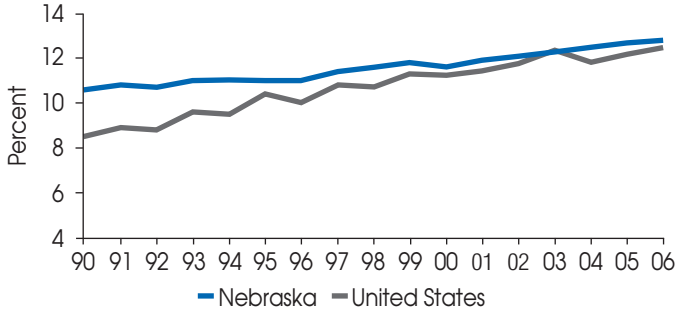
**Infant Mortality Rate is calculated as the number of infant deaths per 1,000 births.*

Source: Vital Statistics, Nebraska Department of Health and Human Services.

the most recent year for which data are available, the percent of preterm births in Nebraska was 12.5%, much closer to the national average at 12.8%.[32] Infants born preterm are at greater risk than infants born at term for mortality and a variety of health and developmental problems. Complications associated with preterm infants can include acute respiratory, gastrointestinal, immunologic, central nervous system, hearing, and vision problems, as well as longer-term motor, cognitive, visual, hearing, behavioral, social-emotional, health, and growth problems.[33]

Some women are at greater risk of delivering too soon. For example, women who have a history of preterm birth, cervical or uterine problems, or a multiple pregnancy are at higher risk of preterm birth, as are African American women, expectant moms younger than 17 or older than 35, and women in poverty.[34] Nationally, though only 2 percent of babies in 2005 were born very early (at less than 32 weeks) these babies accounted for 55 percent of all infant deaths.[35] The growing rate of premature births in Nebraska and around the country presents a great public health concern and places even greater importance on access to medical care during pregnancy, so as to monitor the growth and development of the unborn child.

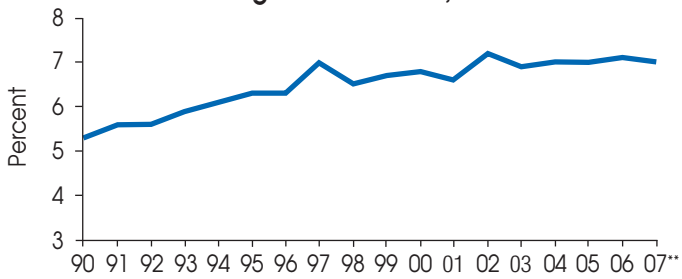
Premature Births in Nebraska and in the United States, 1990-2006



Source: National Vital Statistics System, National Center for Health Statistics, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

In another disturbing trend, the rate of Nebraska babies born at low weight has been increasing since 1990, following a period of decline in the 1970s and 1980s. In 2008, 7.1 percent of babies were of low birth weight, up from 5.3 percent in 1990[36] – an increase of about 34.0 percent. Of the 146 Nebraska babies who died in 2008, 98 were of low birth weight.

Low Birth Weight* in Nebraska, 1990-2007



** Low Birth Weight is defined as less than 2500 grams, or about 5.5 pounds.*

*** 2007 data are preliminary.*

Source: Centers for Disease Control and Prevention, National Center for Health Statistics.

In 2008, 649 Nebraska babies had birth defects, for a rate of 23.9 per 1,000 live births and stillborns. The most common problems were with the circulatory, musculoskeletal and genitourinary systems. Though the causes of many birth defects are unknown, risks may be reduced with certain activities that can be discussed during prenatal visits. Taking folic acid, for instance, is one way to reduce the risk of neural tube defects, such as spina bifida, by 50-70 percent.[37]

Knowing that our state's babies are at risk – due to rising rates of low weight and preterm births, inadequate prenatal care, and persistently unacceptable rates of infant mortality – it is incumbent upon Nebraskans to ensure that future generations have access to healthy beginnings. Providing prenatal care is a smart investment for us all and, most importantly, for the kindergartners filling tomorrow's classrooms.

