

114TH CONGRESS
1ST SESSION

S. _____

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 SENATE OF THE UNITED STATES

Mr. BROWN (for himself, Mrs. MURRAY, Ms. MIKULSKI, Mr. MARKEY, Mr. TESTER, Mr. HEINRICH, Ms. BALDWIN, Mr. WHITEHOUSE, Mr. CASEY, Mr. SCHUMER, Mr. KAINE, Mr. COONS, Mr. LEAHY, and Mrs. GILLIBRAND) introduced the following bill; which was read twice and referred to the Committee on _____

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:

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

3 (2) For more than 30 years, our Nation,
4 through the Medicaid program, has recognized that
5 pregnant women need immediate access to afford-
6 able care, and has allowed women who meet income-
7 eligibility requirements to enroll in Medicaid cov-
8 erage when they become pregnant.

9 (3) Congress recognized the central importance
10 of maternity coverage by classifying maternity and
11 newborn care as one of the ten essential health bene-
12 fits that must now be covered on most individual
13 and small group health insurance plans under sec-
14 tion 1302(b)(1) of the Patient Protection and Af-
15 fordable Care Act (42 U.S.C. 18022(b)(1)).

16 (4) The Patient Protection and Affordable Care
17 Act has greatly increased access to affordable health
18 insurance coverage for women. Today, more than
19 7,500,000 women have access to health insurance
20 because of the law. That Act made it illegal to deny
21 coverage based on pre-existing conditions, like preg-
22 nancy, or charge women more money for their pre-
23 miums. That Act also required women's preventive
24 services like birth control to be covered without cost
25 sharing.

1 (5) Access to comprehensive maternity coverage
2 allows women to access important pregnancy-related
3 care, which is demonstrated to improve health out-
4 comes for women and newborns and reduce financial
5 costs for both consumers and insurers.

6 (6) Uninsured women, women with grand-
7 fathered and transitional health plans, self-funded
8 student health plans, and catastrophic and high-de-
9 ductible health plans may lack access to comprehen-
10 sive and affordable maternity coverage.

11 (7) Employer health plans that exclude depend-
12 ent daughters from maternity coverage leave young
13 women without coverage for their pregnancy, even
14 though Federal law has long held that treating preg-
15 nancy differently than other conditions is sex-based
16 discrimination.

17 (8) A special enrollment period is especially im-
18 portant for young adults, who are at high risk for
19 unintended pregnancies, yet young adults are fre-
20 quently enrolled in catastrophic coverage, which
21 often has fewer benefits, more restrictions, and high-
22 er deductibles.

23 (9) Timely maternity care improves the health
24 of pregnant women, as well as birth outcomes and
25 the health of babies throughout their lifetimes. Preg-

1 nancy-related maternal mortality is three to four
2 times higher among women who receive no maternity
3 care compared to women who do. Regular maternity
4 care can detect or mitigate serious pregnancy-related
5 health complications, including preeclampsia, pla-
6 cental abruption, complications from diabetes, com-
7 plications from heart disease, and Graves' disease,
8 all of which can result in morbidity or mortality for
9 the mother or newborn.

10 (10) Regular maternity care can reduce
11 preterm births and the health complications associ-
12 ated with preterm births.

13 (11) Timely maternity care can reduce short-
14 and long-term health care costs. If a woman does
15 not have access to affordable maternity care during
16 her pregnancy, and she or her newborn experiences
17 pregnancy complications that result in health prob-
18 lems after birth, their insurer may end up paying
19 much higher costs than if the insurer had covered
20 the woman's maternity care during her pregnancy.
21 Intensive maternity care can reduce hospital and
22 neonatal intensive care unit admissions among in-
23 fants, resulting in cost savings of \$1,768 to \$5,560
24 per birth. For women with high-risk pregnancies, in-

1 tensive maternity care saves \$1.37 for every \$1 in-
2 vested in maternity care.

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

10 **SEC. 3. PROVIDING FOR A SPECIAL ENROLLMENT PERIOD**
11 **FOR PREGNANT INDIVIDUALS.**

12 (a) PUBLIC HEALTH SERVICE ACT.—Section
13 2702(b)(2) of the Public Health Service Act (42 U.S.C.
14 300gg–1(b)(2)) is amended by inserting “including a spe-
15 cial enrollment period for pregnant individuals, beginning
16 on the date on which the pregnancy is reported to the
17 health insurance issuer” before the period at the end.

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

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

24 (2) by redesignating subparagraph (D) as sub-
25 paragraph (E); and

1 (3) by inserting after subparagraph (C) the fol-
2 lowing new subparagraph:

3 “(D) a special enrollment period for preg-
4 nant individuals, beginning on the date on
5 which the pregnancy is reported to the Ex-
6 change; and”.

7 (c) SPECIAL ENROLLMENT PERIODS.—Section
8 9801(f) of the Internal Revenue Code of 1986 (26 U.S.C.
9 9801(f)) is amended by adding at the end the following
10 new paragraph:

11 “(4) FOR PREGNANT INDIVIDUALS.—

12 “(A) A group health plan shall permit an
13 employee who is eligible, but not enrolled, for
14 coverage under the terms of the plan (or a de-
15 pendent of such an employee if the dependent
16 is eligible, but not enrolled, for coverage under
17 such terms) to enroll for coverage under the
18 terms of the plan upon pregnancy, with the spe-
19 cial enrollment period beginning on the date on
20 which the pregnancy is reported to the group
21 health plan or the pregnancy is confirmed by a
22 health care provider.

23 “(B) The Secretary shall promulgate regu-
24 lations with respect to the special enrollment
25 period under subparagraph (A), including es-

1 vidual who is eligible to enroll, but is not enrolled, in a
2 health benefit plan under chapter 89 title 5, United States
3 Code.

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

8 **SEC. 6. CONTINUATION OF MEDICAID INCOME ELIGIBILITY**
9 **STANDARD FOR PREGNANT WOMEN AND IN-**
10 **FANTS.**

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

13 (1) in clause (i), by striking “and not more
14 than 185 percent”;

15 (2) in clause (ii)—

16 (A) in subclause (I), by striking “and”
17 after the comma;

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

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

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

23 (3) by adding at the end the following new
24 clause:

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

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

8 “(II) if no such percentage is specified as of
9 January 1, 2014, the percentage established for
10 such individuals under the State’s authorizing legis-
11 lation or provided for under the State’s appropria-
12 tions as of that date.”.

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

14 Nothing in this Act (or an amendment made by this
15 Act) shall be construed to invalidate or limit the remedies,
16 rights, and procedures of any Federal law or the law of
17 any State or political subdivision of any State or jurisdic-
18 tion that provides greater or equal protection for enrollees
19 in a group health plan or group or individual health insur-
20 ance offered by a health insurance issuer.