Support Budget Amendments:
HB30, Item 312, #2h Delegate Guzman
SB30, Item 312 #1s Senator Ebbin

Problem: While current Virginia statute recognizes the need to provide care to all pregnant women for safe births, Virginia does not provide all pregnant women with the prenatal care upon which safe births are predicated. What good is a safe birth if the newborn is unhealthy? Insuring only a safe labor and delivery is short-sighted. Virginia provides for medical services through Emergency Medicaid to all pregnant women who are eligible for care at the time of labor without consideration of their status. In July 2012, both state houses further recognized the cost-savings to the Commonwealth to provide prenatal care services to pregnant women regardless of their legal status, but the law stopped short by excluding undocumented pregnant women whose children would be U.S. citizens at birth and become eligible for care under Virginia FAMIS until the age of 18.

Policy solution: Virginia must extend prenatal care to all its children. The Virginia legislature should amend the budget to bridge the coverage gap in vital prenatal care services between Medicaid and FAMIS that has existed since 2012.

Who benefits: Nationally, pregnancy-related services accounted for the second largest share of Medicaid hospital charges in 2004 ($41 billion) according to the Agency for Healthcare Research & Quality. Conditions related to a mother’s pregnancy and delivery and newborn infants ranked in the top 5 for Medicaid, private insurance, and the uninsured. In 2016 Medicaid financed 43% of all births in the U.S. (Kaiser Health Foundation).

In Virginia, an estimated 1,000 pregnant women receive medical services at the time of labor and delivery through Emergency Medicaid. Thus, all Virginia children are the primary immediate beneficiaries of this budget amendment. This policy solution would further benefit Virginia’s health system and contribute long-term benefits to the Commonwealth’s social, educational, and economic stability. It is proven and well-accepted that early and regular prenatal care increases the probabilities of achieving full-term births, healthy birth outcomes, and preventing long-term complications to the health of children. Establishing FAMIS eligibility during the prenatal state advances the likelihood of a healthy pregnancy, healthy birth, and a healthy life.