



**Kayla Schmidt – Interim Executive Director, North Dakota Women’s Network
Support - SB 2071
North Dakota Senate Appropriations Committee**

February 8, 2023

Chair Bekkedahl and members of the Senate Appropriations Committee,

My name is Kayla Schmidt and I am the Interim Executive Director of the North Dakota Women’s Network (NDWN).

We are a statewide organization working towards improving the lives of women across North Dakota with the support of our members and advocates. I previously testified before the Senate Human Services Committee in support of SB 2071 and have included that testimony below as you consider this bill’s funding.

As amended, SB 2071 would increase medical assistance eligibility to low-income pregnant women living below 185% of the Federal Poverty Level: this means an income of less than \$25,141.50 per year¹. Receiving reliable medical care is critical during pregnancy, delivery, and post-delivery for every woman, regardless of her economic status.

Research conducted for a North Dakota Legislative Management Interim Healthcare Study asked seven hospitals across the state to report the cost of a low-risk pregnancy with a vaginal delivery. Hospitals reported costs ranging between \$4,300 to over \$15,000, averaging about \$10,600. The cost of a Caesarian Section had a range of \$5,000 to \$31,000, averaging nearly \$19,000². These prices do not account for additional costs that could arise due to complications. The expectation of medical bills should not be a deterrent for an expectant mother in need of health care.

Adequate and affordable access to prenatal care is vital for all pregnant women. States that have increased medical assistance eligibility have noted an increase in early initiation of prenatal care and increased receipt of recommended health screens and prenatal vitamins. These states have also noted lower rates of maternal mortality and a reduction in infant mortality.³ Women who see a health care provider regularly during pregnancy have healthier babies, are less likely to deliver prematurely, and are less likely to have other serious problems related to pregnancy.

NDWN strongly urges a full funding and a Do Pass Recommendation on SB 2017.

Thank you,
Kayla Schmidt
director@ndwomen.org

¹ healthcare.gov; 2022 Federal Poverty Level for individuals is measured at \$13,590

² ND Legislative Management Interim Healthcare Study; January 8, 2021; Table 60

³ Medicaid Expansion Fills Gaps in Maternal Health Coverage Leading to Healthier Mothers and Babies; May 2019; Georgetown University Center for Children and Families