

115TH CONGRESS
1ST SESSION

H. R. 2745

To amend title XXVII of the Public Health Service Act to provide for a special enrollment period for pregnant women, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

MAY 25, 2017

Mrs. WATSON COLEMAN (for herself, Ms. BARRAGÁN, Mrs. BEATTY, Ms. BONAMICI, Mr. BRENDAN F. BOYLE of Pennsylvania, Mr. BUTTERFIELD, Mr. CARBAJAL, Mr. CÁRDENAS, Ms. CLARK of Massachusetts, Ms. CLARKE of New York, Mr. COHEN, Mr. CONNOLLY, Mr. CONYERS, Mr. DELANEY, Ms. DELBENE, Mrs. DINGELL, Mr. ELLISON, Mr. ENGEL, Mr. EVANS, Mr. FOSTER, Ms. FRANKEL of Florida, Mr. GALLEG0, Mr. GARAMENDI, Mr. AL GREEN of Texas, Mr. GRIJALVA, Mr. HASTINGS, Mr. HUFFMAN, Ms. JACKSON LEE, Mr. JEFFRIES, Ms. KAPTUR, Ms. KELLY of Illinois, Mr. KHANNA, Mr. LANGEVIN, Mrs. LAWRENCE, Mr. LAWSON of Florida, Ms. LEE, Mr. LEWIS of Georgia, Mr. LOWENTHAL, Ms. MICHELLE LUJAN GRISHAM of New Mexico, Mrs. CAROLYN B. MALONEY of New York, Mr. SEAN PATRICK MALONEY of New York, Ms. MCCOLLUM, Mr. MCEACHIN, Mr. MCGOVERN, Mr. MOULTON, Ms. MOORE, Mr. NADLER, Ms. NORTON, Mr. PASCRELL, Mr. PAYNE, Ms. PINGREE, Ms. ROYBAL-ALLARD, Mr. RYAN of Ohio, Mr. DAVID SCOTT of Georgia, Ms. SHEA-PORTER, Mr. SIRES, Ms. SPEIER, Mr. TAKANO, Ms. TITUS, Mr. TONKO, Ms. WASSERMAN SCHULTZ, Ms. MAXINE WATERS of California, Ms. WILSON of Florida, Mr. PETERS, and Ms. BLUNT ROCHESTER) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Oversight and Government Reform, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XXVII of the Public Health Service Act

to provide for a special enrollment period for pregnant women, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
 2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Healthy Maternity and
 5 Obstetric Medicine Act” or the “Healthy MOM Act”.

6 **SEC. 2. FINDINGS AND PURPOSE.**

7 (a) FINDINGS.—Congress finds the following:

8 (1) Pregnancy is a significant life event for mil-
 9 lions of women in the United States each year.

10 (2) For more than 30 years, our Nation,
 11 through the Medicaid program, has recognized that
 12 pregnant women need immediate access to afford-
 13 able care, and has allowed women who meet income-
 14 eligibility requirements to enroll in Medicaid cov-
 15 erage when they become pregnant.

16 (3) Congress recognized the central importance
 17 of maternity coverage by classifying maternity and
 18 newborn care as one of the ten essential health bene-
 19 fits that must now be covered on most individual
 20 and small group health insurance plans under sec-
 21 tion 1302(b)(1) of the Patient Protection and Af-
 22 fordable Care Act (42 U.S.C. 18022(b)(1)).

23 (4) The Patient Protection and Affordable Care
 24 Act has greatly increased access to affordable health

1 insurance coverage for women. Today, more than
2 7,500,000 women have access to health insurance
3 because of the law. That Act made it illegal to deny
4 coverage based on pre-existing conditions, like preg-
5 nancy, or charge women more money for their pre-
6 miums. That Act also required women's preventive
7 services like birth control to be covered without cost
8 sharing.

9 (5) Access to comprehensive maternity coverage
10 allows women to access important pregnancy-related
11 care, which is demonstrated to improve health out-
12 comes for women and newborns and reduce financial
13 costs for both consumers and insurers.

