

1 **SHB 2527 - H AMD 897 ADOPTED 2-11-98**

2 By Representative Lambert

3 On page 7 after line 25, add a new section as follows:

4 **Sec. 7.** RCW 48.43.115 and 1996 c 281 s 1 are each amended to  
5 read as follows:

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

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

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

28 (b) "Health carrier" or "carrier" means disability insurers  
29 regulated under chapter 48.20 or 48.21 RCW, health care services  
30 contractors regulated under chapter 48.44 RCW, health maintenance  
31 organizations regulated under chapter 48.46 RCW, plans operating under  
32 the health care authority under chapter 41.05 RCW, the state health  
33 insurance pool operating under chapter 48.41 RCW, and insuring entities  
34 regulated under this chapter.

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

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

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

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

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

25 ~~((+f))~~ (4) Coverage for the newly born child must be no less than  
26 the coverage of the child's mother for no less than three weeks, even  
27 if there are separate hospital admissions.

28 ~~((+4))~~ (5) No carrier that provides coverage for maternity  
29 services may deselect, terminate the services of, require additional  
30 documentation from, require additional utilization review of, reduce  
31 payments to, or otherwise provide financial disincentives to any  
32 attending provider or health care facility solely as a result of the  
33 attending provider or health care facility ordering care consistent  
34 with the provisions of this section. Nothing in this section shall be  
35 construed to prevent any insurer from reimbursing an attending provider  
36 or health care facility on a capitated, case rate, or other financial  
37 incentive basis.

1           (~~(+5)~~) (6) Every carrier(~~(that provides coverage for maternity~~  
2 ~~services)~~) must provide notice to policyholders regarding the coverage  
3 required under this section. The notice must be in writing and must be  
4 transmitted at the earliest of the next mailing to the policyholder,  
5 the yearly summary of benefits sent to the policyholder, or January 1  
6 of the year following June 6, 1996.

7           (~~(+6)~~) (7) This section is not intended to establish a standard  
8 of medical care.

9           (~~(+7)~~) (8) This section shall apply to coverage(~~(for maternity~~  
10 ~~services)~~) under a contract issued or renewed by a health carrier after  
11 June 6, 1996, and shall apply to plans operating under the health care  
12 authority under chapter 41.05 RCW beginning January 1, 1998.

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EXPLANATORY NOTE:

15 Clarifies the intent of RCW 48.43.115 which is that a newly born child  
16 of a covered person receives at least three weeks of health coverage  
17 regardless of whether or not the covered person's benefits include  
18 maternity care; makes corrections identified by the code reviser.-

19 Renumber remaining section consecutively; correct internal references  
20 and the title.

**EFFECT:** See Explanatory Note on page 3.