

Uncompensated Prenatal Care Among Non-U.S. Citizens Florida, 1996 to 2006

Division of Family Health Services, Florida Department of Health, February 2007

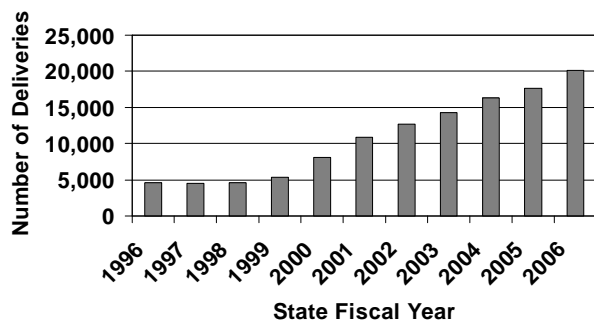
Background

As the number of legal and illegal immigrants has increased in the United States and Florida, so has the debate about providing and paying for health services including pregnancy-related services. Welfare reform, as defined by the 1996 Personal Responsibility Work Opportunity Reconciliation Act (PRWORA), changed immigrants' eligibility for publicly funded services such as Medicaid. New restrictions were placed on the use of federal Medicaid funds for some legal immigrants and all illegal immigrants except for emergency services. For pregnancy, this means providing Medicaid coverage for delivery services, but not reimbursing for prenatal care. Some states chose the option to use state funds to pay for prenatal services. Many states, including Florida, adopted the federal eligibility criteria.

Summary Findings for Non-U.S. Citizens

- Medicaid does not pay for prenatal care for most non-U.S. citizens.
- From 1996-2006, the number of Emergency Medicaid deliveries for these women increased over 4-fold to 20,099, roughly 9% of all deliveries statewide.
- Prenatal care to these women costs roughly \$10,451,480 in uncompensated care using Medicaid rates.
- "Safety Net" prenatal providers, in many communities, can no longer provide this level of uncompensated care.
- These women are more likely to start prenatal care later and receive inadequate number of visits
- These women are less likely to receive WIC and Healthy Start Services although they are eligible for services.
- These women experienced healthy pregnancy outcomes based on receiving prenatal services in past years.

Figure 1. Number of Emergency Medicaid Deliveries for Non-U.S. Citizens, Florida, 1996-2006 (State Fiscal Year)



Source: Agency for Health Care Administration

Number and County of Emergency Medicaid Deliveries

In 1996, Florida Medicaid paid for 4,556 deliveries to legal and illegal immigrants under the eligibility category referred to as Emergency Medicaid. Medicaid paid \$10,547,190 using both state and federal funding. By state fiscal year 2006, the number of these deliveries increased over four-fold to 20,099 at a cost of \$85,628,187 (see Figure 1). This number of deliveries represents nearly 9% of all deliveries statewide. Medicaid did not reimburse health care providers for prenatal care under this eligibility category. Women were expected to make their own arrangement with health care providers in their communities. Many of these women used "safety net" prenatal providers to receive services for free or at reduced cost. Using the average Medicaid reimbursement rate for a low risk pregnancy as an

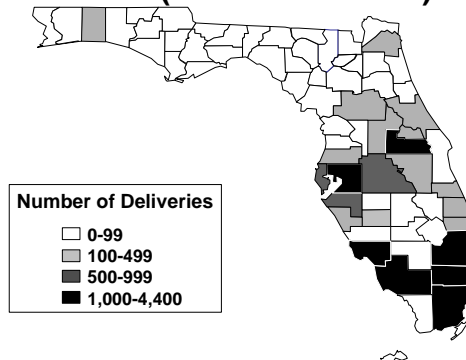
estimated cost, i.e. \$520 per pregnancy, the estimate cost of this uncompensated prenatal care is \$10,451,480.

These "safety net" providers in many communities across the state are no longer able to provide this level of uncompensated care. In 2006, the number of Emergency Medicaid deliveries in some counties was quite large (See Figure 2). In fact, over two-thirds of these deliveries were in these southern and middle Florida counties: Dade (4,399), Palm Beach (2,684), Broward (1,872), Hillsborough (1,404), Collier (1,336), Lee (1,142), and Orange (1,058) counties.

