

2 **SSB 6120** - S AMD - 121

3 By Senators Quigley and Moyer

4 ADOPTED 2/12/96

5 Beginning on page 1, after line 13, strike all material through
6 "section." on page 9, line 23, and insert the following:

7 "NEW SECTION. **Sec. 2.** A new section is added to chapter 41.05 RCW
8 to read as follows:

9 (1)(a) If a state purchased health care plan offered under a
10 contract entered into between the state and the carrier after the
11 effective date of this section includes coverage for maternity
12 services, decisions on the length of inpatient stay must be made by the
13 attending provider in consultation with the mother, rather than through
14 contracts or agreements between providers, hospitals, and insurers.
15 These decisions must be based on accepted medical practice. However,
16 coverage may not be denied for inpatient, postdelivery care to a mother
17 and her newly born child for a period of forty-eight hours after 11:59
18 p.m. on the day of delivery for a vaginal delivery and ninety-six hours
19 after 11:59 p.m. on the day of delivery for a cesarean section if such
20 care is advised by the attending provider in consultation with the
21 mother.

22 (b) Any decision to shorten the length of inpatient stay to less
23 than that provided under (a) of this subsection must be made by the
24 attending provider after conferring with the mother.

25 (c) At the time of discharge, determination of the type and
26 location of continued care must be made by the attending provider in
27 consultation with the mother rather than by contract or agreement
28 between the hospital and the insurer. These decisions must be based on
29 accepted medical practice.

30 (d) Nothing in this section shall be construed to require attending
31 providers to authorize care they believe to be medically unnecessary.

32 (2) For the purposes of this section, "attending provider" includes
33 any of the following with hospital privileges: Physicians licensed
34 under chapter 18.57 or 18.71 RCW, certified nurse midwives licensed
35 under chapter 18.79 RCW, midwives licensed under chapter 18.50 RCW,
36 physician's assistants licensed under chapter 18.57A or 18.71A RCW, and

1 advanced registered nurse practitioners licensed under chapter 18.79
2 RCW.

3 (3) If a mother and newborn are discharged pursuant to subsection
4 (1)(b) of this section prior to the inpatient length of stay provided
5 under subsection (1)(a) of this section, coverage may not be denied for
6 three follow-up in-home, clinic, provider office, or hospital
7 outpatient visits within fourteen days of delivery, if recommended by
8 the attending provider. Covered services must include a first visit
9 conducted by the attending provider, as defined in this section, or a
10 registered nurse. Any subsequent visit determined to be medically
11 necessary must be provided by a licensed health care provider if such
12 care is advised by the attending provider. Covered services provided
13 must include, but are not limited to, physical assessment of the mother
14 and newborn, parent education, assistance and training in breast or
15 bottle feeding, assessment of the home support system, and the
16 performance of any medically necessary and appropriate clinical tests.
17 Coverage for providers of follow-up services must include, but need not
18 be limited to, attending providers as defined in this section, home
19 health agencies licensed under chapter 70.127 RCW, and registered
20 nurses licensed under chapter 18.79 RCW.

21 (4) No state purchased health care plan that includes coverage for
22 maternity services may deselect, terminate the services of, require
23 additional documentation from, require additional utilization review
24 of, reduce payments to, or otherwise provide financial disincentives to
25 any attending provider or health care facility solely as a result of
26 the attending provider or health care facility ordering care consistent
27 with the provisions of this section. Nothing in this section shall be
28 construed to prevent any insurer from reimbursing an attending provider
29 or health care facility on a capitated, case rate, or other financial
30 incentive basis.

31 (5) Every state purchased health care plan that includes coverage
32 for maternity services must provide notice to policyholders regarding
33 the coverage required under this section. The notice must be in
34 writing and must be transmitted at the earliest of the next mailing to
35 the policyholder, the yearly summary of benefits sent to the
36 policyholder, or January 1 of the year following the effective date of
37 this section.

38 (6) This section is intended only to establish a standard of
39 coverage, not a standard of medical care.

1 NEW SECTION. **Sec. 3.** A new section is added to chapter 48.20 RCW
2 to read as follows:

3 (1)(a) If an insurer offers to any individual a health benefit plan
4 that is issued or renewed after the effective date of this section, and
5 that provides coverage for maternity services, decisions on the length
6 of inpatient stay must be made by the attending provider in
7 consultation with the mother, rather than through contracts or
8 agreements between providers, hospitals, and insurers. These decisions
9 must be based on accepted medical practice. However, coverage may not
10 be denied for inpatient, postdelivery care to a mother and her newly
11 born child for a period of forty-eight hours after 11:59 p.m. on the
12 day of delivery for a vaginal delivery and ninety-six hours after 11:59
13 p.m. on the day of delivery for a cesarean section if such care is
14 advised by the attending provider in consultation with the mother.

