

2 **SSB 6120** - S AMD - S5269.2 - 121  
3 By Senators Quigley and Moyer

4 ADOPTED 2/12/96

5 Beginning on page 1, after line 13, strike all material through  
6 "section." on page 9, line 23, and insert the following:

7 "NEW SECTION. **Sec. 2.** A new section is added to chapter 41.05 RCW  
8 to read as follows:

9 (1)(a) If a state purchased health care plan offered under a  
10 contract entered into between the state and the carrier after the  
11 effective date of this section includes coverage for maternity  
12 services, decisions on the length of inpatient stay must be made by the  
13 attending provider in consultation with the mother, rather than through  
14 contracts or agreements between providers, hospitals, and insurers.  
15 These decisions must be based on accepted medical practice. However,  
16 coverage may not be denied for inpatient, postdelivery care to a mother  
17 and her newly born child for a period of forty-eight hours after 11:59  
18 p.m. on the day of delivery for a vaginal delivery and ninety-six hours  
19 after 11:59 p.m. on the day of delivery for a cesarean section if such  
20 care is advised by the attending provider in consultation with the  
21 mother.

22 (b) Any decision to shorten the length of inpatient stay to less  
23 than that provided under (a) of this subsection must be made by the  
24 attending provider after conferring with the mother.

25 (c) At the time of discharge, determination of the type and  
26 location of continued care must be made by the attending provider in  
27 consultation with the mother rather than by contract or agreement  
28 between the hospital and the insurer. These decisions must be based on  
29 accepted medical practice.

30 (d) Nothing in this section shall be construed to require attending  
31 providers to authorize care they believe to be medically unnecessary.

32 (2) For the purposes of this section, "attending provider" includes  
33 any of the following with hospital privileges: Physicians licensed  
34 under chapter 18.57 or 18.71 RCW, certified nurse midwives licensed  
35 under chapter 18.79 RCW, midwives licensed under chapter 18.50 RCW,  
36 physician's assistants licensed under chapter 18.57A or 18.71A 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, if recommended by  
8 the attending provider. Covered services must include a first visit  
9 conducted by the attending provider, as defined in this section, or a  
10 registered nurse. Any subsequent visit determined to be medically  
11 necessary must be provided by a licensed health care provider if such  
12 care is advised by the attending provider. Covered services provided  
13 must include, but are not limited to, physical assessment of the mother  
14 and newborn, parent education, assistance and training in breast or  
15 bottle feeding, assessment of the home support system, and the  
16 performance of any medically necessary and appropriate clinical tests.  
17 Coverage for providers of follow-up services must include, but need not  
18 be limited to, attending providers as defined in this section, home  
19 health agencies licensed under chapter 70.127 RCW, and registered  
20 nurses licensed under chapter 18.79 RCW.

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

31 (5) Every state purchased health care plan that includes coverage  
32 for maternity services must provide notice to policyholders regarding  
33 the coverage required under this section. The notice must be in  
34 writing and must be transmitted at the earliest of the next mailing to  
35 the policyholder, the yearly summary of benefits sent to the  
36 policyholder, or January 1 of the year following the effective date of  
37 this section.

38 (6) This section is intended only to establish a standard of  
39 coverage, not a standard of medical care.

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

3        (1)(a) If an insurer offers to any individual a health benefit plan  
4 that is issued or renewed after the effective date of this section, and  
5 that provides coverage for maternity services, decisions on the length  
6 of inpatient stay must be made by the attending provider in  
7 consultation with the mother, rather than through contracts or  
8 agreements between providers, hospitals, and insurers. These decisions  
9 must be based on accepted medical practice. However, coverage may not  
10 be denied for inpatient, postdelivery care to a mother and her newly  
11 born child for a period of forty-eight hours after 11:59 p.m. on the  
12 day of delivery for a vaginal delivery and ninety-six hours after 11:59  
13 p.m. on the day of delivery for a cesarean section if such care is  
14 advised by the attending provider in consultation with the mother.

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

18        (c) At the time of discharge, determination of the type and  
19 location of continued care must be made by the attending provider in  
20 consultation with the mother rather than by contract or agreement  
21 between the hospital and the insurer. These decisions must be based on  
22 accepted medical practice.

23        (d) Nothing in this section shall be construed to require attending  
24 providers to authorize care they believe to be medically unnecessary.

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

32        (3) If a mother and newborn are discharged pursuant to subsection  
33 (1)(b) of this section prior to the inpatient length of stay provided  
34 under subsection (1)(a) of this section, coverage may not be denied for  
35 three follow-up in-home, clinic, provider office, or hospital  
36 outpatient visits within fourteen days of delivery, if recommended by  
37 the attending provider. Covered services must include a first visit  
38 conducted by the attending provider, as defined in this section, or a  
39 registered nurse. Any subsequent visit determined to be medically

1 necessary must be provided by a licensed health care provider if such  
2 care is advised by the attending provider. Covered services provided  
3 must include, but are not limited to, physical assessment of the mother  
4 and newborn, parent education, assistance and training in breast or  
5 bottle feeding, assessment of the home support system, and the  
6 performance of any medically necessary and appropriate clinical tests.  
7 Coverage for providers of follow-up services must include, but need not  
8 be limited to, attending providers as defined in this section, home  
9 health agencies licensed under chapter 70.127 RCW, and registered  
10 nurses licensed under chapter 18.79 RCW.

