



June 22, 2009

Dear Senator:

On behalf of the American College of Obstetricians and Gynecologists (ACOG), the March of Dimes and the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) we are writing to urge you to ensure that the needs of pregnant women and women of childbearing age are addressed as part of health reform. Our organizations have long been committed to improving the health of women of childbearing age, infants and children by expanding access to affordable, comprehensive health insurance. ACOG represents over 53,000 physicians and partners in women's health; the March of Dimes is comprised of more than 3 million volunteers and 1400 staff located in every state, the District of Columbia and Puerto Rico; and AWHONN represents 23,000 nurses. Every day we see first-hand why our Nation needs health care reform. Our members, staff and volunteers treat and counsel uninsured women, seeing too many women with serious medical problems go without needed care, and the effects of limited or no maternity care.

**1) WE RESPECTFULLY REQUEST THAT THE HEALTH REFORM BILL REPORTED BY THE COMMITTEES INCLUDE MEANINGFUL MATERNITY COVERAGE ACCESSIBLE TO ALL WOMEN OF CHILDBEARING AGE:**

Congress in 1978 passed the Pregnancy Discrimination Act, amending the Civil Rights Act, which requires that health insurance plans offered by employers cover pregnancy, childbirth, and related medical conditions in the same way and to the same extent that they cover other medical conditions. Like other provisions of Title VII of the Civil Rights Act, this protection applies only to employers with 15 or more employees. Congress acted then because so many women had no coverage for the birth of their infants, and timely maternity care is associated with healthier birth outcomes. Yet lack of accessible, affordable maternity coverage still exists for women employed in small businesses and for those who obtain their coverage through the individual health insurance market.

**14 million women rely on coverage through the individual insurance market,<sup>i</sup> yet the National Women's Law Center found that only 12% of 3,500 individual policies include the full spectrum of clinically recommended maternity care services, and these policies are available in less than half of the communities surveyed.**

In addition, it is well documented that maternity services are cost effective. For every \$1 spent on preconception care, the National Business Group on Health reports that up to \$5.19 in services provided to the mother can be saved. Studies have shown that for every \$1 dollar spent on prenatal care, \$3.33 can be saved in costs associated with postnatal care and another \$4.63 in long-term morbidity costs.<sup>ii</sup> Postpartum care also helps women appropriately space pregnancies, reducing the risk of preterm birth, which according to the Institute of Medicine accounted for more than \$26 billion dollars in medical, educational, and lost productivity costs in 2005 alone.<sup>iii</sup>

A 2006 Georgetown University study commissioned by the March of Dimes found that 19 states require coverage of maternity care. However, these laws vary in scope, and only five of the states (MA, MT, NJ, OR and WA) require all insurers in the individual market to cover maternity care. In states without such requirements, maternity coverage is typically available only through an expensive rider to the underlying policy, but only if the woman is not pregnant. Coverage is simply not available in the individual and small group markets for already pregnant women.

**A federal requirement that makes maternity coverage accessible to all women, regardless of where they live, or how they receive coverage, is an essential part of health reform.**

**2) WE ALSO URGE MEMBERS OF THE COMMITTEES TO INCLUDE IN THE HEALTH REFORM BILL A PROHIBITION ON PRE-EXISTING CONDITION EXCLUSIONS, INCLUDING PREGNANCY AND PREVIOUS C-SECTIONS**

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) prohibits group health plans from considering pregnancy a pre-existing condition and from denying coverage on the basis of health status (including pregnancy), but these protections don't apply in the individual insurance market.

In fact, except in a handful of states, insurers selling to individuals may deny coverage to pregnant applicants. Even when required to issue a policy, insurers often exclude coverage for the pregnancy by considering it a pre-existing condition.

**ACOG, the March of Dimes, and AWHONN urge Congress to prohibit use of pre-existing condition exclusions to deny coverage for maternity services. The coverage options paper developed by the Senate Committee on Finance proposes requiring all insurers to cover maternity care and prohibiting pre-existing conditions exclusions. Legislation recently developed by Senate Health, Education, Labor and Pensions (HELP) Committee Chairman Kennedy also prohibits pre-existing conditions exclusions and lists maternity care among "essential health care benefits to be offered by a plan sold in an insurance gateway. Draft legislation released by the House Education and Labor, Energy and Commerce, and Ways and Means Committees also requires insurers to cover maternity care. We applaud these committees for recognizing the importance and would again emphasize that these protections should extend to all plans, regardless of which market insurance is being sold in. In addition, we encourage Members to be mindful that policies must be affordable to young women and families; therefore surcharges, premium rating factors and other means used to increase the cost of such policies should not be permitted.**

Pregnancy is a special time for a family, but without health insurance that includes coverage for maternity services, pregnancy can create barriers to essential medical care and result in financial hardship. We urge you and your colleagues to pay special attention to the needs of pregnant women and their families as you deliberate over the content of health reform. Thank you for your efforts and please know that our organizations are eager to assist both you and your staff in whatever way possible to improve the health of women, infants and children.

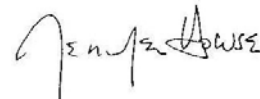
Sincerely,



Gerald F. Joseph, Jr, MD, FACOG  
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Karen Peddicord, RNC PhD  
Executive Director, AWHONN



Jennifer L. Howse, PhD  
President, March of Dimes

<sup>i</sup> US Census 2007. <http://www.census.gov/hhes/www/hlthins/historic/hihist1.xls>

<sup>ii</sup> Campbell KP, editor. *Investing in Maternal and Child Health: An Employer's Toolkit*. Center for Prevention and Health Services, National Business Group on Health, 2007, Washington, DC.

<sup>iii</sup> Basso O, Olsen J, Knudsen LB, Christensen K. "Low birthweight and preterm birth after short interpregnancy intervals," *American Journal of Obstetrics and Gynecology* 1998; 178(2):259-63.