15 (b) Any decision to shorten the length of inpatient stay to less
16 than that provided under (a) of this subsection must be made by the
17 attending provider after conferring with the mother.

18 (c) At the time of discharge, determination of the type and
19 location of continued care must be made by the attending provider in
20 consultation with the mother rather than by contract or agreement
21 between the hospital and the insurer. These decisions must be based on
22 accepted medical practice.

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

25 (2) For the purposes of this section, "attending provider" includes
26 any of the following with hospital privileges: Physicians licensed
27 under chapter 18.57 or 18.71 RCW, certified nurse midwives licensed
28 under chapter 18.79 RCW, midwives licensed under chapter 18.50 RCW,
29 physician's assistants licensed under chapter 18.57A or 18.71A RCW, and
30 advanced registered nurse practitioners licensed under chapter 18.79
31 RCW.

32 (3) If a mother and newborn are discharged pursuant to subsection
33 (1)(b) of this section prior to the inpatient length of stay provided
34 under subsection (1)(a) of this section, coverage may not be denied for
35 three follow-up in-home, clinic, provider office, or hospital
36 outpatient visits within fourteen days of delivery, if recommended by
37 the attending provider. Covered services must include a first visit
38 conducted by the attending provider, as defined in this section, or a
39 registered nurse. Any subsequent visit determined to be medically

1 necessary must be provided by a licensed health care provider if such
2 care is advised by the attending provider. Covered services provided
3 must include, but are not limited to, physical assessment of the mother
4 and newborn, parent education, assistance and training in breast or
5 bottle feeding, assessment of the home support system, and the
6 performance of any medically necessary and appropriate clinical tests.
7 Coverage for providers of follow-up services must include, but need not
8 be limited to, attending providers as defined in this section, home
9 health agencies licensed under chapter 70.127 RCW, and registered
10 nurses licensed under chapter 18.79 RCW.

11 (4) No insurer that offers to any individual a health benefit plan
12 that provides coverage for maternity services may deselect, terminate
13 the services of, require additional documentation from, require
14 additional utilization review of, reduce payments to, or otherwise
15 provide financial disincentives to any attending provider or health
16 care facility solely as a result of the attending provider or health
17 care facility ordering care consistent with the provisions of this
18 section. Nothing in this section shall be construed to prevent any
19 insurer from reimbursing an attending provider or health care facility
20 on a capitated, case rate, or other financial incentive basis.

21 (5) Every insurer that offers to any individual a health benefit
22 plan that provides coverage for maternity services must provide notice
23 to policyholders regarding the coverage required under this section.
24 The notice must be in writing and must be transmitted at the earliest
25 of the next mailing to the policyholder, the yearly summary of benefits
26 sent to the policyholder, or January 1 of the year following the
27 effective date of this section.

28 (6) This section is intended only to establish a standard of
29 coverage, not a standard of medical care.

30 NEW SECTION. **Sec. 4.** A new section is added to chapter 48.21 RCW
31 to read as follows:

32 (1)(a) If a group disability insurance contract or blanket
33 disability insurance contract that is issued or renewed after the
34 effective date of this section, providing health care services,
35 provides coverage for maternity services, decisions on the length of
36 inpatient stay must be made by the attending provider in consultation
37 with the mother, rather than through contracts or agreements between
38 providers, hospitals, and insurers. These decisions must be based on

1 accepted medical practice. However, coverage may not be denied for
2 inpatient, postdelivery care to a mother and her newly born child for
3 a period of forty-eight hours after 11:59 p.m. on the day of delivery
4 for a vaginal delivery and ninety-six hours after 11:59 p.m. on the day
5 of delivery for a cesarean section if such care is advised by the
6 attending provider in consultation with the mother.

7 (b) Any decision to shorten the length of inpatient stay to less
8 than that provided under (a) of this subsection must be made by the
9 attending provider after conferring with the mother.

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

15 (d) Nothing in this section shall be construed to require attending
16 providers to authorize care they believe to be medically unnecessary.

17 (2) For the purposes of this section, "attending provider" includes
18 any of the following with hospital privileges: Physicians licensed
19 under chapter 18.57 or 18.71 RCW, certified nurse midwives licensed
20 under chapter 18.79 RCW, midwives licensed under chapter 18.50 RCW,
21 physician's assistants licensed under chapter 18.57A or 18.71A RCW, and
22 advanced registered nurse practitioners licensed under chapter 18.79
23 RCW.

