Insurance and Real Estate Committee  
Public Testimony of the CT Women’s Education and Legal Fund (CWEALF)  
S.B. 206: An Act Authorizing Pregnancy as a Qualifying Event for Special Enrollment Periods for Certain Individuals  
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The Connecticut Women’s Education and Legal Fund (CWEALF) is a statewide, nonprofit organization that advocates for and empowers women and girls in Connecticut, especially those who are underserved or marginalized. For forty-five years, CWEALF has advanced women’s rights including women’s economic security and access to reproductive healthcare.

CWEALF urges the Committee to support S.B. 206: An Act Authorizing Pregnancy as a Qualifying Event for Special Enrollment Periods for Certain Individuals.

The Affordable Care Act (ACA) provides access to quality health insurance for millions of Americans. Approximately 9.5 million women who were previously uninsured gained access to health coverage through the ACA and 55 million women now have access to preventive care at no cost. These services provide vital, holistic care for low-income women who previously lacked care due to cost and lack of access.

While the ACA provides millions of women with quality health insurance and access to critical preventive care services, it does not consider pregnancy as a qualifying life event. Currently, marriage and childbirth are considered “qualifying events” that allow for special enrollment for health insurance. Pregnancy, however, is absent from this list and prevents women from signing up for health insurance outside of open enrollment.

Maternity care and delivery costs range from $10,000 - $20,000 without complications. Pregnant women who are uninsured or insured under a plan that does not include maternity care are often forced to pay out of pocket or forgo maternity care services entirely, which can lead to devastating health and financial consequences. Maternal mortality is three to four times higher among women who receive no prenatal care compared to women who do.

According to the Centers for Disease Control (CDC), “early initiation of prenatal care by pregnant women and continuous monitoring of pregnancy by health providers are key to preventing pregnancy-related consequences and death.”

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Specific conditions that pose serious health risks to pregnant women mitigated by maternity care include: preeclampsia, diabetes, heart conditions and Grave’s disease. Though some of these conditions are rare, their consequences can be severe and even fatal for the mother, fetus, or both.⁴

Prenatal care also includes identification and necessary interventions for risk factors associated with poor birth outcomes, including tobacco use and substance abuse. Without the appropriate healthcare coverage, women are often unable to access these critical services, which may lead to poor health outcomes for themselves and their babies.

Pregnant women who are uninsured can gain coverage under Medicaid; however, eligibility is limited. A woman who marginally exceeds the income eligibility threshold for Medicaid and becomes pregnant outside of the marketplace open enrollment period will likely not have access to insurance coverage.⁵ Though the ACA does require most health plans in the individual market to cover maternity care as an essential health benefit, some plans continue to exclude comprehensive maternity coverage.

Almost half of all pregnancies in the United States are unplanned.⁶ Limited enrollment periods are impractical for women who may not realize their insurance plans do not include maternity care until they are pregnant. A woman should not have to wait until her baby is born to enroll in essential health insurance coverage.

Senate Bill No. 206 is common sense legislation that will increase access to critical prenatal care, which leads to healthier women and babies. CWEALF urges the Committee to support S.B. 206 and demonstrate its ongoing commitment to the health and wellbeing of women in our state.

⁴ See note 2.
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