



**RHODE ISLAND KIDS COUNT**

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**Testimony Re: S-2052 An Act Relating to Insurance –Pregnancy Special Enrollment Period for Health Coverage.**

**Senate Committee on Health and Human Services  
February 25, 2016  
Jim Beasley, Policy Analyst**

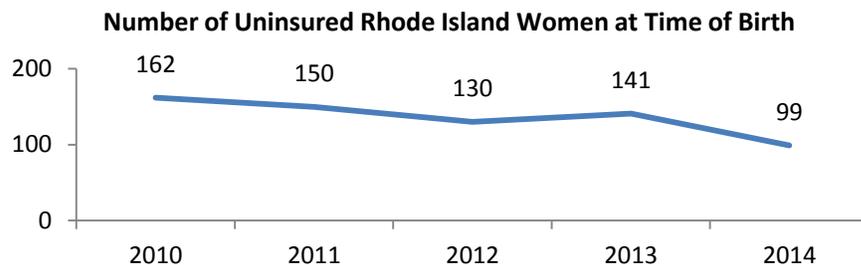
Mr. Chairman and members of the Committee, thank you for the opportunity to provide testimony today. Rhode Island KIDS COUNT offers its strong support for Senate Bill 2052, which provides that no pregnant applicant for medical insurance coverage would be denied coverage due to her pregnancy.

**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 2014, 90% (113,729) of Rhode Island women age 18 to 34 were insured up from 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 births were to women without coverage (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, 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
Without Insurance	33.0%	14.1%	17.2%	19.1 per 1,000
With Insurance	12.3%	7.4%	9.0%	6.0 per 1,000

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.  
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. This legislation would also help promote increased access to prenatal care, which could result in improved positive health outcomes for both the mother and child as well as reduced health care spending.

**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**

<sup>1</sup> U.S. Census Bureau, American Community Survey, 2013-2014. Table B27001.

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