

SENATE BILL REPORT

SB 6120

As Reported By Senate Committee On:
Health & Long-Term Care, January 19, 1996
Ways & Means, February 5, 1996

Title: An act relating to health insurance benefits following the birth of a child.

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

Sponsors: Senators Quigley, Fairley, Kohl, McAuliffe, Loveland, Drew, Smith, Thibaudeau, Sheldon, Spanel, Rinehart, Bauer, Franklin, Wojahn, Goings, Winsley, Pelz and Rasmussen.

Brief History:

Committee Activity: Health & Long-Term Care: 9/22/95; 10/27/95, 1/19/96 [DPS, DNP].
Ways & Means: 2/1/96; 2/5/96 [DPS (HEA)].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Bill No. 6120 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Quigley, Chair; Wojahn, Vice Chair; Fairley, Franklin and Thibaudeau.

Minority Report: Do not pass.

Signed by Senators Moyer and Winsley.

Staff: Don Sloma (786-7319)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: That Substitute Senate Bill No. 6120 as recommended by Committee on Health & Long-Term Care be substituted therefor, and the substitute bill do pass.

Signed by Senators Rinehart, Chair; Loveland, Vice Chair; Bauer, Drew, Fraser, Hargrove, Kohl, Pelz, Quigley, Sheldon, Snyder, Spanel, Winsley and Wojahn.

Staff: Tim Yowell (786-7435)

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 of Substitute Bill: All state purchased health care and all health benefit plans issued or renewed by health care service contractors, health maintenance organizations and commercial insurers which include coverage for maternity services may not deny coverage for in-patient, postdelivery care to a mother and her newly born child for a period of 48 hours from the end of the day of delivery for a vaginal delivery and 96 hours for a cesarean section, unless procedures in the act are followed.

Any decision to shorten the length of in-patient stay must be made by the attending health care provider, as defined in the act, after conferring with the mother.

If in-patient coverage is shortened by an attending provider, a carrier may not deny coverage for three follow-up visits within 14 days of discharge. During this time, certain health assessments, tests and other services specified in the bill and consistent with state Health Department guidelines must be provided. The first visit must be conducted by an attending provider or a registered nurse. Subsequent visits may be done by any licensed provider, including home health agencies.

Every insurer for maternity services, including state purchasers, must notify its policyholders regarding these new maternity care coverage requirements in writing by January 1, 1997, or by its next policy renewal date.

No insurer, including state purchasers, may provide financial disincentives or take other adverse action against any attending provider or health care facility solely as a result of their ordering care consistent with this section.

Substitute Bill Compared to Original Bill: The requirement that three home visits be provided in addition to in-patient, post delivery care is replaced with the requirement that three follow-up visits may substitute for in-patient care. The requirement that follow-up services include certain activities and that they be consistent with guidelines to be developed by the state Health Department after consideration of professional standards is added to the substitute.

The mother's ability to demand coverage for in-patient and follow-up care independent of the attending provider is removed.

Prohibitions against adverse action against attending providers and health care facilities complying with the act are added, as are provisions requiring notification of policyholders regarding the terms of the act.

Appropriation: None.

Fiscal Note: Available.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For (Health & Long-Term Care): The bill is needed to protect providers and patients from arbitrary, cost driven decisions made by insurers to limit payments. These insurance company decisions are establishing a standard of care at odds with accepted medical standards. The bill adopts standards recommended by the American Academy of Pediatrics for inpatient care.

Testimony Against (Health & Long-Term Care): The bill establishes a rigid service standard that may be too high or too low, but which will drive medical decisions. Any specific statutory minimum would do that. We need medical sovereignty, not government standards in maternity care. The bill in anti-managed care and anti-cost containment.

Testified (Health & Long-Term Care): Ann Kepler, Evergreen Hospital Med. Center; Beverly Jacobson, Post Birth Partnership; Pam Jordan, UW; Frank Wall, Prov. Gen. Med. Center; Linda Chagnon, Ann Kelley, Group Health Cooperative; Gail McGaffick, Cheri Hollenback, Home Care Assn. of WA (pro); Jan Beyer, DSHS/Medicaid (pro); Seth Dawson, Terry Clark, Common Ground for Children (pro); Dave Broderick, Hospital Assn. (pro); Diane Stollenwerk, Providence Health System and Peace Health (pro w/amend.); Ann Simon, WFCW #17 (pro); Laurie Lippold, Children's Home Society (pro); Carol Monohon, AWB (con); Rick Wickman, Blue Cross (con); Judy Rarlel (pro).

Testimony For (Ways & Means): Decisions about how long a mother and infant should remain hospitalized should be made by a qualified health care professional, not the insurance company. Care decisions are too often being driven by considerations of cost, not good medical practice.

Testimony Against (Ways & Means): Specific timelines and guidelines for medical practice shouldn't be put into statute or defined by a state agency. They should be left to the judgment of qualified health care providers.

Testified (Ways & Means): Nick Federici, Washington State Nurses Assn. (pro); Seth Dawson, Common Ground for Children (pro); Ellie Menzies, SEIU/1199 NW (pro); Lonnie Johns-Brown, National Organization for Women (pro); Susie Tracy, Washington State Medical Assn. (concerns); Sharon Foster, American College of Obstetrics and Gynecology (concerns); Ken Bertrand, Group Health Cooperative (concerns).