



February 7, 2024

Senator Ben Hansen, Chairman  
Members of the Health and Human Services Committee  
Nebraska Legislature

RE: LB857

Chairman Hansen and Members of the Health and Human Services Committee,

Thank you for allowing me to testify today. My name is Sara Howard and I am a policy advisor at First Five Nebraska. First Five Nebraska is a statewide public policy organization focused on promoting quality early care and learning opportunities for Nebraska's youngest children. My position at First Five Nebraska is focused on the area of maternal and infant health policy, because we know that healthy moms and babies are critical to ensuring the long-term success of children in our state. I am here to testify in support of LB857.

First, I want to thank Senator Dungan for his support of families in Nebraska, and his commitment to innovative solutions to ensure that every baby has the best start possible. LB857 is modeled after the Prenatal Plus program in Colorado, which is a Medicaid-funded program that provides case management, mental health, smoking cessation and nutrition services to high-risk pregnant women. The primary goal of the program is to improve the health of these mothers and reduce the incidence of low-weight births, improve the nutritional and psychosocial health status of pregnant high-risk Medicaid clients, and more. According to the results of a 2007 study, every \$1 invested in the Colorado Prenatal Plus program produced \$2.48 savings in Medicaid costs. This resulted in an estimated \$2.7 million savings for the state.

#### *Preterm and Low Birth Weight Babies: A Nebraska Problem*

In 2021, 1 in 9 Nebraska babies (10.8% of live births) was born preterm, meaning live births that are completed before 37 weeks gestation. Further, 1 in 13 Nebraska babies (7.5% of live births) was low birth weight. This is often associated with preterm birth because babies that are born too soon are often born too small. As a baby's gestational age decreases, the risk of neonatal health problems increases.

One way to analyze the rate of preterm birth or low birth weight babies in Nebraska is to consider how many babies were born where a neonatology billing code was used. These billing codes can be for a baby who was transferred to another facility, had extreme immaturity, respiratory distress syndrome, prematurity or other significant problems. According to recent data from the Nebraska Hospital Association, there were 16,139 live births in Nebraska in the first three quarters of 2023, with 18% of those babies having a neonatology code. If you identify Medicaid as the payer source, there were 5,986 live births, but 48% of those births had a neonatology code. This indicates that babies born in poverty are more likely to have an adverse birth outcome.

Risk factors for preterm or low birth weight delivery include demographics (such as age, ethnicity and low socioeconomic status), tobacco or drug or alcohol use, maternal medical disorders (such as obesity, diabetes or hypertension), mental health disorders or psychological stress and previous preterm or low birth weight delivery. With directed interventions, such as those offered through the Prenatal Plus program, these risk factors could be addressed, preventing heartache for the families of newborns as well as additional costs to the state for care.

### *The Benefits of Prenatal Plus*

The Prenatal Plus program in Nebraska would identify mothers at risk of adverse birth outcomes and offer them additional resources to help prevent those outcomes, particularly low birth weight or preterm birth. We know that specific services can produce incredible benefits for mothers at risk. These include nutrition counseling, particularly for mothers with gestational diabetes or pre-diabetes and targeted case management, which connects pregnant women to the supports they need outside of the clinical setting.

LB857 has flexible language that allows the Nebraska Department of Health and Human Services to submit a state plan amendment or waiver to the Center for Medicaid and Medicare Services (CMS) if necessary. It also opens the possibility of offering an enhanced payment to providers as an incentive to deliver these services. Finally, the bill requires an annual report to the Legislature, so policymakers can see whether the program is having the intended impact of reducing adverse birth outcomes and saving the state money.

### *Conclusion*

I want to commend Senator Dungan for his commitment to mothers and families, and for his willingness to explore new ways to prevent adverse birth outcomes. The Prenatal Plus program would truly support pregnant women and I would urge the committee to seriously consider advancement of LB857. I am happy to try to answer any questions you may have.

Sincerely,



Sara Howard  
Policy Advisor  
First Five Nebraska