



PRENATAL CARE IS THE KEY TO HEALTHY BABIES, LOWER COSTS ...DON'T DECREASE THE ASSET LIMIT FOR PREGNANT WOMEN

A Utah Health Policy Project Fact Sheet

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SUMMARY

The Health and Human Services Appropriations Committee (HHS) completed its assignment to trim 5% from the HHS budgets. Sadly, as part of the package of \$23.5 million in cuts, HHS recommended reducing the asset limit for low-income pregnant women from \$5,000 to \$3,000. According to the Department of Health, 5,600 women will lose access to prenatal care benefits if this \$1.69 million cut goes forward. The fiscal note is considerable; however, the costs (and cost shifting) associated with diminished access to prenatal care, pre-term births, and infant mortality far exceed these short-term savings.

PRAMS (Pregnancy Risk Assessment Monitoring System) data for Utah indicate that during 2008 ~13,500 women were covered by prenatal Medicaid. This represents ~25% of women who delivered a live birth during that year. If 5,600 women are cut from Medicaid, over 40% of women who previously qualified would no longer qualify. That's very concerning. Studies show that women who do not receive prenatal care are significantly more likely to have poor birth outcomes. While the number of women who currently receive no prenatal care is low, their pregnancy outcomes are strikingly poor.

Trimester PNC began	% of Preterm Births
No prenatal care	30.3%
1st trimester entry	9.4%
2nd trimester entry	9.3%
3rd trimester entry	10%

Utah Vital Records Data, 2008.

Frequently Asked Questions

Why is prenatal care important?

1 in 9 births (>6000 children) are born premature in Utah. Prenatal care helps ensure our children are born healthy.

How do the costs of uncomplicated births compare to the cost for pre-term infants?

Not well. The average cost associated with newborn care after uncomplicated deliveries is \$1,741 compared to the average costs associated with care for a preterm infant, \$79,793 (*Hospital discharge data compiled by Utah Office of Health Care Statistics*).

Are BYU students disproportionately enrolled in the Medicaid Prenatal Program?

There is no evidence for this. Medicaid data sources do not distinguish between the student and non-student population. Based on poverty rates by county, Utah County is actually *under-utilizing* Medicaid (*details on reverse*).

How many states have removed the asset test?

Utah is 1 of only 7 states that looks at assets in determining eligibility; a \$3,000 asset limit would be the most restrictive in the nation.

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BYU STUDENTS ON MEDICAID? LET’S PUT THE MYTH TO REST

Some policymakers are concerned that BYU students may be disproportionately utilizing Medicaid for their prenatal care. There is no evidence for this. In fact, given the high poverty rate in Utah County relative to the rest of Utah, Utah County appears to be *under-enrolled* in Medicaid.

Selected Counties of Birth	# of Births	Total Persons	Birth rate per 1,000	% of all UT births	% of Medicaid Births	Poverty Rate
Davis	6,202	305,855	20.28	11%	6%	6.3
Duchesne	422	16,575	25.46	1%	1%	12
Salt Lake	19,591	1,041,578	18.81	35%	36%	9
Summit	506	39,615	12.77	1%	1%	5
Utah	12,506	523,792	23.88	22%	21%	11.4
Weber	4,411	224,917	19.61	8%	8%	10.5
Total	55,605	2,781,954	19.99	100%	100%	10.3

*Sources: Birth rate data is for calendar year 2008 (Utah Indicator-Based Information Systems, www.ibis.health.utah.gov); Medicaid data is from the period 7/1/2008 to 6/30/2009 (Utah Department of Health, February 25, 2010); Poverty data from Community Action Partnership of Utah, *Poverty in Utah Report 2009*. <http://www.utahcap.org>*

Utah County has the second highest birth rate in the state and a higher poverty rate. These combined facts should give Utah County a higher portion of all Medicaid births, but in fact the opposite is true. Utah County, like all of the counties shown above, has Medicaid utilization rates that are perfectly in line with their birth rates and poverty rates.

CONCLUSION

As Utah works to prove it is a leader in health system reform, kicking 5,600 pregnant women and their unborn children off of Medicaid would be a huge step backwards.