
SUBSTITUTE SENATE BILL 6120

State of Washington

54th Legislature

1996 Regular Session

By 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)

Read first time 01/22/96.

1 AN ACT Relating to health insurance benefits following the birth of
2 a child; adding a new section to chapter 41.05 RCW; adding a new
3 section to chapter 48.20 RCW; adding a new section to chapter 48.21
4 RCW; adding a new section to chapter 48.44 RCW; adding a new section to
5 chapter 48.46 RCW; and creating new sections.

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

7 NEW SECTION. **Sec. 1.** It is the intent of the legislature that the
8 patient's preference and the judgment of the patient's health care
9 provider about appropriate medical care determine the duration and type
10 of care provided to mothers and their newly born children. It is not
11 the intent of the legislature to establish a maximum time period for
12 such care, but to ensure adequate insurance coverage and choices of
13 postpartum care sites for patients.

14 NEW SECTION. **Sec. 2.** A new section is added to chapter 41.05 RCW
15 to read as follows:

16 (1)(a) If a state purchased health care plan offered under a
17 contract entered into between the state and the carrier after the
18 effective date of this section includes coverage for maternity

1 services, the coverage may not be denied for inpatient, postdelivery
2 care to a mother and her newly born child for a period of forty-eight
3 hours after 11:59 p.m. on the day of delivery for a vaginal delivery
4 and ninety-six hours after 11:59 p.m. on the day of delivery for a
5 cesarean section.

6 (b) Any decision to shorten the length of inpatient stay to less
7 than that provided under (a) of this subsection must be made by the
8 attending providers after conferring with the mother.

9 (2) For the purposes of this section, "attending provider" includes
10 any of the following with hospital privileges: Physicians licensed
11 under chapter 18.57 or 18.71 RCW, certified nurse midwives licensed
12 under chapter 18.79 RCW, midwives licensed under chapter 18.50 RCW,
13 physician's assistants licensed under chapter 18.57A or 18.71 RCW, and
14 advanced registered nurse practitioners licensed under chapter 18.79
15 RCW.

16 (3) If a mother and newborn are discharged pursuant to subsection
17 (1)(b) of this section prior to the inpatient length of stay provided
18 under subsection (1)(a) of this section, coverage may not be denied for
19 three follow-up in-home, clinic, provider office, or hospital
20 outpatient visits within fourteen days of delivery. The first visit
21 must be conducted by an attending provider, as defined in this section,
22 or a registered nurse. Any subsequent visit determined to be medically
23 necessary must be provided by a licensed health care provider.
24 Services provided must include, but are not limited to, physical
25 assessment of the mother and newborn, parent education, assistance and
26 training in breast or bottle feeding, assessment of the home support
27 system, and the performance of any medically necessary and appropriate
28 clinical tests. Coverage for these services must be consistent with
29 guidelines for postpartum care developed by the state department of
30 health after consideration of pediatric, obstetric, midwifery, and
31 nursing professional organizations guidelines for these services, and
32 in consultation with organizations representing attending providers as
33 defined in this section, home health providers, and other licensed
34 health care professionals. Providers of follow-up services may
35 include, but need not be limited to, attending providers as defined in
36 this section, home health agencies licensed under chapter 70.127 RCW,
37 and registered nurses licensed under chapter 18.79 RCW.

38 (4) No state purchased health care plan that includes coverage for
39 maternity services may deselect, terminate the services of, require

1 additional documentation from, require additional utilization review
2 of, reduce payments to, or otherwise provide financial disincentives to
3 any attending provider or health care facility solely as a result of
4 the attending provider or health care facility ordering care consistent
5 with the provisions of this section. Nothing in this section shall be
6 construed to prevent any insurer from reimbursing an attending provider
7 or health care facility on a capitated, case rate, or other financial
8 incentive basis.

9 (5) Every state purchased health care plan that includes coverage
10 for maternity services must provide notice to policyholders regarding
11 the coverage required under this section. The notice must be in
12 writing and must be transmitted at the earliest of the next mailing to
13 the policyholder, the yearly summary of benefits sent to the
14 policyholder, or January 1 of the year following the effective date of
15 this section.

