



April 21, 2016

RE: Request for Creation of Special Enrollment Period for Pregnancy

Dear Rulemaking Advisory Committee Members and DCBS Staff,

The Oregon Foundation for Reproductive Health, along with partner organizations listed below, requested in April 2015 that DCBS consider a new policy for Oregon which would 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 allow for a special enrollment period. Currently, these exist for the birth or adoption of a child, as well as planned events like marriage or an unexpected event such as a job loss.¹

We presented to the Rule Making Advisory Committee in December 2015 about the need for this new policy in Oregon. Many letters from community organizations in support of allowing people to purchase health insurance when they become pregnant were submitted to this Committee to consider. This included testimony from local experts in health economics which indicated it would not be a detriment to the Exchange to cover these lives (in Oregon, only 1,852 people used the Special Enrollment Process to select a plan because of a qualifying life event beyond job loss and Medicaid denial, which includes birth and adoption of child).

We understand the opinion from DCBS, as of now, is Oregon must comply with Federal standards for eligibility and enrollment requirements and timelines because we rely on the Federally-Facilitated Marketplace platform (Healthcare.gov):

“The Division has to date established the same special and open enrollment periods for plans sold off the exchange as for those sold on the exchange (see OAR 836-053-0431). Because of the limitations the HHS imposed on the FFM, consideration of a special enrollment period for pregnancy is something we are restricted from doing at this time.”

We ask DCBS to continue the discussion on this policy when Oregon moves to a state-based Marketplace IT platform. Access to comprehensive maternity coverage allows women to access important pregnancy-related care, which is demonstrated to improve health outcomes for women and newborns and reduce financial costs for both consumers and insurers. Oregon health care transformation has already made a commitment to better Maternal & Child Health outcomes and DCBS has the opportunity to include this innovative policy to further advance the equitable health insurance coverage of Oregonians.

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); and 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-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 Birth defects are one of the leading causes of infant deaths, accounting for more than 20% of all infant deaths. Some of these birth defects can be prevented and, with proper prenatal care, many can be detected before birth, enabling better care during and after birth (Health People 2020).

Pregnancy and childbirth is an important but expensive life milestone, averaging over \$20,000 in costs even for uncomplicated births⁷. Without health insurance coverage, pregnant individuals may face insurmountable bills, potentially forgo needed care, or take unnecessary risks with delaying care out of concern for cost. Intensive maternity care can reduce hospital and neonatal intensive care unit admissions among infants, resulting in cost savings of \$1,768 to \$5,560 per birth. For women with high-risk pregnancies, intensive maternity care saves \$1.37 for every \$1 invested in maternity care. Due to the association between early 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.

We are aware that DCBS is in the process of gathering information on possibilities for a state-based Exchange with a state-run IT platform. The ability for the state to develop and implement policies that are specified in the Affordable Care Act, which serve the needs of the people, is crucial to meet your mission of empowering Oregonians to improve their lives with access to affordable, high quality health coverage. We look forward to continuing to work with DCBS to ensure that people who become pregnant will be given the opportunity to purchase health insurance at that time.

Sincerely,

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Oregon Foundation for Reproductive Health

Endorsing Organizations:

Oregon Law Center

Coalition of Community Health Clinics

Oregon Primary Care Association

Network for Reproductive Options

Cascade Aids Project

Main Street Alliance

Oregon Public Health Association

Future Generations Collaborative- Native American Youth and Family Center

¹ <https://www.healthcare.gov/screener/marketplace.html>

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

⁷ 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>.

⁸ 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).