14 (6) Uninsured women, women with grand-
15 fathered and transitional health plans, self-funded
16 student health plans, and catastrophic and high-de-
17 ductible health plans may lack access to comprehen-
18 sive and affordable maternity coverage.

19 (7) Employer health plans that exclude depend-
20 ent daughters from maternity coverage leave young
21 women without coverage for their pregnancy, even
22 though Federal law has long held that treating preg-
23 nancy differently than other conditions is sex-based
24 discrimination.

1 (8) A special enrollment period is especially im-
2 portant for young adults, who are at high risk for
3 unintended pregnancies, yet young adults are fre-
4 quently enrolled in catastrophic coverage, which
5 often has fewer benefits, more restrictions, and high-
6 er deductibles.

7 (9) Timely maternity care improves the health
8 of pregnant women, as well as birth outcomes and
9 the health of babies throughout their lifetimes. Preg-
10 nancy-related maternal mortality is three to four
11 times higher among women who receive no maternity
12 care compared to women who do. Regular maternity
13 care can detect or mitigate serious pregnancy-related
14 health complications, including preeclampsia, pla-
15 cental abruption, complications from diabetes, com-
16 plications from heart disease, and Graves' disease,
17 all of which can result in morbidity or mortality for
18 the mother or newborn.

19 (10) Regular maternity care can reduce
20 preterm births and the health complications associ-
21 ated with preterm births.

22 (11) Timely maternity care can reduce short-
23 and long-term health care costs. If a woman does
24 not have access to affordable maternity care during
25 her pregnancy, and she or her newborn experiences

1 pregnancy complications that result in health prob-
2 lems after birth, their insurer may end up paying
3 much higher costs than if the insurer had covered
4 the woman’s maternity care during her pregnancy.
5 Intensive maternity care can reduce hospital and
6 neonatal intensive care unit admissions among in-
7 fants, resulting in cost savings of \$1,768 to \$5,560
8 per birth. For women with high-risk pregnancies, in-
9 tensive maternity care saves \$1.37 for every \$1 in-
10 vested in maternity care.

11 (b) PURPOSE.—The purpose of this Act is to protect
12 the health of women and newborns by ensuring that all
13 women eligible for coverage through the Exchanges estab-
14 lished under title I of the Patient Protection and Afford-
15 able Care Act (Public Law 111–148) and women eligible
16 for other individual or group health plan coverage can ac-
17 cess affordable health coverage during their pregnancy.

18 **SEC. 3. PROVIDING FOR A SPECIAL ENROLLMENT PERIOD**
19 **FOR PREGNANT INDIVIDUALS.**

20 (a) PUBLIC HEALTH SERVICE ACT.—Section
21 2702(b)(2) of the Public Health Service Act (42 U.S.C.
22 300gg–1(b)(2)) is amended by inserting “including a spe-
23 cial enrollment period for pregnant individuals, beginning
24 on the date on which the pregnancy is reported to the
25 health insurance issuer” before the period at the end.

1 (b) PATIENT PROTECTION AND AFFORDABLE CARE
2 ACT.—Section 1311(c)(6) of the Patient Protection and
3 Affordable Care Act (42 U.S.C. 18031(c)(6)) is amend-
4 ed—

5 (1) in subparagraph (C), by striking “and” at
6 the end;

7 (2) by redesignating subparagraph (D) as sub-
8 paragraph (E); and

9 (3) by inserting after subparagraph (C) the fol-
10 lowing new subparagraph:

11 “(D) a special enrollment period for preg-
12 nant individuals, beginning on the date on
13 which the pregnancy is reported to the Ex-
14 change; and”.

15 (c) SPECIAL ENROLLMENT PERIODS.—Section
16 9801(f) of the Internal Revenue Code of 1986 (26 U.S.C.
17 9801(f)) is amended by adding at the end the following
18 new paragraph:

19 “(4) FOR PREGNANT INDIVIDUALS.—

20 “(A) A group health plan shall permit an
21 employee who is eligible, but not enrolled, for
22 coverage under the terms of the plan (or a de-
23 pendent of such an employee if the dependent
24 is eligible, but not enrolled, for coverage under
25 such terms) to enroll for coverage under the

1 terms of the plan upon pregnancy, with the spe-
 2 cial enrollment period beginning on the date on
 3 which the pregnancy is reported to the group
 4 health plan or the pregnancy is confirmed by a
 5 health care provider.

