



**Testimony of Dr. James E. Moore, MD, PhD
Division Head of Neonatology for Connecticut Children's Medical Center
to the Insurance and Real Estate Committee
Regarding SB 1005- An Act Requiring Certain Health Insurers to Automatically Provide
Health Insurance Coverage for Certain Newborns**

March 9, 2021

Senator Lesser, Representative Wood, and other esteemed members of the Insurance and Real Estate Committee, thank you for the opportunity to share my thoughts about Senate Bill 1005.

My name is Dr. Jim Moore and I serve as the Director of Neonatology at Connecticut Children's Medical Center. I am submitting this testimony in support of this legislation and would also like to offer an additional suggestion for how to strengthen the bill language in support of greater access to coverage for newborns born in our state.

Before commenting on the bill, I want to provide some background about Connecticut Children's. We are the state's only independent health system focusing exclusively on the needs of children. Although our main hospital campus is located in Hartford, we have over a dozen locations across the state and partner with many adult providers throughout the region to help our pediatric experts provide care to children from all corners of Connecticut. In addition to caring for kids in the clinical setting and our cutting-edge pediatric research, we remain committed to keeping children in our communities healthy through community-initiatives that help address the social determinants of health, because as we know, many of the challenges facing children and families have only been exacerbated by the coronavirus pandemic.

Through Connecticut Children's growing statewide neonatal network, we are expanding access to communities and reaching families who need our care the most. As a result, we collaborate on the care teams for 55% of babies born annually; meaning almost 20,000 Connecticut babies each year get a healthy start in life because their first doctor is one of Connecticut Children's experts. This bill would help ensure that babies in our state automatically receive health insurance coverage through their caregivers' plans.

Infants in our level four Hartford NICU often stay with us for weeks and months at a time as they receive highly specialized care. In our Fiscal Year 2020, Connecticut Children's treated 848 patients across our NICU; 183 of which stayed greater than 30 days. The average length of stay for these patients is 79 days.

As it relates to this bill, we are supportive of automatic coverage for newborns as navigating the complexities of enrollment is often the last thing on a parent's mind when their newborn is receiving care in a NICU. Connecticut Children's often bears the costs of coverage termination due to lack of enrollment which can occur for a variety of reasons, including if parents do not notify the insurer of a qualifying life event. Additionally, if the inpatient stay extends beyond the end of the policy year, and the family experiences a lapse or change in coverage, the remainder of the inpatient stay may not be covered by any policy.

While automatic coverage does support patients and families, we believe securing coverage for the entire length of stay, even if the patient discharge date is after the end of the policy year, will significantly ease the financial burdens for the patients, the hospital, and, ultimately, the State of Connecticut taxpayers.

As such, I would recommend the following language changes for the bill:

- Where the language in Section 2(A) reads: *“the general statutes shall, not later than thirty days after a newborn child is born during any policy year, provide coverage under such policy for the newborn child for such policy year if an insured is the parent of such newborn child.”*
- I suggest it be revised to, *“the general statutes shall, not later than thirty days after a newborn child is born during any policy year, provide coverage under such policy for the newborn child effective at the date of the child’s birth and continuing for such policy year if an insured is the parent of such newborn child. Coverage for any hospital admission during this period shall exist until hospital discharge.”*

Thank you for your consideration of this position. If you have any questions about this testimony, please contact Emily Boushee, Government Relations Associate for Connecticut Children’s, eboushee@connecticutchildrens.org.