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Preventative Prenatal Care for

Hispanic Undocumented Immigrants in Utah

Introduction

Consider the hypothetical Martinez family: Miguel, 20 and Marisol, 18. The Martinez family moved from Mexico to Utah to be with loved ones, to find better employment, and to have their children on this side of the border. Soon after their arrival, Marisol became pregnant. When she sought medical care, she was referred to a low-income clinic. Each visit required her to pay a fee based on Miguel’s income. Sending money to family in Mexico, monthly rent, gas prices, and paying for food made it difficult to come up with the money for prenatal care. Her baby, Luis, was born two months prematurely, required hospitalization for a month after birth, and suffered chronic effects from a neural tube disorder. Luis, as a low-income citizen, qualified for Medicaid and the government payed over $300,000 for his lifetime health care. A government investment in prenatal care for Luis could have saved Medicaid money in the long run. Though total coverage of health care for undocumented individuals is impractical, providing prenatal benefits in Utah would reduce overall costs to the government by improving the health of babies born as Medicaid-qualifying citizens to immigrants.

Prenatal Care for Undocumented Immigrants in Utah

Though fictional, the example of the Martinez Family highlights the realities of health care for undocumented Hispanics in Utah. The birth rate is rising among Utah Hispanics and their insurance coverage is poor compared to other groups. A study published in May 2005 by the Utah Department of Health found a 77% increase in the birth rate of Hispanic women between the years of 1995 and 2003 (Utah, Utah MCH Facts: Infant Mortality from Prenatal Conditions: 2001-2003 2). Another study by the Department revealed that 24.8% of Hispanics in Utah are uninsured while the average percent uninsured across all ethnic groups is 8.2% (Health
Status by Race and Ethnicity 11). Many may find it hard to sympathize with immigrants such as the Martinez Family. Couldn’t their suffering here be avoided if they stayed in their homeland? Why should Americans be required to pay for the health care of individuals who have no legal right to be here? In a recent Deseret Morning News opinion poll, 63% of the 413 Utah residents surveyed felt the government should not pay for the health care of undocumented immigrants (Romboy). The limited prenatal care options available to undocumented immigrants reflects the attitude of the public.

Undocumented immigrants seeking prenatal care may visit one of several low-cost clinics in the community. A brochure available at Mountainlands Community Health Center in Provo explains how services are billed there and at other such clinics. Patients pay a sliding fee according to their income each time they visit the clinic. (Mountainlands). Labor and delivery costs for undocumented immigrants may be covered by Emergency Medicaid Services as explained in the federal Social Security Act, section 1903 (v)1 (United States). The Utah Medicaid Provider Manual further clarifies the services given to undocumented immigrants and explicitly denies them prenatal and postpartum care (Utah, “Section I: General Information” 62).

Utah’s Prenatal Care Program

Through Medicaid funds, Utah currently sponsors a program for low-income mothers called Baby Your Baby. Applicants must prove citizenship or permanent residency and must have low income (Utah, “Section I: General Information” 4). For qualified applicants, Baby Your Baby will pay for all prenatal visits with no co-payment requirement (Utah, “Section I: General Information” 25). Those who qualify for Baby Your Baby typically qualify for continued benefits through Medicaid which will cover labor and delivery and postnatal care.

Proposal

The two services available to undocumented immigrants (low-income clinics and Emergency Medicaid) are insufficient. Many women may not be willing to sacrifice cash each time they really should see a doctor during their pregnancy, even if the fee is a modest one. Preventable problems may be too advanced to be treated
during the limited service Emergency Medicaid will support. Babies born on United States soil are automatically citizens. As such, they qualify for financial aid from the government (Smith 58). Therefore, the government should invest in the health of its future citizens by providing prenatal care for undocumented mothers through Baby Your Baby.

**An Obstacle**

One major obstacle to extending Baby Your Baby to illegal immigrants is that the Social Security Act denies aid to undocumented aliens beyond Emergency Medicaid. However, the law also states that payment may be made if aliens otherwise qualify for an approved State Medicaid program (United States). Baby Your Baby is an approved program, and if its services were extended to pregnant undocumented immigrants, the immigrants could legitimately qualify for assistance.

Preventative medicine is emphasized in other Medicaid services such as the Early Periodic Screening, Diagnosis and Treatment (EPSDT). The Centers for Medicare and Medicaid Services states that EPSDT enables health care providers to “assure that the health problems found are diagnosed and treated early, before they become more complex and their treatment more costly.” (Centers for Medicare and Medicaid Services). In compliance with EPSDT, Utah sponsors another program called the Child Health Evaluation and Care Program (CHEC). The service includes preventative medicine for Medicaid patients under 21 through comprehensive physical examinations, immunizations, necessary laboratory tests, and health education (Utah, “Section I: General Information 7). The Child Health Insurance Plan (CHIP) also provides free preventative care for children under 18 and 200% below the poverty level (Utah, “Section I: General Information 60-61).

