



New York becomes first state with Special Enrollment Period for pregnancy

New York has become the first state to establish a Special Enrollment Period for health insurance triggered by pregnancy under legislation that took effect January 1, 2016. Previously, birth or adoption of a child, but not pregnancy, entitled someone to enroll in marketplace health insurance at any time during the year, not just during the annual open enrollment period. Women's groups, including **Raising Women's Voices-NY**, and the statewide **Health Care for All NY** coalition successfully urged Governor Cuomo to sign the pregnancy special enrollment bill into law.

The new law adds pregnancy to the list of "qualifying life events" that allow individuals to enroll in coverage outside of the open enrollment period. Such life events include, in addition to a birth or adoption of a child, marriage or loss of employment. In order to utilize the pregnancy special enrollment period, individuals must obtain certification from a health care provider that they are pregnant, under a requirement added to the proposed legislation to ensure bipartisan support in New York's Legislature. Once pregnancy is certified, coverage will be effective as of the first day of the month in which the person enrolled.

This new special enrollment period will help women have healthier pregnancies by ensuring access to prenatal care and better preparation for childbirth, especially when pregnant women have pre-existing conditions. Timely and appropriate maternity care can decrease or prevent health risks related to pregnancy. Maternity care can also help reduce preterm births and improves birth outcomes. Health coverage and access to care is particularly important for women of color, who sometimes face significant pregnancy-related health disparities.

By creating a pregnancy special enrollment period, the legislation closes a small but important gap in New York's coverage policy. Because New York already covers many low-income pregnant women (up to 223% of the federal poverty level) through its pregnancy-related Medicaid program, the number of women who will be eligible for this new enrollment period is likely to be relatively low. Nonetheless, the reduction in overall health care costs due to healthier pregnancies could be significant.

RWV hopes that additional states will follow New York's lead and enact similar policies, so that more women can benefit from timely pregnancy-related care. RWV also renews its call to federal officials to add pregnancy to the list of qualifying life events that provide special enrollment periods for coverage through the federally-facilitated health care marketplace.

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