16 NEW SECTION. **Sec. 3.** A new section is added to chapter 48.20 RCW
17 to read as follows:

18 (1)(a) If an insurer offers to any individual a health benefit plan
19 that is issued or renewed after the effective date of this section, and
20 that provides coverage for maternity services, the insurer may not deny
21 coverage for inpatient, postdelivery care to a mother and her newly
22 born child for a period of forty-eight hours after 11:59 p.m. on the
23 day of delivery for a vaginal delivery and ninety-six hours after 11:59
24 p.m. on the day of delivery for a cesarean section.

25 (b) Any decision to shorten the length of inpatient stay to less
26 than that provided under (a) of this subsection must be made by the
27 attending providers after conferring with the mother.

28 (2) For the purposes of this section, "attending provider" includes
29 any of the following with hospital privileges: Physicians licensed
30 under chapter 18.57 or 18.71 RCW, certified nurse midwives licensed
31 under chapter 18.79 RCW, midwives licensed under chapter 18.50 RCW,
32 physician's assistants licensed under chapter 18.57A or 18.71 RCW, and
33 advanced registered nurse practitioners licensed under chapter 18.79
34 RCW.

35 (3) If a mother and newborn are discharged pursuant to subsection
36 (1)(b) of this section prior to the inpatient length of stay provided
37 under subsection (1)(a) of this section, coverage may not be denied for
38 three follow-up in-home, clinic, provider office, or hospital

1 outpatient visits within fourteen days of delivery. The first visit
2 must be conducted by an attending provider, as defined in this section,
3 or a registered nurse. Any subsequent visit determined to be medically
4 necessary must be provided by a licensed health care provider.
5 Services provided must include, but are not limited to, physical
6 assessment of the mother and newborn, parent education, assistance and
7 training in breast or bottle feeding, assessment of the home support
8 system, and the performance of any medically necessary and appropriate
9 clinical tests. Coverage for these services must be consistent with
10 guidelines for postpartum care developed by the state department of
11 health after consideration of pediatric, obstetric, midwifery, and
12 nursing professional organizations guidelines for these services, and
13 in consultation with organizations representing attending providers as
14 defined in this section, home health providers, and other licensed
15 health care professionals. Providers of follow-up services may
16 include, but need not be limited to, attending providers as defined in
17 this section, home health agencies licensed under chapter 70.127 RCW,
18 and registered nurses licensed under chapter 18.79 RCW.

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

29 (5) Every insurer that offers to any individual a health benefit
30 plan that provides coverage for maternity services must provide notice
31 to policyholders regarding the coverage required under this section.
32 The notice must be in writing and must be transmitted at the earliest
33 of the next mailing to the policyholder, the yearly summary of benefits
34 sent to the policyholder, or January 1 of the year following the
35 effective date of this section.

36 NEW SECTION. **Sec. 4.** A new section is added to chapter 48.21 RCW
37 to read as follows:

1 (1)(a) If a group disability insurance contract or blanket
2 disability insurance contract that is issued or renewed after the
3 effective date of this section, providing health care services,
4 provides coverage for maternity services, the contract may not deny
5 coverage for inpatient, postdelivery care to a mother and her newly
6 born child for a period of forty-eight hours after 11:59 p.m. on the
7 day of delivery for a vaginal delivery and ninety-six hours after 11:59
8 p.m. on the day of delivery for a cesarean section.

9 (b) Any decision to shorten the length of inpatient stay to less
10 than that provided under (a) of this subsection must be made by the
11 attending providers after conferring with the mother.

12 (2) For the purposes of this section, "attending provider" includes
13 any of the following with hospital privileges: Physicians licensed
14 under chapter 18.57 or 18.71 RCW, certified nurse midwives licensed
15 under chapter 18.79 RCW, midwives licensed under chapter 18.50 RCW,
16 physician's assistants licensed under chapter 18.57A or 18.71 RCW, and
17 advanced registered nurse practitioners licensed under chapter 18.79
18 RCW.