Healthy Babies Are Worth the Investment

Babies born healthy are a worthy goal, but providing sound beginnings makes good fiscal sense for us all. Not only does a lack of prenatal care have great human costs, numerous studies have documented the great economic costs of unhealthy moms and unhealthy babies. A review of these studies and the documented costs and potential savings associated with prenatal care are below:

Birth Complications

- Costs for complicated births range from $20,000 to $400,000 per baby, compared to about $6,400 for a "normal" uncomplicated delivery.[38]

Babies Born Too Soon and Too Small

- Babies born too small can require increased hospital and provider resources, including time in a neonatal intensive care unit (NICU) at a cost ranging from $1,000 to $2,500 per day. A severely ill newborn may spend several weeks or months in a NICU depending on the complexity of the health problem.[39]

- Costs associated with extremely preterm infants (less than 28 weeks gestation) average $65,600.[40]
- Respiratory Distress System, which occurs in premature infants when their lungs are not fully developed, has an average cost of $82,648 and requires an average of 27.8 days in the hospital.[41]
- The charges associated with the perinatal diagnoses of "short gestation, low birth weight, and fetal growth retardation" cost $56,942 on average and require an average hospital stay of 22.7 days.[42]

Cost Savings

- The CDC has estimated a savings of $14,755 per low weight birth prevented if all U.S. women received adequate prenatal care.[43]
- A study in New Hampshire found that every $1 spent on prenatal care realized a savings of $2.57 on medical care for low birth weight babies.[44]
- A study in Missouri of over 12,000 Medicaid births found that every $1 spent on prenatal care resulted in a savings of $1.49 in newborn and post-partum costs up to 60 days after birth.[45]
- The Institute of Medicine found that $1 spent on prenatal care for women at high risk of delivering a low birth weight infant could save $3.38 in direct medical care expenditures.[46]

A study looking at the effects of prenatal care among undocumented immigrants showed significant differences in birth outcomes – and ultimately, the fiscal impact on public funding sources of postnatal care – depending on whether the baby had received prenatal care. The study, conducted at a large university hospital in California, compared the birth outcomes and the costs associated with births to undocumented women with and without prenatal care. By directly comparing these two populations, the study presents a clear picture of the impact of the denial of prenatal benefits to undocumented women, their citizen children, and the taxpayer. The study concluded that the "elimination of public funding of prenatal care could substantially increase low birth weight, prematurity, and postnatal costs."[47] The study found:[48]

- Undocumented women without prenatal care were nearly 4 times more likely to deliver infants of low birth weight and were more than 7 times as likely to deliver prematurely when compared to undocumented women with prenatal care;
- Babies admitted to the NICU having never received prenatal care **stayed twice as long** and **cost twice as much** as NICU babies who had prenatal care;
- The cost of postnatal care for an infant without prenatal care was $2,341 more initially and $3,247 more when incremental long-term morbidity cost was added than that for an infant with prenatal care;
- The elimination of publicly funded prenatal care for undocumented women in California could save the state $58 million in direct prenatal care costs but could cost taxpayers as much as $194 million more in postnatal care, resulting in a net cost of $136 million initially and $211 million in long-term costs.

Regardless of the mother's immigration status, a new baby from a low-income family is eligible for Kids Connection, Nebraska's Medicaid program for children. This new baby's care will be paid for by tax dollars, so it is important to note the cost savings provided by prenatal care.

Cost savings are also significant among teen mothers who receive prenatal care, compared to those who don't. One estimate puts the savings at between $2,369 and $3,242 per person, based on the costs of caring for a low birth weight baby.[49] This is significant because, in Nebraska, expectant mothers who are 17 or younger are more than twice as likely to not receive prenatal care compared to most other age groups.[50]

Healthy moms are more likely to have healthy babies, reducing ongoing costs of medical care due to birth defects, low birth weight, and premature birth. By investing in the health of pregnant moms, we can invest in the health of infants and children and protect the state budget from unnecessary and preventable economic costs of poor birth outcomes.