24 (3) If a mother and newborn are discharged pursuant to subsection
25 (1)(b) of this section prior to the inpatient length of stay provided
26 under subsection (1)(a) of this section, coverage may not be denied for
27 three follow-up in-home, clinic, provider office, or hospital
28 outpatient visits within fourteen days of delivery, if recommended by
29 the attending provider. Covered services must include a first visit
30 conducted by the attending provider, as defined in this section, or a
31 registered nurse. Any subsequent visit determined to be medically
32 necessary must be provided by a licensed health care provider if such
33 care is advised by the attending provider. Covered services provided
34 must include, but are not limited to, physical assessment of the mother
35 and newborn, parent education, assistance and training in breast or
36 bottle feeding, assessment of the home support system, and the
37 performance of any medically necessary and appropriate clinical tests.
38 Coverage for providers of follow-up services must include, but need not
39 be limited to, attending providers as defined in this section, home

1 health agencies licensed under chapter 70.127 RCW, and registered
2 nurses licensed under chapter 18.79 RCW.

3 (4) No group disability insurance contract or blanket disability
4 insurance contract, providing health care services, that provides
5 coverage for maternity services, may deselect, terminate the services
6 of, require additional documentation from, require additional
7 utilization review of, reduce payments to, or otherwise provide
8 financial disincentives to any attending provider or health care
9 facility solely as a result of the attending provider or health care
10 facility ordering care consistent with the provisions of this section.
11 Nothing in this section shall be construed to prevent any insurer from
12 reimbursing an attending provider or health care facility on a
13 capitated, case rate, or other financial incentive basis.

14 (5) Every group disability insurance contract or blanket disability
15 insurance contract, providing health care services, that provides
16 coverage for maternity services, must provide notice to policyholders
17 regarding the coverage required under this section. The notice must be
18 in writing and must be transmitted at the earliest of the next mailing
19 to the policyholder, the yearly summary of benefits sent to the
20 policyholder, or January 1 of the year following the effective date of
21 this section.

22 (6) This section is intended only to establish a standard of
23 coverage, not a standard of medical care.

24 NEW SECTION. **Sec. 5.** A new section is added to chapter 48.44 RCW
25 to read as follows:

26 (1)(a) If a health service contractor offers a health benefit plan
27 that is issued or renewed after the effective date of this section, and
28 that provides coverage for maternity services, decisions on the length
29 of inpatient stay must be made by the attending provider in
30 consultation with the mother, rather than through contracts or
31 agreements between providers, hospitals, and insurers. These decisions
32 must be based on accepted medical practice. However, coverage may not
33 be denied for inpatient, postdelivery care to a mother and her newly
34 born child for a period of forty-eight hours after 11:59 p.m. on the
35 day of delivery for a vaginal delivery and ninety-six hours after 11:59
36 p.m. on the day of delivery for a cesarean section if such care is
37 advised by the attending provider in consultation with the mother.

1 (b) Any decision to shorten the length of inpatient stay to less
2 than that provided under (a) of this subsection must be made by the
3 attending provider after conferring with the mother.

4 (c) At the time of discharge, determination of the type and
5 location of continued care must be made by the attending provider in
6 consultation with the mother rather than by contract or agreement
7 between the hospital and the insurer. These decisions must be based on
8 accepted medical practice.

9 (d) Nothing in this section shall be construed to require attending
10 providers to authorize care they believe to be medically unnecessary.

11 (2) For the purposes of this section, "attending provider" includes
12 any of the following with hospital privileges: Physicians licensed
13 under chapter 18.57 or 18.71 RCW, certified nurse midwives licensed
14 under chapter 18.79 RCW, midwives licensed under chapter 18.50 RCW,
15 physician's assistants licensed under chapter 18.57A or 18.71A RCW, and
16 advanced registered nurse practitioners licensed under chapter 18.79
17 RCW.

18 (3) If a mother and newborn are discharged pursuant to subsection
19 (1)(b) of this section prior to the inpatient length of stay provided
20 under subsection (1)(a) of this section, coverage may not be denied for
21 three follow-up in-home, clinic, provider office, or hospital
22 outpatient visits within fourteen days of delivery, if recommended by
23 the attending provider. Covered services must include a first visit
24 conducted by the attending provider, as defined in this section, or a
25 registered nurse. Any subsequent visit determined to be medically
26 necessary must be provided by a licensed health care provider if such
27 care is advised by the attending provider. Covered services provided
28 must include, but are not limited to, physical assessment of the mother
29 and newborn, parent education, assistance and training in breast or
30 bottle feeding, assessment of the home support system, and the
31 performance of any medically necessary and appropriate clinical tests.
32 Coverage for providers of follow-up services must include, but need not
33 be limited to, attending providers as defined in this section, home
34 health agencies licensed under chapter 70.127 RCW, and registered
35 nurses licensed under chapter 18.79 RCW.

