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Testimony Re: H-7077 An Act Relating to Insurance –(Provides that no pregnant applicant for medical insurance coverage would be denied coverage due to her pregnancy)

House Committee on Corporations
February 13, 2018
Devan Quinn, Policy Analyst

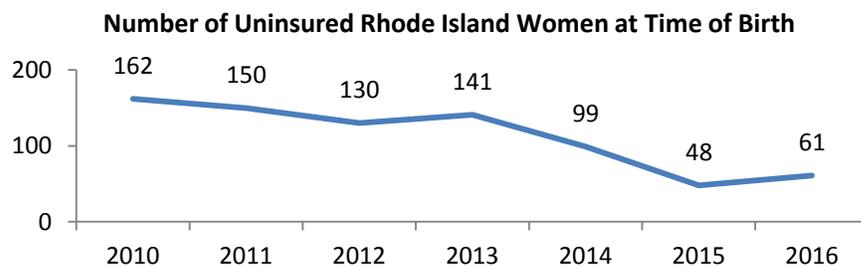
Mr. Chairman and members of the Committee, thank you for the opportunity to provide testimony today. Rhode Island KIDS COUNT offers its strong support for House Bill 7077, which provides that no pregnant applicant for medical insurance coverage would be denied coverage due to her pregnancy.

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 2010 and 2016, 791 uninsured Rhode Island women gave birth (1% of all births). Since 2010, there has been 62% decline in the number of women without insurance who gave birth (from 162 births in 2010 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 2010 and 2016, women without insurance showed higher rates of 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, 2010-2014					
	% 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 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 (Rhte Care & Medicaid).

Rhode Island Department of Health, Maternal and Child Health Database, 2010-2016.

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 for 2014-2015 show that 42 women obtained commercial coverage through a birth special enrollment period. If this legislation was enacted, those 42 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.

Market Stabilization and Cost

The health insurance market will be more stable if the risk pool of both healthy and unhealthy individuals are continuously enrolled. HealthSourceRI's enrollment periods encourage individuals to enroll in a plan before they are sick. Pregnancy should not be considered a diagnosis like other diseases or illnesses in incentivizing insurance. Because those who lack insurance while pregnant show increased rates of premature births and low birthweight, and because average expenditures for premature/low birthweight infants are more than 10 times as high as those for uncomplicated newborns, it is cost-effective to provide access to coverage during pregnancy rather than waiting until the time of birth to provide the opportunity to enroll in coverage.⁴

Closing

The Rhode Island General Assembly has shown strong support for ensuring access to health care for all Rhode Islanders, including 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 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 March of Dimes. (February, 2014). *Premature babies cost employers \$12.7 billion annually*. Retrieved February 13, 2018, from <https://www.marchofdimes.org/news/premature-babies-cost-employers-127-billion-annually.aspx>