



Oregon Public
Health Association

Oregon Public Health Association

818 SW Third Avenue, #1201, Portland, OR 97204
www.OregonPublicHealth.org

November 27, 2015

Berri Leslie, Administrator
Oregon Health Insurance Marketplace
Department of Consumer and Business Services
350 Winter Street NE Salem, OR 97301-3875

Patrick Allen, Director
Oregon Department of Consumer and Business Services
350 Winter Street NE
Salem, OR 97309-0405

RE: Request for Creation of Special Enrollment Period for Pregnancy

Dear Berri Leslie and Patrick Allen,

On behalf of the Oregon Public Health Association (OPHA), we write to request that you create a special enrollment period for individuals who become pregnant. OPHA is a statewide membership organization of professionals who share a commitment to public health in Oregon.

Although most Oregonians in need of insurance will apply for coverage during the annual open enrollment period, some will need to enroll following certain “qualifying life events” that trigger special enrollment periods. Currently, special enrollment periods exist for the birth or adoption of a child (1) as well as planned events like marriage (2) and unexpected events like a job loss.(3)

While the Affordable Care Act (ACA) has greatly expanded access to maternity care for pregnant women, there are still women who lack access to comprehensive maternity coverage. This population includes pregnant women who are uninsured and do not qualify for Medicaid or CHIP coverage for pregnant women, are covered on a plan that still does not include maternity coverage (e.g. canceled or transitional plans), or have a plan that does not include the full maternity benefits they need.

Ensuring that individuals have health insurance coverage throughout pregnancy and delivery will improve health outcomes for Oregon families. According to the Centers for Disease Control, maternity care (including prenatal care and delivery) can decrease or prevent health risks related to pregnancy.(4) Studies have also shown the potential for prenatal care to reduce pre-

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term births and improve birth outcomes.(5) Timely, affordable access to prenatal care is particularly important for women of color, who face significant pregnancy-related health disparities.(6)

Pregnancy and childbirth is an important but expensive life milestone, averaging over \$20,000 in costs even for uncomplicated births.(7) Without health insurance, pregnant women face significant costs and may delay or forgo needed care. Additionally, studies suggest that access to prenatal care can save significant money over the long-term. A recent study found that access to prenatal care for younger mothers would save between \$2,369 and \$3,242 per pregnancy.(8)

It is important that women have the opportunity to enroll in coverage as soon as they discover that they are pregnant. Therefore, the Oregon Public Health Association requests that the Oregon Department of Consumer and Business Services establish a special enrollment period for individuals who become pregnant so that Oregonians can access timely and affordable pregnancy related care.

We appreciate your consideration of including pregnancy as a special enrollment period qualifying event. Should you have any questions, please contact Michele Stranger Hunter, Executive Director of the Oregon Foundation for Reproductive Health at michele@prochoiceoregon.org to provide follow up information or schedule a meeting to discuss the request more in depth.

Sincerely,



Jessica Nischik Long, MPH
Executive Director
Oregon Public Health Association

1. 45 CFR § 155.420(d)(2).
2. Id.
3. 45 CFR § 155.420(d)(1)(i).
4. Centers for Disease Control and Prevention, Pregnancy-Related Deaths (December 17, 2014), <http://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm>.
5. See, e.g., Institute of Medicine Committee to Study the Prevention of Low Birthweight, Preventing Low Birthweight, 18 (1985), http://www.nap.edu/openbook.php?record_id=512&page=R1.
6. American Congress of Obstetricians and Gynecologists, Committee on Health Care for Underserved Women, Racial and Ethnic Disparities in Women's Health, Opinion NO. 317 (2005) <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Racial-and-Ethnic-Disparities-in-Womens-Health>.
7. U.S. Dep't. of Health & Human Services., The Affordable Care Act and Women: Background on Women's Health in America, <http://www.hhs.gov/healthcare/facts/factsheets/2012/03/women03202012a.html>.
8. William J. Hueston, MD, et al, How Much Money Can Early Prenatal Care for Teen Pregnancies Save?: A Cost-Benefit Analysis, 21 Journal of the American Board of Family Medicine. 184, 187 (2008).