The emphasis placed on preventative medicine by lawmakers makes prenatal care for undocumented immigrants justifiable in light of the potential improvement of human life and the money it will save. The eligibility for Baby Your Baby should be expanded to include undocumented mothers. These mothers would then fall under the category of aliens “otherwise meet[ing] the requirements for the State plan approved under this title.” (United States). The mothers’ health and that of their babies would improve because of preventative care and the state would save money in long-term health costs.
Examples of the Cost Effectiveness of Preventative Prenatal Health Care

Many diseases and complications have their roots in the gestation period. Prenatal care can identify and treat major problems before they become life-threatening. Diabetes, neural tube defects, and chlamydia are three examples of preventable or treatable health risks for Hispanic infants. Their high incidence in the Hispanic community and the large cost of postnatal treatment show the efficacy of prenatal care for undocumented immigrants.

Preventative prenatal care for women with diabetes could save thousands of dollars. According to a study conducted by Dr. Janette Carter, Hispanics and other minorities have a higher incidence of diabetes than do Caucasians (Carter). In the Health Status Report by Race and Ethnicity issued in May, 2005, Hispanics in Utah did not demonstrate a significantly elevated incidence of diabetes (74). However, the prevalence of diabetes in the Hispanic community at large raises the concern of a greater local problem in the future due to genetic trends and the immigration of diabetic Hispanics to Utah.

A study published in Diabetes Care noted that diabetes can cause complications for mothers with diabetes and their babies. The authors cited three neonatal, preventable, diabetes-related conditions which cost thousands of dollars to treat: congenital heart malformations, spina bifida, and ketoacidosis. A panel of physicians analyzing the data recommended implementing standards for prenatal care of diabetic women as a cost-effective way to improve health and avoid the costs of diabetes-related complications (Elixhauser S22). In anticipation of continued Hispanic immigration to Utah and a possible increase in diabetes incidence, Utah should provide prenatal care for low-income diabetic women including undocumented immigrants.

In the Health Status by Race and Ethnicity report, Utah Hispanic women demonstrated lower levels of folic acid consumption (46) and their infants experienced a significantly higher rate of neural tube defects (47). The report explains that if Hispanic women had increased their folic acid consumption, their children would have suffered fewer problems with neural tube disorders (46). The study cited earlier by Elixhauser estimated lifetime costs for treatment of spina bifida (a neural tube disorder) at $330,000 (Elixhauser S22). This rather exorbitant cost could potentially be avoided through regular prenatal care. If a woman is provided with access to
prenatal care, a simple doctor’s recommendation for increased folic acid consumption could prevent a lifetime of suffering and steep medical bills.

Utah Hispanic adolescents have over three times the pregnancies (Utah, Health Status by Race and Ethnicity, 44) and over two times the chlamydia infections of other ethnic groups(55). The state currently funds abstinence-based sex-education programs for adolescents. Nevertheless, teen pregnancy, and Chlamydia continue to be a problem that must be dealt with in Utah. A California study found chlamydia to produce perinatal infection or neonatal complications in half of the pregnancies of infected women (Center for Health Improvement). Chlamydia is treatable with antibiotics and these pregnancy complications may be avoided through prenatal check-ups.

In addition to saving money through protecting the health of newborn Hispanics, prenatal screening may protect the community from the spread of infectious disease. As chlamydia and other communicable diseases are discovered and treated through prenatal visits, the public will benefit from a decreased risk of infection. If, however, undocumented immigrants are denied prenatal care, then communicable disease they suffer from may go untreated and may spread.

Case Study: The Monroe Plan

The Monroe Plan, a large managed care system in New York, proved the efficacy of improved prenatal health care during a study over five years. The study was performed on the Monroe Plan from 1998-2003 with the goal to decrease Neonatal Intensive Care Unit (NICU) admissions. The plan involved identification and stratification of high-risk individuals, outreach through home visits, and a strong informatics system that networked with other community support services (Stankaitis 166). During the study, the Monroe Plan saw a large drop in NICU admissions (Stankaitis 169). The company saved $2 for every $1 spent improving prenatal care during the study and estimated a total savings of over 1.8 million dollars from reduced NICU cases (Stankaitis 170).

Though the Monroe Plan is a private company and does not likely cover undocumented immigrants unable to pay, its success is an example. Increased prenatal attention focused on high-risk individuals can save
money in the long run because of fewer neonatal health problems. Similarly, more extensive prenatal care in Utah, including care for undocumented immigrants who are at high risk for problems, could reduce costs to the government from NICU admissions and other preventable health problems.

Conclusion

Providing prenatal health care to undocumented immigrants will save money by improving the health of newborns whose health care will be paid for by the government. The current Baby Your Baby program, low-income clinics, and Emergency Medicaid services in Utah are admirable in their intentions, yet inadequate. Diabetes, spina bifida, and chlamydia are just three examples of ways prenatal care could save the government money. Each case costs the state thousands of dollars in health care that could be avoided by careful prenatal attention. Additionally, prenatal screening of expecting undocumented immigrants improves the health of the general public and may reduce the incidence of communicable diseases such as chlamydia. As demonstrated by the Monroe Plan, targeting high risk members of the community and catering to their prenatal needs reduces neonatal health care costs. The best way to meet the prenatal needs of the undocumented immigrants in Utah would be to extend the benefits of the Baby Your Baby program to them. Since this program is already fully functional, it would be convenient to expand it rather than create a new program designed for undocumented immigrants. These individuals would then qualify for Medicaid under an approved state program that would be justifiable given Medicaid’s interest in prevention.

<http://www.annals.org/cgi/content/full/125/3/221>.


<http://deseretnews.com/dn/view/0,1249,635153067,00.htm>.