Nebraska's Current Prenatal Care Policy

Our current prenatal care policy provides Medicaid coverage for pregnancy-related services to women at or below 185% of the Federal Poverty Level (FPL). However, this coverage excludes unborn children of undocumented women and any lawfully present women who are being sanctioned by the state under other programs such as Aid to Dependent Children (ADC) or Child Support Enforcement. At current Nebraska guidelines, a pregnant mother in a family of four may receive assistance with prenatal care through Medicaid if the family earns at or below approximately $40,800 a year.[51]

Our current policy also covers infants and children up in families with incomes at or below 200% FPL, or $44,100 a year for a family of four. Any baby born to a low-income mother will be eligible for Kids Connection the minute they are born, regardless of whether the mom was eligible for prenatal coverage through Medicaid. By investing in

If you are pregnant and need assistance with prenatal care:

- You can apply online for Medicaid and other public assistance programs at: http://accessnebraska.ne.gov/
- Or, you can download an application for Medicaid at: http://www.hhs.state.ne.us/med/clienthome.htm You must mail or fax this application form to your local DHHS office. You can find contact information for your local DHHS office at the following website: http://www.dhhs.ne.gov/map/cntctlst.htm
- Or, call Nebraska Department of Health and Human Services at 402-471-3121.

prenatal care, we are investing in the life of the child and also eliminating high costs of poor birth outcomes, often borne by the state.

Helping More Nebraska Babies to be Born Healthy

Nebraskans know that prenatal care is important, and our state's prenatal care policy has reflected that priority for more than 20 years. Unfortunately, an administrative policy change in late 2009/early 2010 reversed our long-standing tradition of caring for the health of all babies before birth. We call on state policy makers to re-prioritize prenatal care to ensure that every Nebraska baby has an opportunity to be born healthy.

Recommendations:

1) Restore prenatal care access for all soon-to-be Nebraska babies.

With the devastating reversal of policy which eliminated access to prenatal care for 1,619 unborn children and untold numbers of women who will become pregnant and will be ineligible, Nebraska made a poor public policy decision that will affect the health of soon-to-be Nebraska babies for years to come. This elimination of prenatal care coverage will lead to more costly births, more babies born with preventable poor health outcomes, and more babies who will not survive until their first birthdays.

There is a simple solution to protecting prenatal coverage for all unborn children in need. The State Children's Health Insurance Program (SCHIP) allows an "unborn child option," under which services can be provided to pregnant women who are otherwise ineligible for Medicaid. This can be accomplished by designating the unborn child as the recipient of health care services – not the mother. The state of Nebraska would simply have to take up the "unborn child option" in a State Plan Amendment, submitted to the Centers for Medicare and Medicaid Services. This is a simple administrative procedure that could allow coverage and federal reimbursement for unborn children of low-income women who are, themselves, ineligible for prenatal care through Medicaid. Nebraska, until early 2010, has long been a leader on prenatal care policy. We, as a state, decided decades ago that providing prenatal care made sense and we were right. Nebraska should now take advantage of the unborn child option to restore this long-standing priority of protecting the health of unborn children.

By taking the "unborn child option," Nebraska could rejoin the other 15 states and the District of Columbia that ensured prenatal care is provided to all low-income women and children. Other states that have taken the unborn child option include Arkansas, California, Illinois, Louisiana, Massachusetts, Michigan, Minnesota, Oklahoma, Oregon, Rhode Island, Texas, Washington and Wisconsin.[52] New York, New Jersey, and the District of Columbia also cover undocumented pregnant women with state-only funds.[53] Unborn child coverage under the Children's Health Insurance Program has only been available since 2003, and other states have gradually been taking advantage of this coverage option.

2) Expand prenatal coverage in Nebraska to cover unborn children in all low-income families, up to 200% FPL.

