



**RHODE ISLAND KIDS COUNT**  
 ONE UNION STATION  
 PROVIDENCE, RHODE ISLAND 02903  
 401/351-9400 • 401/351-1758 (FAX)

**Testimony Re: S-216 An Act Relating to Insurance – Pregnancy Special Enrollment Period for Health Coverage**

**Senate Committee on Health & Human Services**

**February 28, 2017**

**Jim Beasley, Policy Analyst**

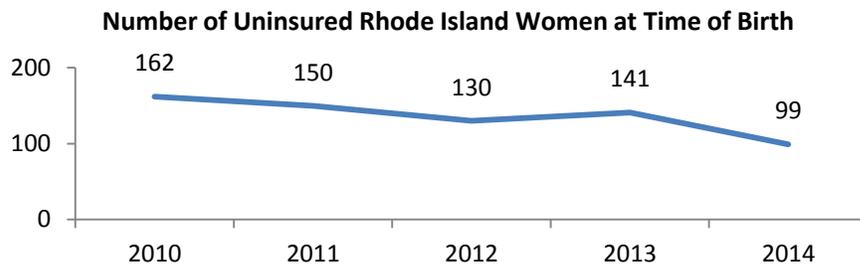
Mr. Chairman and members of the Committee, thank you for the opportunity to provide testimony today. Rhode Island KIDS COUNT offers its strong support for Senate Bill 216, which provides that no pregnant applicant for medical insurance coverage would be denied coverage due to her pregnancy.

**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 2015, 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.<sup>1</sup>

**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 2010 and 2014, 682 uninsured Rhode Island women gave birth (1% of all births). Since 2010, there has been 39% decline in the number of women without insurance who gave birth (from 162 births in 2010 to 99 in 2014).<sup>2</sup>



**Adverse Maternal & Child Outcomes for Uninsured Women**

Maternal and child outcomes are closely related to a mother’s insurance status. In Rhode Island between 2010-2014, 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.<sup>3</sup>

<b>Maternal and Child Outcomes by Insurance Status, Rhode Island, 2010-2014</b>					
	% Delayed Prenatal Care	% Low-Birthweight	% Preterm	Infant Mortality rate	NICU Involvement
Without Insurance	33.0%	14.1%	17.2%	19.1 per 1,000	15% of births
With Insurance	12.3%	7.4%	9.0%	6.0 per 1,000	9% of births

Delayed prenatal care is defined as beginning prenatal care in 2<sup>nd</sup> or 3<sup>rd</sup> trimester or none at all.

Low-birthweight is less than 5 pounds, 8 ounces. Preterm birth is born before the 37<sup>th</sup> 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, 2010-2014.*

### **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.

### **Rhode Island's Long Standing Commitment to Providing Pregnant Women with Coverage**

This legislation would also help re-codify Rhode Island's longstanding commitment to providing uninsured pregnant women with health insurance at any time. Prior to 2009, Rhode Island pregnant women without access to commercial health insurance were able participate in a Medicaid buy-in program with family incomes between 250% - 350% FPL. Under this program, a pregnant woman in that income category would pay a monthly premium of \$294.80 (the full cost of coverage in 2009) to one of the Rite Care health plans and would receive Rite Care coverage that allows her to obtain prenatal care throughout her pregnancy. The only cost to the state is \$8,378 for each delivery, which is paid to the hospital. In 2009, there were 26 women enrolled in the program, and it was budgeted for 28 women annually. This program was legislatively discontinued in 2009, resulting in pregnant women only being able to enroll in commercial insurance during specified enrollment times. This legislation would help close this potential coverage gap for uninsured pregnant women.

### **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**

<sup>1</sup> U.S. Census Bureau, American Community Survey, 2013-2015. Table B27001.

<sup>2,3</sup> Rhode Island Department of Health, Maternal and Child Health Database, 2010-2014.