House Committee on Health Care
House Bill 667
Testimony of Alison Lutz, MD
University of Vermont Medical Center

Good morning members of the House Committee on Health Care, and thank you for the opportunity to speak today regarding House Bill 667. My name is Dr. Ali Lutz, and I am currently in residency in Obstetrics and Gynecology at the University of Vermont Medical Center. I urge this committee to advance this legislation, so that pregnant women can better access prenatal and maternity care. This legislation will help women set themselves up for success in their pregnancy.

In the state of Vermont, pregnancy is a qualifying event for special enrollment periods in the health insurance exchange. Currently, however, women who are already enrolled in a plan cannot change their coverage. While a woman may select a certain level of coverage based on her life circumstances, her health care coverage needs can suddenly change if she learns she is unexpectedly pregnant mid-year. In the state of Vermont in 2010, approximately 36-46% of pregnancies were unintended. The majority of these unintended pregnancies were continued to term – these women became parents to new babies. For many Vermont women, pregnancy is not planned. The interests of these women, their babies, and Vermont taxpayers are best served y expanding opportunities for Vermont's expectant mothers to upgrade their plans during the already available special enrollment periods. If these women are able to select coverage options that better support their pregnancy, without placing significant financial burden on themselves, their families and hospital emergency services, we all win, and the additional costs spread across the insured base should be modest.

All plans offered through the Vermont exchange cover basic prenatal care. For most healthy women, basic prenatal care is all a woman would require. She would be in good health when she started her pregnancy. She would come for her initial prenatal visit in the first trimester. Her lab work would be routine, and her screening ultrasound would show no abnormalities. She would present at term in labor, still healthy, and go on to have an uncomplicated vaginal delivery. Even for these low-risk, uncomplicated pregnancies, care can be expensive for women with very basic insurance coverage.

As an obstetrician, I hope that all my patients have uncomplicated pregnancies. However, I see first-hand that this is not always a reality. While prenatal care can be very simple, it can also become complex quickly. A young, healthy woman comes in for her first prenatal visit. She has no previous documented health problems, but at her initial visit her blood pressure is slightly elevated. This means that her blood pressure is elevated at baseline, as her pregnancy is not yet impacting her cardiovascular system. This also means that she is at higher risk of hypertensive disorders of pregnancy, such as preeclampsia. She is at higher risk of poor fetal growth and preterm delivery. Because of this, we would recommend extra

monitoring in her third trimester, with weekly ultrasounds. When she selected her insurance coverage, she did so as a healthy, young female. She was not anticipating that she would become pregnant, let alone that she would have a high-risk pregnancy. An unexpected, high-risk pregnancy is hard enough, putting aside the associated financial burden. Other potential unforeseen costs include the additional cost of cesarean delivery if that should be required, or prolonged hospitalizations for complications like early rupture of membranes or bleeding during pregnancy. Pregnancy care can quickly and unexpectedly become complicated. Protecting the health of women and their pregnancies with complications comes with added expense, but Vermont can help women, their unborn children, and the State's healthcare expenses by investing in health care choices for women that will encourage early identification of complications and proper care. It is difficult for women to face the financial hardship of an unexpected pregnancy, but it is bad policy for the State to put road blocks in the way of women making a choice during pregnancy to pay for (rather than skip) a recommended test or procedure that could make the difference between a healthy mother and baby and a tragic outcome.

I reject the argument that newly pregnant women who try to change their health insurance plans due to a change in personal circumstance are cheaters- waiting until they get pregnant to join insurance pools. First, unlike other conditions requiring medical care, pregnancy is not an illness. Pregnant women are often healthy, and outside of pregnancy may not select very comprehensive coverage in insurance exchanges, as they are unlikely to need it. In the state of Vermont, approximately one third of pregnant women also were not intending to become pregnant. Second, the woman's (and her partner's) prior decisions about whether or what insurance to purchase, and what care to seek, affects the baby to come as well. The expenses of even a healthy, unexpected pregnancy care can be unaffordable for many families, depending on their insurance coverage and personal circumstances. And even healthy women can easily develop complicated, and even more expensive, pregnancies for any number of predictable and unpredictable reasons.

But that is not what this bill is about. An unexpected pregnancy is already a special circumstance that lets a newly pregnant woman get health coverage. This bill lets women already covered, but who were not planning to get pregnant, upgrade their policy to get more robust coverage. The number of women who will need to adjust their coverage due to pregnancy is not large, but the implications of being able to adjust coverage for those women, their babies and the State could be profound for those who do. Giving these women additional health care choices in the event of complicated pregnancy is not "cheating the system"; nor is it a reopener for all unexpected medical problems – it is about helping families deal with an unexpected medical issue that can affect their lives, and the State's interests, for many years.