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

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

28 (6) This section is intended only to establish a standard of  
29 coverage, not a standard of medical care.

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

32 (1)(a) If a group disability insurance contract or blanket  
33 disability insurance contract that is issued or renewed after the  
34 effective date of this section, providing health care services,  
35 provides coverage for maternity services, decisions on the length of  
36 inpatient stay must be made by the attending provider in consultation  
37 with the mother, rather than through contracts or agreements between  
38 providers, hospitals, and insurers. These decisions must be based on

1 accepted medical practice. However, coverage may not be denied for  
2 inpatient, postdelivery care to a mother and her newly born child for  
3 a period of forty-eight hours after 11:59 p.m. on the day of delivery  
4 for a vaginal delivery and ninety-six hours after 11:59 p.m. on the day  
5 of delivery for a cesarean section if such care is advised by the  
6 attending provider in consultation with the mother.

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

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

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

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

24 (3) If a mother and newborn are discharged pursuant to subsection  
25 (1)(b) of this section prior to the inpatient length of stay provided  
26 under subsection (1)(a) of this section, coverage may not be denied for  
27 three follow-up in-home, clinic, provider office, or hospital  
28 outpatient visits within fourteen days of delivery, if recommended by  
29 the attending provider. Covered services must include a first visit  
30 conducted by the attending provider, as defined in this section, or a  
31 registered nurse. Any subsequent visit determined to be medically  
32 necessary must be provided by a licensed health care provider if such  
33 care is advised by the attending provider. Covered services provided  
34 must include, but are not limited to, physical assessment of the mother  
35 and newborn, parent education, assistance and training in breast or  
36 bottle feeding, assessment of the home support system, and the  
37 performance of any medically necessary and appropriate clinical tests.  
38 Coverage for providers of follow-up services must include, but need not  
39 be limited to, attending providers as defined in this section, home

1 health agencies licensed under chapter 70.127 RCW, and registered  
2 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 (6) This section is intended only to establish a standard of  
23 coverage, not a standard of medical care.

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

26 (1)(a) If a health service contractor offers a health benefit plan  
27 that is issued or renewed after the effective date of this section, and  
28 that provides coverage for maternity services, decisions on the length  
29 of inpatient stay must be made by the attending provider in  
30 consultation with the mother, rather than through contracts or  
31 agreements between providers, hospitals, and insurers. These decisions  
32 must be based on accepted medical practice. However, coverage may not  
33 be denied for inpatient, postdelivery care to a mother and her newly  
34 born child for a period of forty-eight hours after 11:59 p.m. on the  
35 day of delivery for a vaginal delivery and ninety-six hours after 11:59  
36 p.m. on the day of delivery for a cesarean section if such care is  
37 advised by the attending provider in consultation with the mother.

1 (b) Any decision to shorten the length of inpatient stay to less  
2 than that provided under (a) of this subsection must be made by the  
3 attending provider after conferring with the mother.

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

9 (d) Nothing in this section shall be construed to require attending  
10 providers to authorize care they believe to be medically unnecessary.

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

18 (3) If a mother and newborn are discharged pursuant to subsection  
19 (1)(b) of this section prior to the inpatient length of stay provided  
20 under subsection (1)(a) of this section, coverage may not be denied for  
21 three follow-up in-home, clinic, provider office, or hospital  
22 outpatient visits within fourteen days of delivery, if recommended by  
23 the attending provider. Covered services must include a first visit  
24 conducted by the attending provider, as defined in this section, or a  
25 registered nurse. Any subsequent visit determined to be medically  
26 necessary must be provided by a licensed health care provider if such  
27 care is advised by the attending provider. Covered services provided  
28 must include, but are not limited to, physical assessment of the mother  
29 and newborn, parent education, assistance and training in breast or  
30 bottle feeding, assessment of the home support system, and the  
31 performance of any medically necessary and appropriate clinical tests.  
32 Coverage for providers of follow-up services must include, but need not  
33 be limited to, attending providers as defined in this section, home  
34 health agencies licensed under chapter 70.127 RCW, and registered  
35 nurses licensed under chapter 18.79 RCW.

36 (4) No health service contractor that offers a health benefit plan  
37 that provides coverage for maternity services may deselect, terminate  
38 the services of, require additional documentation from, require  
39 additional utilization review of, reduce payments to, or otherwise

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

7 (5) Every health service contractor that offers a health benefit  
8 plan that provides coverage for maternity services must provide notice  
9 to policyholders regarding the coverage required under this section.  
10 The notice must be in writing and must be transmitted at the earliest  
11 of the next mailing to the policyholder, the yearly summary of benefits  
12 sent to the policyholder, or January 1 of the year following the  
13 effective date of this section.

14 (6) This section is intended only to establish a standard of  
15 coverage, not a standard of medical care.

