



The Bell Policy Center

Research • Advocacy • Opportunity

1801 Broadway, Suite 280
Denver, Colo. 80202
(303) 297-0456 metro Denver
(866) 283-8051 statewide
(303) 297-0460 fax

www.thebell.org

No room at the inn for poor seeking prenatal care

By Robin Baker

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'Tis the season for giving, but the state of Colorado continues to taketh away. And it's our most vulnerable future citizens who will suffer the most.

In September, an estimated 19,000 poor women in Colorado lost Medicaid coverage for prenatal care. Under the guise of preventing undocumented women from receiving services, the state rule change is already ensuring that thousands of poor citizens won't get prenatal care as well. Once again, Colorado has implemented a short-sighted policy that not only takes its toll on the health of those most at risk, but will also cost each and every one of us more in the long run.

In the past, a pregnant woman who met Medicaid income eligibility requirements could receive care under what was called "presumptive eligibility," which meant she could get prenatal services while her legal status was under determination. These services helped meet two critical needs. First, women could find a health care provider to obtain early prenatal care, and second, screening services made possible early referrals to appropriate agencies to help increase the chances of a healthy birth and aftercare.

The federal government created presumptive eligibility to enable low-income women access to early prenatal care and reduce the cost to the state of low birth weight babies, premature deliveries, and high-risk pregnancies. Research clearly shows that the first trimester is an especially critical time in a pregnancy. Imposing a waiting period, which the federal government says is 45 days but can actually take months in the current Colorado system, just doesn't make sense when the timing of care is so important. Many clinics have already reported women giving birth before their eligibility is determined. (The irony here is that Medicaid will cover the costs for "emergencies" such as delivering a baby, as well as the costs of treating serious health problems that could have been prevented with better prenatal care. And, of course, all babies born in the U.S. are citizens, regardless of their mother's legal status).

When you take away the safety net, it costs everyone more. A 2002 study by the Prenatal Plus Program, which provides care to pregnant women on Medicaid, showed the program significantly reduced the number of low-birth-weight births. In fact, for every \$1 spent on Prenatal Plus services, \$2.48 was saved in Medicaid costs annually. The Prenatal Plus Program Medicaid expenditures for a three year period (1998-2000) totaled \$21.4 million. Expenditures for a comparable high-risk group of Medicaid clients not receiving Prenatal Plus services would have cost an estimated \$27.3 million—nearly \$6 million more for the same time period.

Clearly, providing relatively low-cost prenatal care is a good investment for the mother, the infant and the state economy. So why have we changed the rules?

The answer seems to lie somewhere between a desire by politicians to shift the blame for rising health costs somewhere else — such as to the poor and illegal immigrants — and a desperate attempt by the state to cut short-term costs in the midst of an ongoing budget crisis caused by irresponsible tax



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policy—mainly the Taxpayer's Bill of Rights. And the campaign of misinformation continues.

For example, state officials have frequently cited the high number of ineligible women who have received prenatal services as a reason for eliminating presumptive eligibility. But Boulder County Public Health officials note that statewide about 85 percent of the women served with presumptive eligibility are long-time residents and are deemed Medicaid eligible.

According to Pete Leibig, this policy change is just another attempt to shift costs that will ultimately increase health care costs for all of us and hurt the working poor most of all. Leibig is president and CEO of Clinica Campesina Family Health Services in Lafayette, which has been providing health services for low-income people for almost 30 years.

"Even without presumptive eligibility, we will continue to treat patients because it's the right thing to do. But now we have to absorb the costs of that care during the waiting period, which means we have fewer funds to provide other services. That means a working woman without health insurance is going to have more trouble getting an appointment for well care, acute care or care for a chronic condition. If we turn her away, she often ends up in the emergency room, which costs everyone more." And, he adds, those fortunate enough to have private health insurance pay too, in the form of rising health care costs and premiums because health care providers must make up for the lost Medicaid reimbursements.

The rule change has hit clinics that provide services to the poor especially hard, since it coincided with the Colorado Benefits Management System's massive and highly publicized computer problems. At Clinica, 79 percent of the paperwork filed between Sept. 1 and Oct. 15 to determine Medicaid eligibility had still not been processed by Dec. 1. This means the clinic experienced a \$50,000 reduction in Medicaid cash income in November. This may grow if the system continues to malfunction and could result in staff and service cutbacks at Clinica Campesina just because applications are sitting and waiting to be approved.

Colorado has a shameful record of helping low-income women access low-cost, effective and critical prenatal care. Last year, we ranked 48th in the nation for adequacy of prenatal care. There's nowhere to go but down, and that's where we're heading. In a state where we claim to care about quality of life, we've created a system that truly means there's no room at the inn—this holiday season and all year long.

Robin Baker, Ph.D, is a policy analyst with the Bell Policy Center, a nonpartisan, nonprofit organization dedicated to promoting opportunity and self-sufficiency in Colorado.