Nebraska should guarantee access to prenatal care for all low-income mothers and babies. In 2009, with the passage of LB 603, the Nebraska Legislature recognized the increasing gap between public and private health insurance coverage for children, and expanded public coverage to all low-income kids in our state up to 200% FPL. If the state has recognized that families under 200% FPL are often unable to afford health insurance for their children, the lack of affordability and access to health insurance would also extend to pregnant women in families under 200% FPL. The state should expand prenatal coverage to all low-income children and pregnant women to ensure that all babies are born healthy and that all children can grow up healthy. By expanding coverage to 200% FPL, a family of four would be eligible for prenatal care at or below $44,100 a year – providing access to coverage for nearly a thousand additional unborn children.[54] As a state, we prioritize the health of unborn children and the health of children equally – so we should ensure that access to health care coverage is consistent for both of these populations.

24 other states (including the District of Columbia) cover pregnant women at 200% FPL or above: Arkansas, California, Colorado, Connecticut (250%), Delaware, District of Columbia (300%), Georgia, Illinois, Indiana, Iowa (300%), Louisiana, Maine, Maryland (250%), Massachusetts, Minnesota (275%), New Jersey, New Mexico (235%), New York, Ohio, Rhode Island (250%), Tennessee (250%), Vermont, Virginia, and Wisconsin (250%).[55]

Conclusion

Prenatal care matters for a lifetime, and when prenatal care is denied, babies pay a price. Nebraska's long-standing policy of protecting and prioritizing prenatal care reflects the value we place on the health of the children born in our state and our recognition that providing care early on saves state money by reducing the likelihood of birth and life long health complications. Protecting and investing in prenatal care will protect the lives and future life opportunities of babies born in our state. Prenatal care is a basic step toward ensuring that all of Nebraska's children have the best opportunities to succeed. Let's take that step in Nebraska and help all babies be born healthy. ■

POLICY BOX

Nebraska's Prenatal Care Policy Reversal

The state of Nebraska has had a long-standing policy of protecting and prioritizing access to prenatal care, recognizing that our obligation to ensuring a child has an opportunity to live a healthy life begins long before the baby is born. Due to an administrative change in late 2009 and the Legislature's inaction in the 2010 legislative session, we have seen a reversal of Nebraska's long-standing policy. The state of Nebraska is now denying prenatal care to babies who need it, and in doing so, we will be diminishing the opportunity for babies to have the healthiest life possible before they are even born. Below is a timeline of events that led the loss of prenatal care for at least 1,619 unborn children and countless more who will be ineligible in the months and years to come.

Timeline for Policy Change:

November 30, 2009 – A letter was sent from Centers for Medicare and Medicaid Services (CMS), Division of Medicaid and Children's Health Operations, to Kerry Winterer, CEO, Nebraska Department of Health and Human Services (DHHS) indicating the following:[1]

> "Nebraska policy manuals appear to indicate that pregnancy-related and post-partum services may be provided to an ineligible mother based on eligibility criteria met by an unborn child, which does not comply with Federal Medicaid policy…Title XIX [Medicaid] does not allow coverage of an unborn child. However, Nebraska may provide prenatal care to pregnant women who do not qualify for Medicaid by covering unborn children under the Children's Health Insurance (CHIP) program. This would have to be submitted as a State plan amendment for a separate CHIP program."

Nebraska had been designating the unborn child the recipient of Medicaid services, not the expectant mother. This CMS letter indicated that an unborn child is not Medicaid-eligible. However, Nebraska could continue to cover the same population of unborn children by taking up the unborn child option in our State Children's Health Insurance Program (SCHIP). In a nutshell, Nebraska was allowed to continue to cover unborn children by making a simple administrative change.

January 15, 2010 – Vivianne Chaumont, Director, Division of Medicaid & Long-Term Care, Nebraska DHHS, informed state legislators that, as of February 1, 2010, "pregnant women who are not American citizens or legal permanent residents will cease to receive [Medicaid] services."[2] The letter went on to state, "If Nebraska wants to continue to provide prenatal coverage to unborn children of undocumented alien women, it would have to do so through the adoption of a program funded solely with state dollars."[3] This letter did not include the option presented by the CMS letter in late November indicating that the state could utilize the unborn child option under SCHIP.

