



Representative Sara Gelser  
House District 16 (Corvallis/Philomath)

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**DIABETES RELATED PRENATAL CARE: [HB 2432](#)**

**BACKGROUND**

Diabetic women who become pregnant have a higher risk of birth abnormalities, in utero or neonatal demise, as well as delivery problems as a result of the fetus' exposure to high blood sugars. These women also face a higher risk of pre-eclampsia, placenta previa, and other conditions than non-diabetic women. (Please note: This issue is not about gestational diabetes, but rather about pre-existing diabetes.)

Women on the Oregon Health Plan have little or no co-pays for the necessary diabetes medications and supplies during pregnancy. However, women with commercial insurance often face financial hardship due to co-pays from the increased testing requirements, prescriptions, supplies, equipment, and required weekly visits to check and/or adjust their insulin doses.

An Oregon OB/GYN described the problem in this way: Pregnant women with diabetes must test their blood sugars at least 7 times daily. Strips are about \$1 each so a woman could incur almost \$1,900 in costs. They must also see a non-OB provider each week to monitor and/or adjust insulin levels. If a visit has a co-pay of as little as \$10, that would cost an extra \$40 per month. Insulin is about \$120 per vial, with copays ranging from \$5 to \$50. Some women need to transition to an insulin pump which costs around \$6,000 with a co-pay between \$500 or \$1,000 or more. They also need extra ultrasounds, fetal echoes, stress tests and non-stress tests sometimes on a weekly basis, each with its own co-pay.

Because of the costs, some women are forced to forgo adequate prenatal care, which poses a risk to their own health and that of their fetus. It also increases the long term health care costs associated with health complication for the woman and her child during and after delivery. Other women, often with guidance from their physician, artificially impoverish themselves in order to gain eligibility for OHP so they can access appropriate prenatal care.

**HB 2432 SUMMARY**

HB 2432 prohibits a health benefit plan from imposing additional copayments, coinsurance requirements, or deductibles on covered health services, medications or supplies that are medically necessary for a woman to manage her diabetes during conception and for six weeks postpartum in policies issued or renewed on or after January 1, 2014.