Pregnancy-Related Risk Factors, Services and Outcomes

Information on pregnancy-related risk factors, services and outcomes is available from *Medicaid Maternal and Child*

Figure 2. Number of Emergency Medicaid Deliveries for Non-U.S. Citizens, Florida 2006 (State Fiscal Year)



Source: Agency for Health Care Administration

Table 1. Percentage of deliveries & live-born infants by Medicaid coverage/category and perinatal risk factors, services, and outcomes, all races and ethnicities, Florida residents, 2004. Medicaid eligibility categories are SOBRA—income eligible pregnant women, Non-SOBRA—welfare (TANF) women, Presumptive Eligibility—denied temporarily eligible pregnant women, and Emergency Medicaid—immigrant pregnant women. Source: *Medicaid Maternal and Child Health Status Indicators 2000-2004*.

	Total	Medicaid Status		Medicaid Eligibility Category			
		Non-Medicaid	Medicaid	SOBRA	Non-SOBRA	Presumptive Eligibility	Emergency Medicaid
Risk Factors							
Smoking ¹	9.6%*	4.9%*	14.1%*	16.8%*	17.0%*	3.4%*	0.8%
Teen (<19 years) ¹	6.7%*	2.2%*	10.9%*	11.4%*	13.1%*	6.7%	6.0%
Services							
First trimester entry into prenatal care ^{1,3}	81.0% ³	90.1% ³	72.2% ³	76.4% ³	69.7% ³	63.2% ³	67.4%
Inadequate prenatal care ¹	11.4%*	6.0%*	16.6%*	12.8%*	18.2%*	24.2%*	20.8%
Offered mother Healthy Start screen ¹	63.1%*	56.4%*	69.5%*	76.1%*	70.0%*	55.0%*	49.6%
Prenatal WIC participation ¹	42.8%*	13.9%*	70.3%*	75.9%*	70.0%*	53.5%*	57.2%
Outcomes							
Vaginal delivery with complications ¹	6.9%*	6.0%*	7.8%*	6.7%*	7.1%*	9.2%*	10.8%
Cesarean deliveries ¹	32.4%*	34.7%*	30.3%*	29.3%	27.1%*	27.8%	29.3%
Preterm deliveries ¹	10.2%*	9.5%*	10.8%*	8.3%*	9.7%*	6.5%	6.3%
Newborns <1,500 g ²	1.6%*	1.4%*	1.8%*	0.8%*	1.0%*	0.5%	0.6%
Newborns <2,500 g ²	8.6%*	7.5%*	9.5%*	7.3%*	8.6%*	5.4%	5.0%
Term newborns <2,500 g ²	2.5%*	2.0%	2.9%*	2.8%*	3.1%*	2.2%	2.1%
Preterm newborns <2,500 g ²	6.0%*	5.5%*	6.6%*	4.5%*	5.5%*	3.1%	2.9%
Infant mortality rate (2003) ²	6.3*	5.0*	7.7*	4.6*	6.1*	4.4	2.6

¹The denominator is the number of deliveries.

²The denominator is the number of live-born infants.

³Statistical testing not possible due to a lack of denominators.

*The difference from the Alien subgroup is statistically significant at a p-value <0.05; most values are <0.001.

Health Status Indicators, 2000-2004, a report produced by MCHERD Center at the University of Florida and the Chiles Center at the University of South Florida. Information is available for mothers by Medicaid status and category by linking information from birth certificates, death certificates, Medicaid eligibility, WIC program, and Healthy Start program (see Table 1). Women who received both Emergency Medicaid and Presumptive Eligibility are reported as Presumptive Eligibility.

Women receiving Emergency Medicaid were significantly less likely to smoke during pregnancy or to be less than 19 years of age than other Medicaid women. Except for women on Presumptive Eligibility, these women were less likely to start prenatal care in the first trimester and more likely to participate inadequately in prenatal care than other Medicaid women. These women were significantly less likely to be screened for Healthy Start

services and significantly less likely to participate prenatally in the WIC food supplemental program than other Medicaid women except for Presumptive Eligibility. Women receiving Emergency Medicaid are potentially eligible for both Healthy Start and WIC services.

As in other published studies, pregnant women who are non-U.S. citizens, which include those receiving Emergency Medicaid, have significantly less preterm delivery, low birthweight and infant mortality than others. Although roughly 1 in 4 Hispanic/Latino deliveries in Florida are paid for by Emergency Medicaid, nearly 87% of mothers whose deliveries were paid for by Emergency Medicaid were Hispanic/Latino. These findings about risk factors, prenatal services and pregnancy outcomes for Table 1 did not change substantially when limited to Hispanic/Latino women. However, the emerging prenatal care crisis could alter this picture if these women are not able to obtain care.