

Insurance and Real Estate Committee
JOINT FAVORABLE REPORT

Bill No.: SB-206

AN ACT AUTHORIZING PREGNANCY AS A QUALIFYING EVENT FOR

Title: SPECIAL ENROLLMENT PERIODS FOR CERTAIN INDIVIDUALS.

Vote Date: 3/20/2018

Vote Action: Joint Favorable Substitute

PH Date: 2/27/2018

File No.:

***Disclaimer:** The following JOINT FAVORABLE Report is prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and does not represent the intent of the General Assembly or either chamber thereof for any purpose.*

SPONSORS OF BILL:

Sen. Toni Boucher, 26th Dist.
Sen. Kevin C. Kelly, 21st Dist.
Sen. Michael A. McLachlan, 24th Dist.
Rep. Livvy R. Floren, 149th Dist.
Rep. John H. Frey, 111th Dist.
Rep. Robert W. Siegrist, 36th Dist.
Sen. Leonard A. Fasano, 34th Dist.
Sen. Heather B. Somers, 18th Dist.
Sen. Len Suzio, 13th Dist.
Rep. Peter A. Tercyak, 26th Dist.
Sen. George S. Logan, 17th Dist.
Rep. Andrew M. Fleischmann, 18th Dist.

REASONS FOR BILL:

To permit certain pregnant individuals to enroll in a health insurance policy or plan no later than thirty days after the individual's pregnancy has been certified by a licenses health care provider.

Substitute Language:

On line 21 change to read: "effective on the first of the month", changed from "effective as on the first of the month"

RESPONSE FROM ADMINISTRATION/AGENCY:

State of Connecticut Insurance Department, submitted testimony stating that the best way to ensure access to prenatal care is to encourage continuous health insurance coverage. The testimony also noted that the Department determined that the potential per member per month cost would range from \$2.50 to \$4.00 a result of mandating coverage of pregnancy as a qualifying event, or \$30.00 to \$48.00 per member per year.

NATURE AND SOURCES OF SUPPORT:

Liz Andrews, Director of Public Policy & Communications, Connecticut Coalitions Against Domestic Violence, submitted testimony in support of the bill. The testimony also urged the consideration of the inclusion of *domestic violence* as a qualifying event for special enrollment periods. The testimony stated that victims of domestic violence are more likely to reach out to a healthcare provider before turning to the police or a domestic violence shelter while women who talk to a healthcare provider about abuse are 2.6 times more likely to leave an abusive relationship. Thus, the testimony states that access to healthcare providers is vital.

Sarah Croucher, Executive Director, NARAL Pro-Choice Connecticut, submitted testimony supporting the bill while also expressing concern regarding the possibility that insurers use this policy as reason to raise the rates of policies. The testimony also highlighted the need to fill the gap in maternal healthcare coverage and access, stating that this bill would further increase access to insurance that covers maternity care, ultimately improving both women's and children's health outcomes.

Madeline Granato, Policy Manager, Connecticut Women's Education and Legal Fund, submitted testimony in support of the bill. The testimony cited that the ACA provided nearly 9.5 million women who were previously uninsured with access to health coverage but that maternity care and delivery costs range from \$10,000 - \$20,000 without complications. The testimony also highlighted that while pregnant women are able to gain coverage under Medicaid, eligibility is often limited and that this bill would successfully fill in existing coverage gaps for pregnant women.

Gretchen Raffa, Director, Public Policy, Advocacy & Strategic Engagement, Planned Parenthood of Southern New England, submitted testimony in support of the bill and highlighted the importance of access to basic treatment, preventative care, as well as prenatal care and care before, during and after birth. The testimony stated that the average medical cost of a premature baby is over \$55,000 while the average medical cost for a healthy baby is under \$5,000. The testimony also stated that the U.S. is the only developed country where the maternal mortality ration has increased since 1990 and that black women in the US are 3.5 times more likely to die from pregnancy-related causes than their women female counterparts. The testimony also stated that New York and Vermont, states that have special enrollment periods for pregnant women have not experienced an imbalance in the health insurance risk pool or increase costs to insurers because of these periods.

Universal Health Care Foundation of Connecticut, submitted testimony in support of the bill. The testimony highlighted a change from the bill proposed in the previous session, stating that the current version only allows for special enrollment due to pregnancy for thirty days. The testimony proposed the extension of this time to sixty days.

March of Dimes

Sally Grossman

Claire Scully

The above submitted testimony support the bill and detailed either personal experiences of going through pregnancy without insurance or without consistent access to prenatal care as well as the importance of prenatal care.

NATURE AND SOURCES OF OPPOSITION:

John Blair, CBIA, Connecticut Business & Industry Association, submitted testimony expressing concern regarding the bill. The testimony states that by allowing individuals to enroll in health only when needed the cost of insurance will increase for everyone else.

Connecticut Association of Health Plans, submitted testimony opposing the bill and expressing concerns regarding the disruption of the health insurance market place. The testimony stated that there have been efforts to scale back the number of special enrollment periods in an attempt to prevent people from enrolling in health insurance plans only when needed.

Reported by: Chloe Chepigin

Date: April 2, 2018