

2 **ESSB 6120** - H COMM AMD **ADOPTED 3-1-96**  
3 By Committee on Health Care

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5 Strike everything after the enacting clause and insert the  
6 following:

7 "NEW SECTION. **Sec. 1.** A new section is added to chapter 48.43 RCW  
8 to read as follows:

9 (1) The legislature recognizes the role of health care providers as  
10 the appropriate authority to determine and establish the delivery of  
11 quality health care services to maternity patients and their newly born  
12 children. It is the intent of the legislature to recognize patient  
13 preference and the clinical sovereignty of providers as they make  
14 determinations regarding services provided and the length of time  
15 individual patients may need to remain in a health care facility after  
16 giving birth. It is not the intent of the legislature to diminish a  
17 carrier's ability to utilize managed care strategies but to ensure the  
18 clinical judgment of the provider is not undermined by restrictive  
19 carrier contracts or utilization review criteria that fail to recognize  
20 individual postpartum needs.

21 (2) Unless otherwise specifically provided, the following  
22 definitions apply throughout this section:

23 (a) "Attending provider" means a provider who: Has clinical  
24 hospital privileges consistent with RCW 70.43.020; is included in a  
25 provider network of the carrier that is providing coverage; and is a  
26 physician licensed under chapter 18.57 or 18.71 RCW, a certified nurse  
27 midwife licensed under chapter 18.79 RCW, a midwife licensed under  
28 chapter 18.50 RCW, a physician's assistant licensed under chapter  
29 18.57A or 18.71A RCW, or an advanced registered nurse practitioner  
30 licensed under chapter 18.79 RCW.

31 (b) "Health carrier" or "carrier" means disability insurers  
32 regulated under chapter 48.20 or 48.21 RCW, health care services  
33 contractors regulated under chapter 48.44 RCW, health maintenance  
34 organizations regulated under chapter 48.46 RCW, plans operating under  
35 the health care authority under chapter 41.05 RCW, the state health

1 insurance pool operating under chapter 48.41 RCW, and insuring entities  
2 regulated under this chapter.

3 (3)(a) Every health carrier that provides coverage for maternity  
4 services must permit the attending provider, in consultation with the  
5 mother, to make decisions on the length of inpatient stay, rather than  
6 making such decisions through contracts or agreements between  
7 providers, hospitals, and insurers. These decisions must be based on  
8 accepted medical practice.

9 (b) Coverage may not be denied for inpatient, postdelivery care to  
10 a mother and her newly born child after a vaginal delivery or a  
11 cesarean section delivery for such care as ordered by the attending  
12 provider in consultation with the mother.

13 (c) At the time of discharge, determination of the type and  
14 location of follow-up care must be made by the attending provider in  
15 consultation with the mother rather than by contract or agreement  
16 between the hospital and the insurer. These decisions must be based on  
17 accepted medical practice.

18 (d) Eligible coverage may not be denied for follow-up care as  
19 ordered by the attending provider in consultation with the mother.  
20 Coverage for providers of follow-up services must include, but need not  
21 be limited to, attending providers as defined in this section, home  
22 health agencies licensed under chapter 70.127 RCW, and registered  
23 nurses licensed under chapter 18.79 RCW.

24 (e) Nothing in this section shall be construed to require attending  
25 providers to authorize care they believe to be medically unnecessary.

26 (f) Coverage for the newly born child must be no less than the  
27 coverage of the child's mother for no less than three weeks, even if  
28 there are separate hospital admissions.

29 (4) No carrier that provides coverage for maternity services may  
30 deselect, terminate the services of, require additional documentation  
31 from, require additional utilization review of, reduce payments to, or  
32 otherwise provide financial disincentives to any attending provider or  
33 health care facility solely as a result of the attending provider or  
34 health care facility ordering care consistent with the provisions of  
35 this section. Nothing in this section shall be construed to prevent  
36 any insurer from reimbursing an attending provider or health care  
37 facility on a capitated, case rate, or other financial incentive basis.

38 (5) Every carrier that provides coverage for maternity services  
39 must provide notice to policyholders regarding the coverage required

1 under this section. The notice must be in writing and must be  
2 transmitted at the earliest of the next mailing to the policyholder,  
3 the yearly summary of benefits sent to the policyholder, or January 1  
4 of the year following the effective date of this section.

5 (6) This section is not intended to establish a standard of  
6 medical care.

7 NEW SECTION. **Sec. 2.** Consistent with funds available for this  
8 purpose, the Washington health care policy board, created by chapter  
9 43.73 RCW, shall conduct an analysis of the effects of this act,  
10 addressing: The financial impact on health carriers in the public and  
11 private individual and group insurance markets; the impact on  
12 utilization of health care services; and, to the extent possible, the  
13 impact on the health status of mothers and their newly born children.  
14 The board shall submit a final report to the appropriate committees of  
15 the legislature by December 15, 1998.

16 NEW SECTION. **Sec. 3.** This act shall be known as "the Erin Act."

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20 On page 1, line 2 of the title, after "child;" strike the remainder  
21 of the title and insert "adding a new section to chapter 48.43 RCW; and  
22 creating new sections."

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