

FINAL BILL REPORT

ESSB 6120

C 281 L 96

Synopsis as Enacted

Brief Description: Establishing health insurance benefits following the birth of a child.

Sponsors: Senate Committee on Health & Long-Term Care (originally sponsored by Senators Quigley, Fairley, Kohl, McAuliffe, Loveland, Drew, Smith, Thibaudeau, Sheldon, Spanel, Rinehart, Bauer, Franklin, Wojahn, Goings, Winsley, Pelz and Rasmussen).

Senate Committee on Health & Long-Term Care

Senate Committee on Ways & Means

House Committee on Health Care

Background: The federal Centers for Disease Control report that from 1970 to 1992 the average length of stay for women delivering babies vaginally dropped from 3.9 days to 2.1 days. More recently, citizens, individual health professionals, and some health professional associations have reported concern over pressure to shorten post-partum hospital stays to 24 hours or less. The media have reported that post-partum hospital stays of 12 to 15 hours are common, and have identified cases of hospital releases as soon as 8 hours after normal delivery.

There are conflicting reports about the reasons for and the advisability of this most recent round of reductions in the length of post-partum hospital stays.

The American College of Obstetrics and Gynecology has recommended that decisions about the length of post-partum hospital stays be returned to physicians. They suggest a 48-hour post-partum stay guideline for normal deliveries and a 96-hour stay for more complex deliveries.

Summary: The Legislature intends to recognize patient preference, the clinical sovereignty of providers, and health carriers' need to utilize managed care strategies.

An "attending provider" is defined as one who has clinical hospital privileges and is a physician, certified nurse midwife, licensed midwife, physician's assistant, or an advanced registered nurse practitioner. A "health carrier" is defined as a disability insurer, health care services contractor, health maintenance organization, the Washington State Health Care Authority, and the state health insurance pool.

Health carriers that cover maternity services are required to permit the attending provider, in consultation with the mother, to make decisions on the length of inpatient stay, as long as these decisions are based on accepted medical practice. Covered eligible services may not be denied for inpatient, post-delivery care to a mother and her newly born child for the care ordered by the attending provider in consultation with the mother. Coverage for the newly born child must be no less than the coverage for the child's mother, which can be for no less than three weeks even if there is a separate hospital admission. At the time of

discharge, decisions regarding follow-up care, including in-person care, must be made by the attending provider in consultation with the mother and the decisions must be based on accepted medical practice. Covered eligible services may not be denied for follow-up care ordered by the attending provider in consultation with the mother. Such coverage must include follow-up services provided by an attending provider, a home health provider, or a registered nurse.

A carrier cannot de-select, terminate the services of, require additional documentation from, require additional utilization review of, reduce payments to, or otherwise provide financial disincentives to any attending provider or health care facility solely as a result of the attending provider or health care facility ordering care consistent with this act.

A carrier must provide notice to policyholders regarding the coverage required by this act by January 1, 1997.

The act applies to coverage issued or renewed after the effective date of the act, and to plans operated by the Health Care Authority on January 1, 1998.

These provisions are not intended to establish a standard of medical care.

If funds are available, the Washington Health Care Policy Board must conduct an analysis of the effects of this act and report to the Legislature by December 15, 1998.

The act is known as the "Erin Act," after Erin Harris, the grandchild of Representative Kathy Lambert, who had difficulty obtaining appropriate newborn care.

Votes on Final Passage:

Senate	49	0	
House	97	0	(House amended)
Senate	46	0	(Senate concurred)

Effective: June 6, 1996