January 21, 2010 – Director Chaumont and Todd Reckling, Director, Children and Family Services, NE DHHS sent a memo to Service Area Administrators indicating, "Effective immediately, for new and pending cases, unborn children of any pregnant women are not eligible for Medicaid. Undocumented women are not eligible for Medicaid, other than for emergency services, and can not be made eligible for Medicaid through granting eligibility to an unborn child."[4]

January 25, 2010 – Nebraska Medicaid Provider Bulletin No. 10-01 was released indicating that services provided to pregnant women who had previously been determined eligible would cease to be reimbursed on March 1, 2010.[5]

February 4, 2010 – A Notice of Action from DHHS was mailed to nearly 6,000 pregnant Medicaid recipients providing notice that as of March 1, 2010, Medicaid eligibility for their unborn child would end. The Notice of Action went on to state that the eligibility of the mother and any other family members was being reviewed.[6]

February 25, 2010 – Kerry Winterer, CEO, NE DHHS provided testimony to members of the Health and Human Services Committee. His testimony included the following information, as of February 24, 2010:[7]

- 4,655 pregnant women who are legal residents have been determined to be eligible for continued Medicaid coverage.
- 709 pregnant women who are in the U.S. legally are not eligible for Medicaid coverage. The primary reasons for ineligibility in these cases are being over the income limit; program sanctions, mainly involving Employment First or Child Support; relocation outside of Nebraska; and a failure to provide necessary information to determine eligibility.
- DHHS is working with 115 pregnant women to collect additional information needed to determine eligibility. Coverage for these individuals is being extended to March 31st to allow additional time to determine eligibility.
- 842 pregnant women are illegal immigrants and are not eligible for Medicaid coverage.

March 1, 2010 – 1,551 pregnant women lost access to prenatal care through Medicaid. Of these women, 709 pregnant women were legally present in the U.S., and 842 pregnant women were undocumented, according to DHHS.[8]

March 31, 2010 – An additional 68 pregnant women lost access to prenatal care through Medicaid after further information was collected by DHHS to determine eligibility. Of these women, 43 were legally present in the U.S., and 25 were undocumented, according to DHHS.[9]

March 2010 – A total of 1,619 pregnant women lost access to prenatal care through Medicaid. Of these pregnant women, 752 were U.S. Citizen or Legal Permanent Resident women and 867 were undocumented women, according to DHHS.[10]

[1] Letter from James G. Scott, Associate Regional Administrator for Medicaid and Children's Health Operations, CMS to Kerry Winterer, CEO, NE DHHS, November 30, 2009.

[2] Letter from Vivianne M. Chaumont, Director, Division of Medicaid and Long-Term Care, NE DHHS to Senator Russ Karpisek, January 15, 2010.

[3] Ibid.

[4] Memo from Vivanne M. Chaumont, Director, Medicaid and Long-Term Care and Todd L. Reckling, Director, Children and Family Services, NE DHHS to NE DHHS Service Area Administrators, January 21, 2010.

[5] Provider Bulletin No. 10-10, Vivianne M. Chaumont, Director, Medicaid and Long-Term Care, NE DHHS, January 25, 2010.

[6] Notice of Action, Todd L. Reckling, Director, DHHS, Mail Date: February 4, 2010.

[7] Letter from Governor Dave Heineman and Kerry Winterer, CEO, NE DHHS to Senators Tim Gay, at LB 1110 Hearing, February 25, 2010.

[8] Ibid.

[9] Letter from Kerry Winterer, CEO, NE DHHS to Senator Jeremy Nordquist, March 26, 2010.

[10] Ibid.

Endnotes

[1] Rima Shore and Barbara Shore, *Reducing Infant Mortality*, Annie E. Casey Foundation. (July 2009): 5.

[2] Christopher W. Kuzawa and Elizabeth Sweet, "Epigenetics and the Embodiment of Race: Developmental Origins of US Racial Disparities in Cardiovascular Health," *American Journal of Human Biology* 21 (2009): 3.

[3] "Low income" refers to income less than 200% of Federal Poverty Level. U.S. Census Bureau, 2006-2008 American Community Survey 3-Year Estimates, Table B13010.

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