****EMBARGOED UNTIL THURSDAY, AUGUST 16, 2018, AT 10:00a.m.****

Democratic Policy and Communications Committee Hearing on Preexisting Conditions

Testimony on Behalf of Connie Bohon, MD

Co-Chair, American College of Obstetricians and Gynecologists District IV

August 16, 2018

Chairwoman Stabenow and distinguished members of the Democratic Policy and Communications Committee, thank you for the invitation to testify today at your hearing examining the impact of coverage – or lack thereof – on the health of Americans. I am here today to talk about how far we've come from the time that being a woman was a preexisting condition, and how critical it is that we protect the gains we've made for women's health coverage -- particularly when it comes to coverage of maternity care. We cannot afford to turn the clock back on women's health.

My name is Dr. Constance Bohon and I am an ob-gyn practicing in Washington, DC. I am also the Legislative Co-Chair for District IV of the American College of Obstetricians and Gynecologists, which encompasses 6 states down the east coast, DC, and Puerto Rico.

I have been in practice for 35 years and have seen firsthand the negative impact that lack of insurance coverage has on the health of my patients. I have seen a patient with a risk for preterm birth not have coverage for critical preventive health care during her pregnancy, increasing her risk of having a preterm baby. I have also personally experienced the positive impact that the coverage protections established by Affordable Care Act have had on the health of my patients and watched as patients who are able to access the care they need go on to have healthy pregnancies and families.

Before the ACA, only 12% of insurance policies on the individual market covered comprehensive maternity care.[i] In some states, women seeking coverage on the individual market were able to purchase maternity care "riders" for an additional premium, which could cost more than the monthly premium for the base policy, and oftentimes included lengthy waiting periods – of anywhere from 9 months to two years – before the coverage took effect.

These types of predatory policies were not reflective of women's lived experiences. Nearly half of pregnancies in the U.S. are unplanned,[ii] meaning that before the ACA, a woman with insurance on the individual market would have likely had to proactively purchase an insurance rider, that in some cases doubled her premium, if she thought she might try to conceive the following year.

The short-term, limited duration insurance plans being touted as a "cheaper alternative" to individual market plans that must comply with ACA policies puts us at risk of going back to the pre-ACA era where women were left without the coverage they needed. A Kaiser Family Foundation analysis found that, of 24 distinct short-term insurance plans currently marketed in 45 states and DC, none of the plans included maternity care coverage.[iii] These plans will turn back the clock on women's health.

When the Institute of Medicine examined the impact of lack of insurance on the health of pregnant women and infants, they found that a lack of insurance led to fewer prenatal care visits and late

initiation of prenatal care and was associated with an increase in pregnancy complications and preterm birth. In addition, infants born to uninsured women were more likely to be low birth weight and have other adverse outcomes.[iv]

When a woman doesn't have access to the prenatal care she needs, we, as providers, don't have the opportunity to identify and address potential issues early on. Earlier in my career, pre-ACA, I had a woman present with an uncommon placenta condition, that can be managed when identified early enough, but when not regularly monitored, can cause severe birth complications and ongoing health problems for mom and baby. Because she had not had sufficient access to prenatal care, by the time this woman showed up she had severe bleeding, putting her life and baby's at increased risk.

I'll never forget a patient years ago who had a fairly standard procedure on her cervix to remove potentially cancerous cells. She knew that this procedure could increase her risk for preterm delivery, but since she already had a child and did not plan to become pregnant again, she was not concerned. A number of years later, she unexpectedly became pregnant. Her insurance did not cover maternity care. By the time she was able to find an insurance plan that included maternity care and schedule her first prenatal care appointment, she was in her second trimester and was experiencing cramping and bleeding. By the time I saw her, it was too late for surgical intervention. Sadly, she soon delivered a non-viable baby. With early intervention, we could have intervened and given her medication that would have decreased the likelihood of her tragic loss.

For the health of my patients and their families, we can't go back to a time when having insurance didn't mean you were covered, and women's health needs were routinely not met by their insurers. We should instead look ahead to ways to ensure that coverage is not only universal, but that coverage truly equals access. Thank you for your leadership, and your commitment to ensure that we don't turn back the clock on women's health.

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[i] National Women's Law Center, *Nowhere to Turn: How the Individual Insurance Market Fails Women* (2008).

[ii] Finer LB and Zolna MR, Declines in unintended pregnancy in the United States, 2008–2011, *New England Journal of Medicine*, 2016, 374(9):843–852. *Available at* http://nejm.org/doi/full/10.1056/NEJMsa1506575.

[iii] Pollitz K, et al. Understanding Short-Term Limited Duration Health Insurance. Kaiser Family Foundation. April 2018. *Available at* http://files.kff.org/attachment/Issue-Brief-Understanding-Short-Term-Limited-Duration-Health-Insurance.

[iv] Institute of Medicine. 2002. Health Insurance Is A Family Matter. Washington, DC: National Academies Press. *Available at* http://nationalacademies.org/hmd/reports/2002/health-insurance-is-a-family-matter.aspx.