



*Empowering women and promoting reproductive justice by eliminating barriers to abortion access, providing opportunities for comprehensive, grassroots sexual and reproductive health care education, and supporting access to a full range of reproductive options for all women*

December 4, 2015

Attention: Healthcare Reform Rulemaking Advisory Committee  
Oregon Insurance Division  
350 Winter St. NE  
Salem, OR 97301-38833

RE: Request for Creation of Special Enrollment Period for Pregnancy

Dear Healthcare Reform Advisory Committee Members,

I am writing on behalf of the **Network for Reproductive Options (NRO)** to respectfully request that you create a special enrollment period for individuals who become pregnant. 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, as well as for planned events like marriage and unexpected events like a job loss.<sup>1</sup>

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.<sup>2</sup> Studies have also shown the potential for prenatal care to reduce pre-term births and improve birth outcomes.<sup>3</sup> Timely, affordable access to prenatal care is particularly important for women of color, who face significant pregnancy-related health disparities.<sup>4</sup>

As an organization committed to the principles of reproductive justice, and to supporting access to the full range of reproductive options for all women, the Network for Reproductive Options strongly supports this policy change. We believe that each person has the right to have children, not have children, and to parent the children they have in safe and healthy environments. The first environment for any child is in-utero, and the lack of access to affordable prenatal care should never need to be a factor in anyone’s decision about whether or not to continue a pregnancy.

Pregnancy and childbirth is an important but expensive life milestone, averaging over \$20,000 in costs even for uncomplicated births.<sup>5</sup> Without health insurance coverage, pregnant individuals may face insurmountable bills or potentially 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.<sup>6</sup>

Due to the association between prenatal care, health outcomes, and cost savings, it is imperative that individuals have the opportunity to enroll in coverage as soon as they discover they are pregnant. As a result, the board and staff of the Network for Reproductive Option (NRO) respectfully request that this committee recommend the establishment of a special enrollment period for individuals who become pregnant so that all Oregonians can access timely and affordable pregnancy related care.

Sincerely,

Claire Syrett, Board President  
Network for Reproductive Options (NRO)

1 <https://www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period/>

2 Centers for Disease Control and Prevention, *Pregnancy-Related Deaths* (December 17, 2014), <http://www.cdc.gov/reproductivehealth/maternalinfanthealth/pregnancy-relatedmortality.htm>.

3 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](http://www.nap.edu/openbook.php?record_id=512&page=R1).

4 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> (highlighting disproportionate levels of pre- term births, maternal mortality and infant mortality among women of color).

5 U.S. Dep't. of Health & Human Servs., *The Affordable Care Act and Women: Background on Women's Health in America*, <http://www.hhs.gov/healthcare/facts/factsheets/2012/03/women03202012a.html>.

6 William J. Hueston, MD, et al, *How Much Money Can Early Prenatal Care for Teen Pregnancies Save?: A Cost-Benefit Analysis*, 21 J. OF THE AMER. BOARD OF FAM. MED. 184, 187 (2008).

## Network for Reproductive Options (NRO)