

Testimony in Support of Bill 23-0584, “Pregnancy as a Qualifying Event Act of 2019”
Public Hearing: Committee on Health
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Good morning, and thank you to Chairman Gray and members of the Committee for allowing me to speak before you today to support the “Pregnancy as a Qualifying Event Act of 2019.” And thank you to the Chairman and Councilmember Cheh for introducing this important legislation. My name is Rebecca Barson, and I am a Ward 3 resident and a public health professional with 20 years of experience in the areas of reproductive and maternal health. I am also proud to have recently been appointed to the Standing Advisory Board for DC HealthLink. One of the first votes I got to take as part of the Board was adding a special enrollment period for pregnancy to DC HealthLink, and this legislation offers an exciting opportunity to broaden that policy to all insurance plans regulated by the District of Columbia.

Unintended pregnancy is a common occurrence. The latest national estimates from the Guttmacher Institute indicate that nationally 45% of pregnancies were unintended as of 2011, with just under 5% of reproductive age women experiencing an unintended pregnancy on an annual basis.¹ The Institute’s latest estimate for DC is from 2014 and shows a slightly higher rate of unintended pregnancies at 48%.² These numbers are probably a bit lower now because of the implementation of the Affordable Care Act, and its expanded coverage of contraception, but there are likely still a lot of women making decisions about their insurance coverage for the year ahead without also considering that they may become pregnant – or they may assume their insurance covers maternity care and be dismayed to become pregnant and learn otherwise.

Unfortunately, if someone becomes pregnant and their current insurance plan does not include maternity care, it is difficult – if not impossible – to access maternity coverage upon becoming pregnant, unless they are in the income range to qualify for Medicaid, because currently insurance plans use the birth of a child as a qualifying event for a special enrollment period, but not pregnancy. We’re fortunate here in DC that we have a high income range to qualify for Medicaid, but people above that level still need access to care, and maternity care, particularly the labor and delivery costs, are extremely expensive to pay for out of pocket and often range in the tens of thousands of dollars. This can be exacerbated if a pregnant person hasn’t gone for the full range of prenatal visits, where they can receive preventive care and potential problems can be identified earlier in the pregnancy. However, without insurance, it is understandable that someone might try to save money and ration those visits.

This is why this legislation is so important – it would allow pregnancy to be a qualifying event for a special enrollment period in insurance plans regulated by the District so that people who find themselves in need of a different insurance plan when they become pregnant will have the ability to change plans and get the care that they need. At a time when we are trying to make maternal health a priority in DC, this bill is another way we can do so. We also have the opportunity to be a national leader on an innovative new measure. I urge the Committee to support the bill and move it forward to the Committee of the Whole.

Thank you for your time today, and I am happy to answer any questions.

¹ Guttmacher Institute. *Unintended Pregnancy in the United States* Fact Sheet. Available at <https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states>.

² Guttmacher Institute. *Pregnancy Desires and Pregnancies at the State Level: Estimates for 2014*. Available at <https://www.guttmacher.org/report/pregnancy-desires-and-pregnancies-state-level-estimates-2014>.