6 “(B) The Secretary shall promulgate regu-
 7 lations with respect to the special enrollment
 8 period under subparagraph (A), including es-
 9 tablishing a time period for pregnant individ-
 10 uals to enroll in coverage and effective date of
 11 such coverage.”.

12 (d) EFFECTIVE DATE.—The amendments made by
 13 this section shall apply with respect to plan years begin-
 14 ning after the 2016 plan year.

15 **SEC. 4. COVERAGE OF MATERNITY CARE FOR DEPENDENT**
 16 **CHILDREN.**

17 Section 2719A of the Public Health Service Act (42
 18 U.S.C. 300gg–19a) is amended by adding at the end the
 19 following:

20 “(e) COVERAGE OF MATERNITY CARE.—A group
 21 health plan, or health insurance issuer offering group or
 22 individual health insurance coverage, that provides cov-
 23 erage for dependents shall ensure that such plan or cov-
 24 erage includes coverage for maternity care associated with
 25 pregnancy, childbirth, and postpartum care for all partici-

1 pants, beneficiaries, or enrollees, including dependents, in-
 2 cluding coverage of labor and delivery. Such coverage shall
 3 be provided to all pregnant dependents regardless of age.”.

4 **SEC. 5. FEDERAL EMPLOYEE HEALTH BENEFIT PLANS.**

5 (a) IN GENERAL.—The Director of the Office of Per-
 6 sonnel Management shall issue such regulations as are
 7 necessary to ensure that pregnancy is considered a change
 8 in family status and a qualifying life event for an indi-
 9 vidual who is eligible to enroll, but is not enrolled, in a
 10 health benefit plan under chapter 89 title 5, United States
 11 Code.

12 (b) EFFECTIVE DATE.—The requirement in sub-
 13 section (a) shall apply with respect to any contract entered
 14 into under section 8902 of such title beginning 12 months
 15 after the date of enactment of this Act.

16 **SEC. 6. CONTINUATION OF MEDICAID INCOME ELIGIBILITY**
 17 **STANDARD FOR PREGNANT WOMEN AND IN-**
 18 **FANTS.**

19 Section 1902(l)(2)(A) of the Social Security Act (42
 20 U.S.C. 1396a(l)(2)(A)) is amended—

- 21 (1) in clause (i), by striking “and not more
- 22 than 185 percent”;
- 23 (2) in clause (ii)—
- 24 (A) in subclause (I), by striking “and”
- 25 after the comma;

1 (B) in subclause (II), by striking the pe-
2 riod at the end and inserting “, and”; and

3 (C) by adding at the end the following:

4 “(III) January 1, 2014, is the percentage pro-
5 vided under clause (v).”; and

6 (3) by adding at the end the following new
7 clause:

8 “(v) The percentage provided under clause (ii) for
9 medical assistance on or after January 1, 2014, with re-
10 spect to individuals described in subparagraph (A) or (B)
11 of paragraph (1) shall not be less than—

12 “(I) the percentage specified for such individ-
13 uals by the State in an amendment to its State plan
14 (whether approved or not) as of January 1, 2014, or

15 “(II) if no such percentage is specified as of
16 January 1, 2014, the percentage established for
17 such individuals under the State’s authorizing legis-
18 lation or provided for under the State’s appropria-
19 tions as of that date.”.

20 **SEC. 7. RELATIONSHIP TO OTHER LAWS.**

21 Nothing in this Act (or an amendment made by this
22 Act) shall be construed to invalidate or limit the remedies,
23 rights, and procedures of any Federal law or the law of
24 any State or political subdivision of any State or jurisdic-
25 tion that provides greater or equal protection for enrollees

- 1 in a group health plan or group or individual health insur-
- 2 ance offered by a health insurance issuer.

