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Testimony before House Committee on Health Care
February 6, 2013

In support of HB 2432

Mr. Chair and members of the committee, thank you for hearing House Bill 2432 today. For the record, I am Senator Elizabeth Steiner Hayward, Senate District 17.

HB 2432 prohibits a health insurance company from imposing cost-sharing requirements on covered health services, medications or supplies that are medically necessary for a woman to manage her diabetes throughout pregnancy and for six weeks postpartum. This bill is meant to assist pregnant women, to ensure they have the support and tools they need to protect themselves and their fetus from the devastating health effects of uncontrolled blood sugars during pregnancy.

As a family physician, obstetrical care has always been part of my practice. I am all too familiar with the financial barriers patients face when trying to manage chronic conditions such as diabetes at any time in their lives, but especially during pregnancy. Very tight blood sugar control is vital throughout pregnancy and this often increases requirements for testing strips, insulin and other supplies and equipment. These women also frequently require closer monitoring with more ultrasounds, fetal echoes and non-stress tests than other pregnant women. For many patients with private insurance, all of this extra care is subject to co-payments which often make it difficult for families to afford.

Over time, I have seen women forgo needed care because of these costs and I have seen the ramifications of diabetes-related complications. Uncontrolled diabetes prior to conception and early in pregnancy has been linked to congenital malformations, including those of the heart and spine, as well as to spontaneous abortion. Later in pregnancy, high blood sugar in a pregnant woman can cause high blood sugar in the fetus. This can cause excessive growth in the fetus, putting them at higher risk for intrauterine death and complications during delivery. After birth, babies born to women with high blood sugar can suffer from breathing problems and other immediate health problems and have increased risk of long-term health issues such as obesity.

In a perfect world, we would be able to help women get their diabetes under control before they get pregnant, but given that over 50% of pregnancies in the United States are unplanned, it is vital that we assure access to good diabetes care as soon as a woman knows she is pregnant,

throughout pregnancy and during the postpartum period. HB 2432 makes good sense because it assures a pregnant woman with diabetes won't face financial barriers when seeking care for her diabetes. This will improve the chance that she will be able to effectively manage her disease and prevent many of the devastating complications of uncontrolled blood sugars during pregnancy.

Thank you for hearing the bill today and I urge your support.