



**Improving Florida's Maternal and Infant Health:
Removing the Medicaid Five Year Bar for Lawfully Residing Pregnant Immigrants**
February 2023

SUMMARY:

Pursuant to federal law, lawfully residing immigrants are ineligible to receive Medicaid until they have lived in the U.S. with legal status for five years. But federal law also offers the states the option to carve two special populations out of this five-year bar: pregnant women and children. In 2016, the Florida legislature passed bipartisan legislation to end the five-year bar for children¹. Now is the time to do so for pregnant women.

BACKGROUND:

Under federal law, Florida has the option to provide pregnancy-related Medicaid to lawfully residing, income-eligible immigrant women, regardless of the length of time they have been in the United States. This option, established by the Legal Immigrant Children's Health Improvement Act (ICHIA), has been adopted in twenty-five states¹. Extending pregnancy-related Medicaid coverage would provide essential care throughout the prenatal and postpartum periods to lawful residents and their U.S. born citizen children^{2,3}.

Uninsured pregnant individuals are less likely to attend routine care and are at greater risk of poor outcomes for both mother and child. Poor management of maternal health adversely affects a child's cognitive and behavioral health. Lifting the five-year bar for immigrant women would improve maternal and infant health outcomes, address root causes of high-risk pregnancies, and save lives and costly medical interventions.

Lifting the five-year bar will also have significant economic benefits for individuals, health systems, and the state. Individuals with coverage shoulder less medical debt and are more likely to seek the care they need because they don't fear unpaid medical bills. Further, access to coverage results in

¹Medicaid/CHIP Coverage of Lawfully-Residing Immigrant Children and Pregnant Women. (2022, January 1). Kaiser Family Foundation. <https://www.kff.org/health-reform/state-indicator/medicaid-chip-coverage-of-lawfully-residing-immigrant-children-and-pregnant-women/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

²Park, E., Alker, J., & Corcoran, A. (2020, December). *Jeopardizing Sound Investment: Why Short-Term Cuts to Medicaid Coverage During Pregnancy and Childhood Could Result in Long-Term Harm*. Commonwealth Fund. https://www.commonwealthfund.org/sites/default/files/2020-12/Park_Medicaid_short_term_cuts_long-term-effects_ib_v2.pdf

³Youdelman, M. (2013, July 23). Q and A: The Legal Immigrant Children's Health Improvement Act. National Health Law Program. <https://healthlaw.org/resource/q-a-the-legal-immigrant-childrens-health-improvement-act/>

decreased emergency room utilization and costly care such as surgery and hospitalization. Hospitals gain when patients are covered, as uncompensated care costs decrease. This eases the economic strain on safety-net institutions, hospitals, and their providers⁴.

Florida currently ranks 13th among the states for maternal mortality⁵. At the same time, severe maternal morbidity is on the rise, increasing by 13% across the country between 2016 to 2019. And poor outcomes are not shouldered evenly. Black women are 3.7 times more likely to die from pregnancy-related causes than their White counterparts⁶.

EXTENDING COVERAGE WILL IMPROVE HEALTH OUTCOMES:

Access to affordable health coverage and healthcare is critical to improving health outcomes for pregnant individuals and their U.S. born children⁷. Immigrant mothers who are subject to Florida Medicaid's five-year bar are less likely to have adequate prenatal care. While just 10% of uninsured pregnant people receive care in their first trimester, nearly three-quarters of pregnant women covered by Medicaid attend the recommended nine prenatal care visits⁸.

Florida should be proud of our high coverage rates during pregnancy: just 6% of Florida births are to uninsured mothers. Lifting the five-year bar for lawfully residing pregnant women would improve outcomes for these individuals who are most marginalized from the healthcare system.

EXTENDING COVERAGE MAKES FINANCIAL SENSE:

While uncompensated care costs are borne largely by local institutions, the costs of pregnancy Medicaid coverage are borne in large part by the federal government, at the state's standard Medicaid's Federal Medical Assistance Percentage (FMAP) rate. Shifting pregnancy-related costs to the Medicaid program would save the state money⁹. At the same time, taking up the ICHIA option will reduce medical debt and improve household financial security for our youngest citizens and their parents. Providing prenatal and postpartum health coverage to otherwise uninsured residents

⁴Park, E., Alker, J., & Corcoran, A. (2020, December). *Jeopardizing Sound Investment: Why Short-Term Cuts to Medicaid Coverage During Pregnancy and Childhood Could Result in Long-Term Harm*. Commonwealth Fund. https://www.commonwealthfund.org/sites/default/files/2020-12/Park_Medicaid_short_term_cuts_long-term-effects_ib_v2.pdf

