
SENATE BILL 6522

State of Washington

55th Legislature

1998 Regular Session

By Senators Wojahn, Winsley, Thibaudeau, Wood, Hale, B. Sheldon, Patterson, Heavey, Prentice, Rasmussen, Bauer, Brown, Fairley, Spanel, Kohl and Goings

Read first time 01/20/98. Referred to Committee on Health & Long-Term Care.

1 AN ACT Relating to increasing access for maternity care coverage;
2 and amending RCW 48.43.115.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

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

6 (1) The legislature finds that maternity care is one of the most
7 fundamental elements of health services. The legislature further finds
8 that maternity care is an integral, indispensable, and inseparable part
9 of medical, surgical, or hospital coverage. The legislature further
10 finds that all persons, whether male or female, of childbearing age or
11 not, benefit from the inclusion of maternity coverage in any policy
12 which offers hospital, medical, or surgical benefits.

13 (2) The legislature recognizes the role of health care providers as
14 the appropriate authority to determine and establish the delivery of
15 quality health care services to maternity patients and their newly born
16 children. It is the intent of the legislature to recognize patient
17 preference and the clinical sovereignty of providers as they make
18 determinations regarding services provided and the length of time
19 individual patients may need to remain in a health care facility after

1 giving birth. It is not the intent of the legislature to diminish a
2 carrier's ability to utilize managed care strategies but to ensure the
3 clinical judgment of the provider is not undermined by restrictive
4 carrier contracts or utilization review criteria that fail to recognize
5 individual postpartum needs.

6 ~~((+2))~~ (3) Unless otherwise specifically provided, the following
7 definitions apply throughout this section:

8 (a) "Attending provider" means a provider who: Has clinical
9 hospital privileges consistent with RCW 70.43.020; is included in a
10 provider network of the carrier that is providing coverage; and is a
11 physician licensed under chapter 18.57 or 18.71 RCW, a certified nurse
12 midwife licensed under chapter 18.79 RCW, a midwife licensed under
13 chapter 18.50 RCW, a physician's assistant licensed under chapter
14 18.57A or 18.71A RCW, or an advanced registered nurse practitioner
15 licensed under chapter 18.79 RCW.

16 (b) "Health carrier" or "carrier" means disability insurers
17 regulated under chapter 48.20 or 48.21 RCW, health care services
18 contractors regulated under chapter 48.44 RCW, health maintenance
19 organizations regulated under chapter 48.46 RCW, plans operating under
20 the health care authority under chapter 41.05 RCW, the state health
21 insurance pool operating under chapter 48.41 RCW, and insuring entities
22 regulated under this chapter.

23 ~~((+3))~~ (4)(a) Every policy issued by a health carrier that
24 provides hospital, surgical, or medical coverage shall provide coverage
25 for maternity care, including hospital, surgical, or medical care under
26 the same terms and conditions that hospital, surgical, or medical
27 coverage is provided for illness or disease under the policy and every
28 health carrier ~~((that provides coverage for maternity services))~~ must
29 permit the attending provider, in consultation with the mother, to make
30 decisions on the length of inpatient stay, rather than making such
31 decisions through contracts or agreements between providers, hospitals,
32 and insurers. These decisions must be based on accepted medical
33 practice.

34 (b) Covered eligible services may not be denied for inpatient,
35 postdelivery care to a mother and her newly born child after a vaginal
36 delivery or a cesarean section delivery for such care as ordered by the
37 attending provider in consultation with the mother. Maternity care
38 coverage shall also include, at minimum, parent education, assistance,

1 and training in breast or bottle feeding and the performance of any
2 necessary maternal and newborn clinical assessments.

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

8 (d) Covered eligible services may not be denied for follow-up care,
9 including in-person care, as ordered by the attending provider in
10 consultation with the mother. Coverage for providers of follow-up
11 services must include, but need not be limited to, attending providers
12 as defined in this section, home health agencies licensed under chapter
13 70.127 RCW, and registered nurses licensed under chapter 18.79 RCW.

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

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

19 ~~((+4))~~ (5) No carrier ~~((that provides coverage for maternity~~
20 ~~services))~~ may deselect, terminate the services of, require additional
21 documentation from, require additional utilization review of, reduce
22 payments to, or otherwise provide financial disincentives to any
23 attending provider or health care facility solely as a result of the
24 attending provider or health care facility ordering care consistent
25 with the provisions of this section. Nothing in this section shall be
26 construed to prevent any insurer from reimbursing an attending provider
27 or health care facility on a capitated, case rate, or other financial
28 incentive basis.

29 ~~((+5))~~ (6) Every carrier ~~((that provides coverage for maternity~~
30 ~~services))~~ must provide notice to policyholders regarding the coverage
31 required under this section. The notice must be in writing and must be
32 transmitted at the earliest of the next mailing to the policyholder,
33 the yearly summary of benefits sent to the policyholder, or January 1
34 of the year following June 6, 1996.

35 ~~((+6))~~ (7) This section is not intended to establish a standard of
36 medical care.

37 ~~((+7))~~ (8) This section shall apply to coverage for maternity
38 services under a contract issued or renewed by a health carrier after

1 June 6, 1996, and shall apply to plans operating under the health care
2 authority under chapter 41.05 RCW beginning January 1, 1998.

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