

would receive prenatal care and the delivery of their child. They also then would be provided for that child medical care up to the age of one. This is a very important investment for the state to recognize, although we are going at 185 percent of poverty, we're still talking about working women, working families that are very poor, that are unlikely to have access to health insurance. At the wages we're talking about, most likely, an employer does not offer that coverage. The expense of medical care, we all know, that family coverage is 300 plus dollars a month anymore to provide for medical care for your family. And we know the expense involved at any income level is high but for these low income families it particularly is difficult. So it's important to take the step of providing this optional coverage to low income families and pregnant women and young children under this option. Now let me also work through with you some of the other coverages that we provide for under OBRA 90 for those children under 100 percent of poverty, July 1 of this year, six and seven-year-old children and then on September 30 of this year children that are eight will be provided medical care, and then every September 30 every year beyond this it will go from eight on up eventually to age 19. This is in recognition, again, of the impoverished conditions of a lot of our children in this country and the lack of medical care that they receive access to. Now this program that I just mentioned is a federal program that is mandated and is all just another indication of the desire to direct and target assistance from federal and state resources into low income families, particularly pregnant women and children. I make this point because it is felt nationally and I think on a state level that for the dollars invested in prenatal care you will find a greater return on investment if that's the way you want to look on it in this area than many other types of health and human services, that you know that the money spent for prenatal care in various studies will indicate for every dollar spent \$3.00 to \$12.00 savings and expenditures not made as a result of low birth weight babies that require intensive care. See, the difficulty is what we have found through research and studies is lack of prenatal care increases the risk to low birth weight babies which then leads us to very expensive medical procedures that can cost hundreds of thousands of dollars to save the life of those children. We, obviously, do not want to lose any lives whatsoever but to spend the money early on and provide for the prenatal care, provide a good delivery of that baby is money well spent because it will more likely than not save money that would otherwise be spent with the low birth weight baby. So