36 (4) No health service contractor that offers a health benefit plan
37 that provides coverage for maternity services may deselect, terminate
38 the services of, require additional documentation from, require
39 additional utilization review of, reduce payments to, or otherwise

1 provide financial disincentives to any attending provider or health
2 care facility solely as a result of the attending provider or health
3 care facility ordering care consistent with the provisions of this
4 section. Nothing in this section shall be construed to prevent any
5 insurer from reimbursing an attending provider or health care facility
6 on a capitated, case rate, or other financial incentive basis.

7 (5) Every health service contractor that offers a health benefit
8 plan that provides coverage for maternity services must provide notice
9 to policyholders regarding the coverage required under this section.
10 The notice must be in writing and must be transmitted at the earliest
11 of the next mailing to the policyholder, the yearly summary of benefits
12 sent to the policyholder, or January 1 of the year following the
13 effective date of this section.

14 (6) This section is intended only to establish a standard of
15 coverage, not a standard of medical care.

16 NEW SECTION. **Sec. 6.** A new section is added to chapter 48.46 RCW
17 to read as follows:

18 (1)(a) If a health maintenance organization offers a health benefit
19 plan that is issued or renewed after the effective date of this
20 section, and that provides coverage for maternity services, decisions
21 on the length of inpatient stay must be made by the attending provider
22 in consultation with the mother, rather than through contracts or
23 agreements between providers, hospitals, and insurers. These decisions
24 must be based on accepted medical practice. However, coverage may not
25 be denied for inpatient, postdelivery care to a mother and her newly
26 born child for a period of forty-eight hours after 11:59 p.m. on the
27 day of delivery for a vaginal delivery and ninety-six hours after 11:59
28 p.m. on the day of delivery for a cesarean section if such care is
29 advised by the attending provider in consultation with the mother.

30 (b) Any decision to shorten the length of inpatient stay to less
31 than that provided under (a) of this subsection must be made by the
32 attending provider after conferring with the mother.

33 (c) At the time of discharge, determination of the type and
34 location of continued care must be made by the attending provider in
35 consultation with the mother rather than by contract or agreement
36 between the hospital and the insurer. These decisions must be based on
37 accepted medical practice.

1 (d) Nothing in this section shall be construed to require attending
2 providers to authorize care they believe to be medically unnecessary.

3 (2) For the purposes of this section, "attending provider" includes
4 any of the following with hospital privileges: Physicians licensed
5 under chapter 18.57 or 18.71 RCW, certified nurse midwives licensed
6 under chapter 18.79 RCW, midwives licensed under chapter 18.50 RCW,
7 physician's assistants licensed under chapter 18.57A or 18.71A RCW, and
8 advanced registered nurse practitioners licensed under chapter 18.79
9 RCW.

10 (3) If a mother and newborn are discharged pursuant to subsection
11 (1)(b) of this section prior to the inpatient length of stay provided
12 under subsection (1)(a) of this section, coverage may not be denied for
13 three follow-up in-home, clinic, provider office, or hospital
14 outpatient visits within fourteen days of delivery, if recommended by
15 the attending provider. Covered services must include a first visit
16 conducted by the attending provider, as defined in this section, or a
17 registered nurse. Any subsequent visit determined to be medically
18 necessary must be provided by a licensed health care provider if such
19 care is advised by the attending provider. Covered services provided
20 must include, but are not limited to, physical assessment of the mother
21 and newborn, parent education, assistance and training in breast or
22 bottle feeding, assessment of the home support system, and the
23 performance of any medically necessary and appropriate clinical tests.
24 Coverage for providers of follow-up services must include, but need not
25 be limited to, attending providers as defined in this section, home
26 health agencies licensed under chapter 70.127 RCW, and registered
27 nurses licensed under chapter 18.79 RCW.

28 (4) No health maintenance organization that offers a health benefit
29 plan that provides coverage for maternity services may deselect,
30 terminate the services of, require additional documentation from,
31 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 health maintenance organization that offers a health
39 benefit plan that provides coverage for maternity services must provide

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

6 (6) This section is intended only to establish a standard of
7 coverage, not a standard of medical care."

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