19 (3) If a mother and newborn are discharged pursuant to subsection
20 (1)(b) of this section prior to the inpatient length of stay provided
21 under subsection (1)(a) of this section, coverage may not be denied for
22 three follow-up in-home, clinic, provider office, or hospital
23 outpatient visits within fourteen days of delivery. The first visit
24 must be conducted by an attending provider, as defined in this section,
25 or a registered nurse. Any subsequent visit determined to be medically
26 necessary must be provided by a licensed health care provider.
27 Services provided must include, but are not limited to, physical
28 assessment of the mother and newborn, parent education, assistance and
29 training in breast or bottle feeding, assessment of the home support
30 system, and the performance of any medically necessary and appropriate
31 clinical tests. Coverage for these services must be consistent with
32 guidelines for postpartum care developed by the state department of
33 health after consideration of pediatric, obstetric, midwifery, and
34 nursing professional organizations guidelines for these services, and
35 in consultation with organizations representing attending providers as
36 defined in this section, home health providers, and other licensed
37 health care professionals. Providers of follow-up services may
38 include, but need not be limited to, attending providers as defined in

1 this section, home health agencies licensed under chapter 70.127 RCW,
2 and registered nurses licensed under chapter 18.79 RCW.

3 (4) No group disability insurance contract or blanket disability
4 insurance contract, providing health care services, that provides
5 coverage for maternity services, may deselect, terminate the services
6 of, require additional documentation from, require additional
7 utilization review of, reduce payments to, or otherwise provide
8 financial disincentives to any attending provider or health care
9 facility solely as a result of the attending provider or health care
10 facility ordering care consistent with the provisions of this section.
11 Nothing in this section shall be construed to prevent any insurer from
12 reimbursing an attending provider or health care facility on a
13 capitated, case rate, or other financial incentive basis.

14 (5) Every group disability insurance contract or blanket disability
15 insurance contract, providing health care services, that provides
16 coverage for maternity services, must provide notice to policyholders
17 regarding the coverage required under this section. The notice must be
18 in writing and must be transmitted at the earliest of the next mailing
19 to the policyholder, the yearly summary of benefits sent to the
20 policyholder, or January 1 of the year following the effective date of
21 this section.

22 NEW SECTION. **Sec. 5.** A new section is added to chapter 48.44 RCW
23 to read as follows:

24 (1)(a) If a health service contractor offers a health benefit plan
25 that is issued or renewed after the effective date of this section, and
26 that provides coverage for maternity services, the contractor may not
27 deny coverage for inpatient, postdelivery care to a mother and her
28 newly born child for a period of forty-eight hours after 11:59 p.m. on
29 the day of delivery for a vaginal delivery and ninety-six hours after
30 11:59 p.m. on the day of delivery for a cesarean section.

31 (b) Any decision to shorten the length of inpatient stay to less
32 than that provided under (a) of this subsection must be made by the
33 attending providers after conferring with the mother.

34 (2) For the purposes of this section, "attending provider" includes
35 any of the following with hospital privileges: Physicians licensed
36 under chapter 18.57 or 18.71 RCW, certified nurse midwives licensed
37 under chapter 18.79 RCW, midwives licensed under chapter 18.50 RCW,
38 physician's assistants licensed under chapter 18.57A or 18.71 RCW, and

1 advanced registered nurse practitioners licensed under chapter 18.79
2 RCW.

3 (3) If a mother and newborn are discharged pursuant to subsection
4 (1)(b) of this section prior to the inpatient length of stay provided
5 under subsection (1)(a) of this section, coverage may not be denied for
6 three follow-up in-home, clinic, provider office, or hospital
7 outpatient visits within fourteen days of delivery. The first visit
8 must be conducted by an attending provider, as defined in this section,
9 or a registered nurse. Any subsequent visit determined to be medically
10 necessary must be provided by a licensed health care provider.
11 Services provided must include, but are not limited to, physical
12 assessment of the mother and newborn, parent education, assistance and
13 training in breast or bottle feeding, assessment of the home support
14 system, and the performance of any medically necessary and appropriate
15 clinical tests. Coverage for these services must be consistent with
16 guidelines for postpartum care developed by the state department of
17 health after consideration of pediatric, obstetric, midwifery, and
18 nursing professional organizations guidelines for these services, and
19 in consultation with organizations representing attending providers as
20 defined in this section, home health providers, and other licensed
21 health care professionals. Providers of follow-up services may
22 include, but need not be limited to, attending providers as defined in
23 this section, home health agencies licensed under chapter 70.127 RCW,
24 and registered nurses licensed under chapter 18.79 RCW.

