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## Maryland Medicaid House Bill 1080 (Healthy Babies Equity Act) Overview

*HB 1080—Healthy Babies Equity Act (Ch. 28 of the Acts of 2022)* requires the Maryland Department of Health Medical Assistance Program (“MDH”) to provide comprehensive medical care and other health care services to noncitizen pregnant women who would qualify for Medicaid but for their immigration status and their children up to the age of 1 year. MDH will implement this coverage expansion July 1, 2023. An estimated 6,000 pregnant women are expected to gain coverage during their pregnancy and for four months postpartum as a result. To implement coverage, MDH will establish a separate Children’s Health Insurance Program (SCHIP) and expand its CHIP Health Service Initiative (CHIP HSI) authority.

### **Implementation Considerations:**

MDH currently operates under a Medicaid expansion CHIP model.<sup>1</sup> Pregnant women who are not lawfully present do not qualify for full Medical Assistance coverage under the existing eligibility rules. If these individuals would otherwise qualify for Medicaid (e.g., based on income) but for their immigration status, MDH covers both emergency medical care and labor and delivery services. Medicaid coverage for a period of 12 months is already provided to any baby born to a woman whose labor and delivery services were paid for by emergency Medicaid.

MDH will establish a SCHIP to cover this new population during pregnancy, which will shift Maryland to a Combination CHIP state. SCHIP funds can be used to cover comprehensive medical services from conception to birth when the mother is not eligible for Medicaid through what is known as the “unborn child” option. SCHIP coverage ends for the mother after the birth of the child. Maryland will leverage the CHIP HSI authority to cover these mothers for four months postpartum.<sup>2</sup> Infants born to these mothers are automatically deemed into Medicaid coverage at the time of their birth. Federal rules allow states to expend up to 10% of total CHIP spending on administrative costs, outreach, and HSIs. Maryland currently uses HSI funding to (i)

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<sup>1</sup> States can design their CHIP program in one of three ways: (1) Separate CHIP: a program under which a state receives federal funding to provide child health assistance to uninsured, low-income children that meets the requirements of section 2103 of the Social Security Act, (2) Medicaid expansion CHIP: a program under which a state receives federal funding to expand Medicaid eligibility to optional targeted low-income children that meets the requirements of section 2103 of the Social Security Act, and (3) Combination CHIP: a program under which a state receives federal funding to implement both a Medicaid expansion and a separate CHIP.

<sup>2</sup>Under Title XXI of the Social Security Act, which authorizes CHIP, states may draw down federal matching funds for HSIs that aim to improve the health of children enrolled in, or eligible for, Medicaid/CHIP. CMS defines HSIs as activities that “protect the public health, protect the health of individuals, improve or promote a State’s capacity to deliver public health services, and/or strengthen the human and material resources necessary to accomplish public health goals” (42 CFR 457.10).

support the State's poison control centers, and (ii) operate programs that identify and remove lead hazards in the homes of low-income children and that provide home-visiting services for children with moderate to severe asthma or elevated blood lead levels.

Creation of a SCHIP will require system changes to the state's Medicaid Management Information System (MMIS) and Maryland Health Connection (MHC). New financial tracking and federal reporting will also need to be established. Additionally, staff training will also need to take place, particularly for Medicaid eligibility workers.

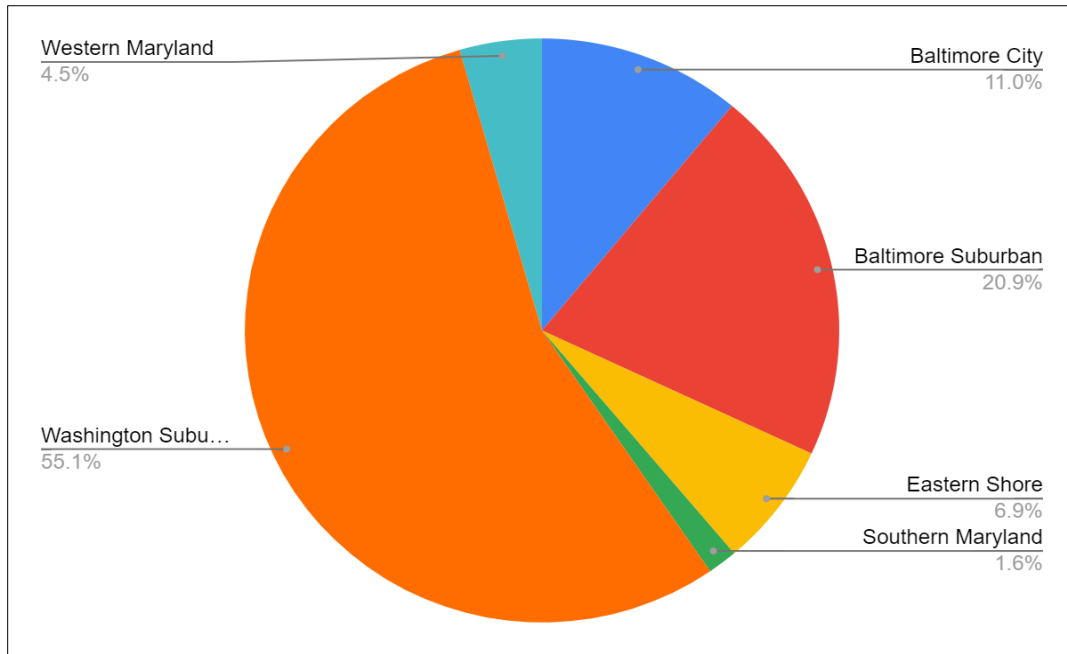
***Coverage Expansion Criteria and Eligibility:***

- Non-citizen women who are currently pregnant or whose pregnancy recently ended and are up to 250% of the Federal Poverty Level (FPL) based on Modified Adjusted Gross Income (MAGI).
- Applicants can apply for coverage through the Maryland Health Connection consumer portal.
- Individuals who qualify for coverage will be enrolled in a HealthChoice managed care organization (MCO).
- Retroactive coverage will be available for up to the 3 months immediately preceding the month of application so long as it does not extend prior to the start of pregnancy. This includes women whose pregnancy recently ended.
- Enrollees will be eligible for a standard benefits package including physical and behavioral health, as well as dental and prescription drug coverage, identical to the services available to other pregnant individuals.
- The coverage will not require copays.

***Number of Women Who May Qualify:***

- In FY 2022, 6,000 pregnant women who are not lawfully present gave birth in Maryland. Actual enrollment may be higher; figure 1 and 2 displays geographic distribution of these births.

**Figure 1. Distribution of Births to Undocumented Women by Region**



**Figure 2. – Distribution of Births to Undocumented Women by Jurisdiction**

Jurisdiction	Proportion	Jurisdiction	Proportion
Allegany	0.02%	Harford	1.02%
Anne Arundel	7.03%	Howard	2.89%
Baltimore City	11.04%	Kent	0.12%
Baltimore County	9.46%	Montgomery	31.13%
Calvert	0.14%	Prince George's	23.96%
Caroline	1.00%	Queen Anne's	0.62%
Carroll	0.47%	Somerset	0.19%
Cecil	0.26%	St. Mary's	0.44%
Charles	1.04%	Talbot	0.77%
Dorchester	0.34%	Washington	0.88%
Frederick	3.58%	Wicomico	3.38%
Garrett	0.00%	Worcester	0.20%