



RHODE ISLAND KIDS COUNT

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Testimony Re: Budget Article 12- Cover All Kids and Extending Postpartum Medicaid Coverage

Senate Finance Committee

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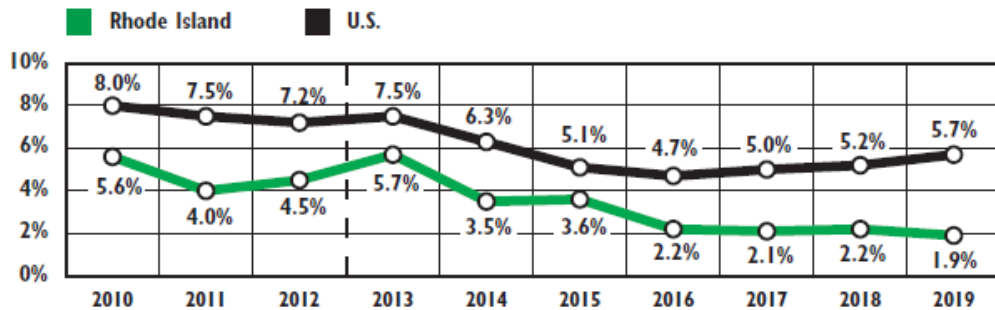
Mr. Chairman and members of the Committee, thank you for the opportunity to provide testimony today. Rhode Island KIDS COUNT would like to voice its strong support for sections of budget Article 12 that would 1) would reestablish Rhode Island's commitment to providing health insurance coverage to low-income children who are residents of the state regardless of immigration status and 2) extend full benefit Medicaid coverage to 12 months postpartum from the current 60 days postpartum, regardless of immigration status.

We want to thank Governor McKee for including these important issues in his proposed budget for Fiscal Year 2023. These budget articles also have the support of and are campaign priorities of Right from the Start, a legislative and budget campaign to advance state policies for young children and their families. It is coordinated by Rhode Island KIDS COUNT and led by 8 organizations and many champions.

History of Health Care Coverage for All Children:

Rhode Island covered all low-income children regardless of immigration status for almost 10 years in the late 1990s and early 2000s. It is time to restore this important policy. The U.S. Supreme court in *Plyer vs. Doe* (1982), ruled that all children, including undocumented children, have a right to a public K–12 education. It is critically important that all children who are attending school have access to primary, preventive healthcare, including undocumented children, so they are healthy and ready to learn.

Children Without Health Insurance, Rhode Island, 2010-2019



Importance of health insurance coverage for children:

Children who have health insurance coverage are healthier and have fewer preventable hospitalizations than those who are uninsured. Children who are insured through Medicaid/RIte Care are more likely to receive primary and preventative medical and dental care, have access to specialists, and have fewer unmet health needs than uninsured children. Evidence also shows that Medicaid/RIte Care has reduced racial/ethnic disparities in access and utilization, improved educational outcomes, and shielded children from poverty.

It's time to finish the job and Cover All Kids:

In 2019, 98.1% of Rhode Island children had health insurance coverage – 2nd best in the nation. Only about 4,000 Rhode Island children were uninsured, and 3,000 of these children were income eligible for RIte Care but not enrolled. **To achieve our goal of covering all kids, we must restore access to RIte Care health insurance for income-eligible children who are undocumented immigrants.** All children need access to health care that supports their healthy growth and development and promotes school success. It is far more cost effective to provide access to primary, preventive care to undocumented children than paying the far higher cost when a health condition that could have been prevented or treated early escalates to an emergency requiring emergency room care that the state pays for.

Current RIte Care/Medicaid coverage for pregnant/postpartum women:

Pregnant women with incomes up to 258% of the Federal Poverty Level (FPL) are currently eligible for Medicaid/RIte Care. However, 60 days after giving birth women can only stay on Medicaid if their income is at or below 141% FPL. Many women, including women who do not have qualified immigration status, who give birth on Medicaid are no longer eligible for Medicaid at 60 days postpartum and must seek coverage elsewhere or become uninsured, creating a gap in coverage. This compromises continuity of care in the postpartum period, a critical time for both mom and baby.

Extending postpartum coverage is a key strategy for addressing racial/ethnic disparities in maternal health:

Evidence clearly demonstrates that women of color are less likely to have access to adequate maternal health care services and are more likely to die in pregnancy and childbirth than white women.

- **Nationally, Black women are three to four times more likely than white women to die of pregnancy-related complications.** Evidence shows that many of these deaths occur after pregnancy-related Medicaid coverage ends.
- **Nationally, 12% of pregnancy related deaths occurred between 6 weeks and 12 months postpartum.**
- This is especially important given the unacceptable racial and ethnic disparities we see in maternal and infant health outcomes in Rhode Island. For example, between 2014 and 2018, **Black women in Rhode Island were 83% more likely to experience a severe complication at birth compared to white women.** During that same time period,

Hispanic/Latina women were 34% more likely to experience a severe complication at or after birth compared to white women.

Extending postpartum coverage would support maternal mental health

Postpartum care is extremely important to new parents as they also navigate the responsibilities of being a new parent and looking after an infant. These competing priorities influence mental health as well as physical health. **In Rhode Island between 2018 and 2020, over 29% of women with Medicaid/Rlte care experienced depression symptoms during or after their most recent pregnancy compared to only 18% of women with private insurance.** Studies have consistently shown that poor maternal mental health is associated with lower quality of maternal-infant bonding. Improving low-income parents' coverage and access to health care is critically important to supporting healthy infants and children.

Ensuring women have uninterrupted Medicaid coverage during the postpartum period is important for identifying preventable health conditions, including maternal depression. **This budget article would assure that all low-income women have 12 months of continuous coverage after pregnancy and would support improvements in infant and maternal health outcomes.** The current 60 days of postpartum Medicaid coverage is simply insufficient to support families and ensure that mothers and infants are healthy. This legislation can help reduce pregnancy related deaths in the state and address the severe maternal mortality crisis, especially among women of color.

The fiscal impact of this proposal, based on the EOHHS budget plan, estimates that the total cost of the proposal in the first year would be \$5.1M, plus \$0.7M for required one-time MMIS and RI Bridges system modifications.

Rhode Island KIDS COUNT urges you to support these sections of Article 12, which will reestablish Rlte Care health insurance coverage to low-income children regardless of immigration status and extend postpartum coverage from 60 days to 12 months to support mothers' and infants' physical, emotional, and mental health. Thank you for the opportunity to testify today.