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

35 (5) Every health service contractor that offers a health benefit
36 plan that provides coverage for maternity services must provide notice
37 to policyholders regarding the coverage required under this section.
38 The notice must be in writing and must be transmitted at the earliest
39 of the next mailing to the policyholder, the yearly summary of benefits

1 sent to the policyholder, or January 1 of the year following the
2 effective date of this section.

3 NEW SECTION. **Sec. 6.** A new section is added to chapter 48.46 RCW
4 to read as follows:

5 (1)(a) If a health maintenance organization offers a health benefit
6 plan that is issued or renewed after the effective date of this
7 section, and that provides coverage for maternity services, the health
8 maintenance organization may not deny coverage for inpatient,
9 postdelivery care to a mother and her newly born child for a period of
10 forty-eight hours after 11:59 p.m. on the day of delivery for a vaginal
11 delivery and ninety-six hours after 11:59 p.m. on the day of delivery
12 for a cesarean section.

13 (b) Any decision to shorten the length of inpatient stay to less
14 than that provided under (a) of this subsection must be made by the
15 attending providers after conferring with the mother.

16 (2) For the purposes of this section, "attending provider" includes
17 any of the following with hospital privileges: Physicians licensed
18 under chapter 18.57 or 18.71 RCW, certified nurse midwives licensed
19 under chapter 18.79 RCW, midwives licensed under chapter 18.50 RCW,
20 physician's assistants licensed under chapter 18.57A or 18.71 RCW, and
21 advanced registered nurse practitioners licensed under chapter 18.79
22 RCW.

23 (3) If a mother and newborn are discharged pursuant to subsection
24 (1)(b) of this section prior to the inpatient length of stay provided
25 under subsection (1)(a) of this section, coverage may not be denied for
26 three follow-up in-home, clinic, provider office, or hospital
27 outpatient visits within fourteen days of delivery. The first visit
28 must be conducted by an attending provider, as defined in this section,
29 or a registered nurse. Any subsequent visit determined to be medically
30 necessary must be provided by a licensed health care provider.
31 Services provided must include, but are not limited to, physical
32 assessment of the mother and newborn, parent education, assistance and
33 training in breast or bottle feeding, assessment of the home support
34 system, and the performance of any medically necessary and appropriate
35 clinical tests. Coverage for these services must be consistent with
36 guidelines for postpartum care developed by the state department of
37 health after consideration of pediatric, obstetric, midwifery, and
38 nursing professional organizations guidelines for these services, and

1 in consultation with organizations representing attending providers as
2 defined in this section, home health providers, and other licensed
3 health care professionals. Providers of follow-up services may
4 include, but need not be limited to, attending providers as defined in
5 this section, home health agencies licensed under chapter 70.127 RCW,
6 and registered nurses licensed under chapter 18.79 RCW.

7 (4) No health maintenance organization that offers a health benefit
8 plan that provides coverage for maternity services may deselect,
9 terminate the services of, require additional documentation from,
10 require additional utilization review of, reduce payments to, or
11 otherwise provide financial disincentives to any attending provider or
12 health care facility solely as a result of the attending provider or
13 health care facility ordering care consistent with the provisions of
14 this section. Nothing in this section shall be construed to prevent
15 any insurer from reimbursing an attending provider or health care
16 facility on a capitated, case rate, or other financial incentive basis.

17 (5) Every health maintenance organization that offers a health
18 benefit plan that provides coverage for maternity services must provide
19 notice to policyholders regarding the coverage required under this
20 section. The notice must be in writing and must be transmitted at the
21 earliest of the next mailing to the policyholder, the yearly summary of
22 benefits sent to the policyholder, or January 1 of the year following
23 the effective date of this section.

24 NEW SECTION. **Sec. 7.** The insurance commissioner shall adopt rules
25 to implement this act, which shall be consistent, when appropriate,
26 with the guidelines for postpartum care adopted by the department of
27 health under this act.

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