



May 2, 2023

Rep. James M. Murphy, Co-Chair
Joint Committee on Financial Services
Massachusetts State House, Room 254
Boston, MA 02133

Senator Paul Feeney, Co-Chair
Joint Committee on Financial Services
Massachusetts State House, Room
Boston, MA 02133

Dear Chairs Murphy, Feeney, and members of the Joint Committee on Financial Services:

We, the undersigned organizations committed to advancing reproductive freedom, equity, and justice in the Commonwealth, write today in support of H.1137 filed by Representatives Sabadosa and Balsler and S.646 filed by Senator Friedman.

Massachusetts law, as currently written, requires insurers to offer coverage for childbirth and treatment of miscarriages, but permits cost sharing. For too many mothers and families navigating high deductible plans and increased out-of-pocket spending, the burden of this cost sharing results in long-term financial struggles.

Under this legislation, all Massachusetts-regulated health insurance plans would be required to cover the full spectrum of pregnancy-related care without any cost-sharing, ensuring that Bay Staters are not saddled with insurmountable debt post-pregnancy and enabling them to have greater control over their lives and financial futures. We are grateful to the Legislature for its bold action to ensure coverage without cost-sharing for all abortion and abortion-related care, a key provision of Chapter 127 of the Acts of 2022. Now, we must go further to break down financial barriers to all pregnancy-related care.

A right to reproductive health care — including care for all pregnancies, abortion, and miscarriage — is not a real right unless every individual is able to access that care, free from cost barriers. Being a new parent is tough enough. The last thing someone adjusting to life with a newborn needs to worry about is how they're going to pay for the care they just received.

According to the Massachusetts Center for Health Information and Analysis' (CHIA) 2021 Massachusetts Health Insurance Survey, more than 1.7 million people in Massachusetts are on high deductible health plans. That's 1.7 million people...

- Who may never be able to get out of debt once they start a family;
- Who could be forced to meet their deductible twice if the nine months of their pregnancy falls across two insurance plan years;
- Who may be forced to forgo prenatal or postpartum care because of costs;
- Who may delay family planning because they are too concerned about making ends meet; or most cruelly,
- Who would be sent a hefty bill days after suffering the devastating loss of miscarriage.

The futures of people seeking pregnancy care should not be dictated by deductibles.

This is an issue of gender and racial equity. Massachusetts is already combatting an epidemic of racial inequities in maternal health. Black women in our state are twice as likely as white women to die from pregnancy-related complications, and financial barriers to care are compounding these poor health outcomes. **Forty percent of mothers have reported delaying prenatal care because they lack the money or insurance to cover the visits. Newborns of mothers who do not receive prenatal care are three times more likely to have a low birth weight and five times more likely to die than children born to mothers who receive prenatal care.** We must reimagine our health care system and health care spending to center and support the needs of birthing people, families, and Black and Brown communities by making all pregnancy care more accessible.

Based on CHIA's Mandated Benefit Review of this legislation, we can make high-quality pregnancy-related care accessible to all Bay Staters for only an extra \$2.09 per month on our monthly health insurance premiums—less than a cup of coffee. We don't have to imagine a Massachusetts where everyone has access to the pregnancy care they need to safely give birth and raise a family; where fewer of our loved ones die from pregnancy-related care; and where no one has to go into debt to start a family. All we have to do to make this our reality is pay an extra \$25 a year on our health insurance premiums.

Every Bay Stater must have access to the full spectrum of pregnancy-related care so we all can decide if, when, and how to have a family or raise children. We can ensure that our friends, families, loved ones, children, and children's children would be safer, happier, and healthier, because pregnancy-related care would be so much more accessible to them.

Thank you for the opportunity to submit our testimony, and we again urge you to give H.1137 and S.646 a favorable report.

Respectfully,

Rebecca Hart Holder, President, Reproductive Equity Now

Carol Rose, Executive Director, ACLU of Massachusetts

Nate Horwitz-Willis, Executive Director, Planned Parenthood Advocacy Fund of Massachusetts

Luu Ireland, MD, MPH, Chair, Massachusetts Section of the American College of Obstetricians and Gynecologists

Jonathan Cohn, Policy Director, Progressive Massachusetts

Jeremy Burton, Chief Executive Officer, Jewish Community Relations Council of Greater Boston