⁵ Dolan Dobrinsky Rosenblum Bluestein. (2019, December). Florida's Maternal Mortality Rate Among Worst in the Nation. DDRB LLP. <https://www.ddrlawyers.com/blog/floridas-maternal-mortality-rate-among-worst-in-the-nation/>

⁶ Florida Department of health. (2015, April). *Black-White Disparities in Maternal Mortality*. Florida Department of health. https://www.floridahealth.gov/programs-and-services/womens-health/pregnancy/4__2015-title-v-brief-bw-disparities-in-maternal-mortality-final-11-06-2014.pdf

⁷ The Commonwealth Fund & The Commonwealth Fund. (2022, December 7). Improving Maternal Health by Extending Medicaid Postpartum Coverage. Commonwealth Fund. Retrieved December 13, 2022, from <https://www.commonwealthfund.org/blog/2022/improving-maternal-health-extending-medicaid-postpartum-coverage>

⁸ MACPAC. (2020, June). Medicaid's Role in Maternal Health. MACPAC. <https://www.macpac.gov/publication/chapter-5-medicoids-role-in-maternal-health/>

⁹ Youdelman, M. (2013, July 23). Q and A: The Legal Immigrant Children's Health Improvement Act. National Health Law Program. <https://healthlaw.org/resource/q-a-the-legal-immigrant-childrens-health-improvement-act/>

translates to less emergency room utilization, less urgent care needed, better health outcomes and resultant cost savings.

THE COSTS ARE OUTWEIGHED BY THE BENEFITS

Florida is made richer by our diverse immigrant population. We estimate that taking up the ICHIA option for pregnant women would benefit approximately 2,000 women¹⁰ – and their infants– annually. The annual cost of extending coverage to this population is low: 2,000 women * \$5,539.64 per member per year * 20 months of pregnancy coverage * 33.75% of Medicaid costs paid by the state = an estimated annual cost of \$6,207,167.^{11,12} While the benefits, including the cost savings in urgent and intensive care, are tremendous.

NOW IS THE TIME FOR FLORIDA TO END THE FIVE-YEAR BAR FOR PREGNANT WOMEN

The ICHIA option for pregnant women will improve maternal and infant health outcomes while saving the state and our hospital systems money. Florida recognized the importance of extending health coverage to lawfully residing immigrant children regardless of the duration of residency when it took up the ICHIA option for children in 2016. With preterm birth in Florida receiving a “D” from the March of Dimes, it is time to take this critical step for pregnant women and their babies, as we re-commit to improving outcomes for our most vulnerable mothers and infants.¹³

¹⁰ We arrived at this number via the following known data points: Florida is home to 158,000 lawfully residing immigrants with less than 5 years in their current status; women account for 51.9% of all legal permanent residents (LPRs), also known as “Green Card” holders; 42.9% of LPRs are of reproductive age (18-44); 5.58% of women of reproductive age are pregnant in a given year (2019); alternatively for final calculation: 5.79% of U.S. born Hispanic women give birth annually.

Formula: $158,000 * .51.9 = 82,002$; $82,002 * .429 = 35,179$; $35,179 * .055 = 1,963$ Florida LPRs who give birth annually
Alternative Formula: $158,000 * .51.9 = 82,002$; $82,002 * .429 = 35,179$; $35,179 * .0579 = 2,037$ Florida LPRs who give birth annually
Sources: <https://www.migrationpolicy.org/research/covid-19-testing-treatment-immigrants-health-insurance>;
https://www.dhs.gov/sites/default/files/publications/immigration-statistics/Pop_Estimate/LPR/lpr_population_estimates_2015_-_2019.pdf; <https://www.cdc.gov/nchs/data/vsrr/vsrr012-508.pdf>;

¹¹ Estimated Costs Associated with Newly Eligible. (2019, August 2). Office of Economic & Demographic Research. <http://edr.state.fl.us/Content/constitutional-amendments/2020Ballot/MedicaidSummaryTables20190802.pdf>

¹² Federal Medical Assistance Percentage (FMAP) for Medicaid and Multiplier. (n.d.). KFF. <https://www.kff.org/medicaid/state-indicator/federal-matching-rate-and-multiplier/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

¹³ March of Dimes, 2022 Report Card for Florida, <https://www.marchofdimes.org/peristats/reports/florida/report-card>