2023 Senate Bill 2071

Senate Appropriations Committee – Human Resources Division

Senator Dick Dever, Chairman

February 8, 2023

Chairman Dever and members of the Senate Appropriations Committee – Human Resources, I am Tim Blasl, President of the North Dakota Hospital Association (NDHA). We support Senate Bill 2071 and ask that you give it a **Do Pass** recommendation.

Hospitals support this bill because it would increase the number of pregnant women who would be covered by Medicaid. The bill, as amended, would increase the eligibility threshold from 162 to 185 percent of the federal poverty level (FPL). The 2023 poverty guideline for a household of one (i.e., a single woman with no dependents) is $14,580. If the eligibility threshold is set at 185%, it would allow a woman with income below $26,973 to qualify.

Pregnancy is a critical event that requires quick access to care to ensure positive infant and maternal health outcomes. Acknowledging this, Federal Medicaid law requires that all states extend eligibility for pregnant women with incomes up to 138% of the FPL. Most states (48 and DC) go beyond this minimum threshold, ranging from 138% to 380% FPL. Maternal health, particularly large and persistent racial and ethnic inequities, continues to be a major health challenge. Coverage changes alone cannot fully address these issues, but expansion of eligibility criteria could provide stable coverage and care to more low-income women.

The positive effects of early, effective, and comprehensive prenatal care are well known, they contribute directly to reduced incidence of infant mortality and babies born at low birth weight. The good news is that such preventive services are relatively inexpensive and some research also suggests that an investment in prenatal care is cost-effective—an estimated savings of more than $3 is possible for every dollar spent on prenatal care for pregnant women at high risk of delivering a low-birth-weight baby. If prenatal care is not received, however, the consequences can be grave from both human and cost

perspectives. Women who do not obtain sufficient prenatal care are about twice as likely to have a low-birth-weight baby and more than 1 ½ times more likely to have their babies prematurely than are women who receive adequate prenatal care. Low birth weight is the single factor most commonly associated with death and disability of newborns. Low birthweight and premature infants have some of the highest health care expenditures of any patient population, exerting significant medical, social, and economic costs not only on affected families but the whole health care system. We support increasing Medicaid coverage to extend this important prenatal care to as many low-income women as possible which, in turn, will increase the number of health babies as much as possible.

For these reasons, we support this bill. Please give the bill a **Do Pass** recommendation.

Respectfully Submitted,

Tim Blasl, President
North Dakota Hospital Association