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Testimony Re: S-2400 An Act Relating to Accident and Sickness Insurance Policies – Special Enrollment - Pregnancy
Senate Committee on Health & Human Services
March 20, 2018
Devan Quinn, Policy Analyst

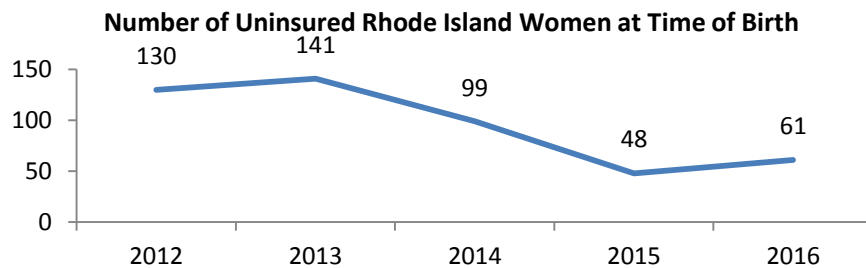
Mr. Chairman and members of the Committee, thank you for the opportunity to provide testimony today. Rhode Island KIDS COUNT offers its strong support for Senate Bill 2400, which provides that no pregnant applicant for medical insurance coverage would be denied coverage due to her pregnancy.

Coverage Gains under the Affordable Care Act

On January 1, 2014 many key provisions of the *Affordable Care Act (ACA)* took effect, including a requirement that maternity and new born care be covered by all new health plans sold on the individual and small group markets. The ACA has also created new pathways to coverage, especially among women of child-bearing age in Rhode Island. In 2017, 93% (119,073) of Rhode Island women age 18 to 34 were insured up from 90% (113,729) in 2014 and 83% (104,408) in 2013.¹

Gaps in Coverage for Pregnant Women Still Remain

However, a small number of pregnant women are still without insurance at time of birth in Rhode Island. Between 2012 and 2016, 791 uninsured Rhode Island women gave birth (less than 1% of all births). Since 2012, there has been 47% decline in the number of women without insurance who gave birth (from 130 births in 2012 to 61 in 2016).²



Adverse Maternal & Child Outcomes for Uninsured Women

Maternal and child outcomes are closely related to a mother’s insurance status. In Rhode Island between 2012-2016, women without insurance were at increased risk for delayed prenatal care, low-birthweight, preterm births, NICU involvement, and infant mortality compared to women with insurance.³

Maternal and Child Outcomes by Insurance Status, Rhode Island, 2012-2016					
	% Delayed Prenatal Care	% Low-Birthweight	% Preterm	Infant Mortality rate	NICU Involvement
Without Insurance	33%	12%	13%	17 per 1,000	15% of births
With Insurance	5%	7%	7%	5.2 per 1,000	9% of births

Delayed prenatal care is defined as beginning prenatal care in 2nd or 3rd trimester or none at all. Low-birthweight is less than 5 pounds, 8 ounces. Preterm birth is born before the 37th week. NICU Involvement is for babies admitted to a neonatal intensive care unit in 2014. With insurance includes both commercial and public insurance (Rite Care & Medicaid). Rhode Island Department of Health, *Maternal and Child Health Database, 2012-2016*.

Benefits of this Legislation

This important piece of legislation would help close a small, but critically important commercial coverage gap for women without insurance or those who are underinsured. Data provided by HealthSource RI show that 32 women in 2016, 32 women in 2015, and 10 women in 2014 obtained commercial coverage through a birth special enrollment period. If this legislation was enacted, those 74 women would have been able to enroll in commercial insurance earlier and potentially receive more timely prenatal care, which could have resulted in improved positive health outcomes for both the mother and child as well as reduced health care spending. Vermont and New York also have pregnancy Special Enrollment Periods. We looked into New York's experience and confirmed from a data requested to the state that their pregnancy Special Enrollment Period enrollees accounted for only .1% of all enrollees in 2017.

Closing

The Rhode Island General Assembly has shown strong support for ensuring access to health care for all Rhode Islanders, including pregnant women and children. This bill is another important positive step toward increasing access to prenatal and maternal health coverage and care. We urge to you to support this bill and join the other two states (New York and Vermont) with state-based marketplaces that have already enacted this legislation. Thank you for the opportunity to provide testimony.

References

¹ U.S. Census Bureau, American Community Survey, 2013-2015. Table B27001.

^{2,3} Rhode Island Department of Health, Maternal and Child Health Database, 2010-2014.

⁴ New York Department of Health, 2018.

