

1 **SHB 2527 - H AMD 861 WITHDRAWN 2-12-98**

2 By Representative Dyer

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.

35 (3)(a) Every health carrier that provides coverage for maternity
36 services must permit the attending provider, in consultation with the

1 mother, to make decisions on the length of inpatient stay, rather than
2 making such decisions through contracts or agreements between
3 providers, hospitals, and insurers. These decisions must be based on
4 accepted medical practice.

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

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

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

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

23 ~~((+f))~~ (4) Every health carrier must provide coverage for the
24 newly born child of a covered person (~~((must be no less than the~~
25 ~~coverage of the child's mother))~~) for no less than three weeks, even if
26 there are separate hospital admissions.

27 ~~((+4))~~ (5) No carrier that provides coverage for maternity
28 services may deselect, terminate the services of, require additional
29 documentation from, require additional utilization review of, reduce
30 payments to, or otherwise provide financial disincentives to any
31 attending provider or health care facility solely as a result of the
32 attending provider or health care facility ordering care consistent
33 with the provisions of this section. Nothing in this section shall be
34 construed to prevent any insurer from reimbursing an attending provider
35 or health care facility on a capitated, case rate, or other financial
36 incentive basis.

37 ~~((+5))~~ (6) Every carrier that provides coverage for maternity
38 services must provide notice to policyholders regarding the coverage

1 required 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 June 6, 1996~~) , 1997.

5 ~~((+6))~~ (7) This section is not intended to establish a standard
6 of medical care.

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

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EXPLANATORY NOTE:

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

17 Renumber remaining section consecutively and correct the title.

EFFECT: See Explanatory Note on page 3.