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

18 (1)(a) If a health maintenance organization offers a health benefit  
19 plan that is issued or renewed after the effective date of this  
20 section, and that provides coverage for maternity services, decisions  
21 on the length of inpatient stay must be made by the attending provider  
22 in consultation with the mother, rather than through contracts or  
23 agreements between providers, hospitals, and insurers. These decisions  
24 must be based on accepted medical practice. However, coverage may not  
25 be denied for inpatient, postdelivery care to a mother and her newly  
26 born child for a period of forty-eight hours after 11:59 p.m. on the  
27 day of delivery for a vaginal delivery and ninety-six hours after 11:59  
28 p.m. on the day of delivery for a cesarean section if such care is  
29 advised by the attending provider in consultation with the mother.

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

33 (c) At the time of discharge, determination of the type and  
34 location of continued care must be made by the attending provider in  
35 consultation with the mother rather than by contract or agreement  
36 between the hospital and the insurer. These decisions must be based on  
37 accepted medical practice.



1 (d) Nothing in this section shall be construed to require attending  
2 providers to authorize care they believe to be medically unnecessary.

3 (2) For the purposes of this section, "attending provider" includes  
4 any of the following with hospital privileges: Physicians licensed  
5 under chapter 18.57 or 18.71 RCW, certified nurse midwives licensed  
6 under chapter 18.79 RCW, midwives licensed under chapter 18.50 RCW,  
7 physician's assistants licensed under chapter 18.57A or 18.71A RCW, and  
8 advanced registered nurse practitioners licensed under chapter 18.79  
9 RCW.

10 (3) If a mother and newborn are discharged pursuant to subsection  
11 (1)(b) of this section prior to the inpatient length of stay provided  
12 under subsection (1)(a) of this section, coverage may not be denied for  
13 three follow-up in-home, clinic, provider office, or hospital  
14 outpatient visits within fourteen days of delivery, if recommended by  
15 the attending provider. Covered services must include a first visit  
16 conducted by the attending provider, as defined in this section, or a  
17 registered nurse. Any subsequent visit determined to be medically  
18 necessary must be provided by a licensed health care provider if such  
19 care is advised by the attending provider. Covered services provided  
20 must include, but are not limited to, physical assessment of the mother  
21 and newborn, parent education, assistance and training in breast or  
22 bottle feeding, assessment of the home support system, and the  
23 performance of any medically necessary and appropriate clinical tests.  
24 Coverage for providers of follow-up services must include, but need not  
25 be limited to, attending providers as defined in this section, home  
26 health agencies licensed under chapter 70.127 RCW, and registered  
27 nurses licensed under chapter 18.79 RCW.

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

38 (5) Every health maintenance organization that offers a health  
39 benefit plan that provides coverage for maternity services must provide

1 notice to policyholders regarding the coverage required under this  
2 section. The notice must be in writing and must be transmitted at the  
3 earliest of the next mailing to the policyholder, the yearly summary of  
4 benefits sent to the policyholder, or January 1 of the year following  
5 the effective date of this section.

6 (6) This section is intended only to establish a standard of  
7 coverage, not a standard of medical care."

8 **SSB 6120** - S AMD S5251.1 - 088

9 By Senators Moyer, Oke, Prince, Sellar, Morton, Winsley,  
10 Hochstatter, Finkbeiner, West, Anderson, Long, Deccio,  
11 Newhouse, McCaslin, Strannigan, Wood, McDonald, Hale,  
12 Swecker, Schow, Zarelli, Roach and Cantu

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13  
14 On page 9, line 25, after "implement" insert "sections 1 through 6  
15 of"

16 On page 9, after line 27, insert the following:

17 "NEW SECTION. **Sec. 8.** The legislature finds that residents of  
18 Washington require a system of maternity care that provides adequate  
19 prenatal and postnatal services to maintain and improve the health of  
20 women and their newborns. The changing health care market challenges  
21 the ability of providers to ensure a system of such care. The health  
22 care policy board has the authority to research, investigate, and  
23 develop options on issues on the scope, financing, and delivery of  
24 health care and has agreed to take on this task if requested by the  
25 legislature.

26 **Sec. 9.** RCW 43.73.030 and 1995 c 265 s 11 are each amended to read  
27 as follows:

28 The board shall have the following powers and duties:

29 (1) Periodically make recommendations to the appropriate committees  
30 of the legislature and the governor on issues including, but not  
31 limited to the following:

32 (a) The scope, financing, and delivery of health care benefit plans  
33 including access for both the insured and uninsured population;

34 (b) Long-term care services including the finance and delivery of  
35 such services in conjunction with the basic health plan by 1999;

1 (c) The use of health care savings accounts including their impact  
2 on the health of participants and the cost of health insurance;

3 (d) Rural health care needs;

4 (e) Whether Washington is experiencing an increase in immigration  
5 as a result of health insurance reforms and the availability of  
6 subsidized and unsubsidized health care benefits;

7 (f) The status of medical education and make recommendations  
8 regarding steps possible to encourage adequate availability of health  
9 care professionals to meet the needs of the state's populations with  
10 particular attention to rural areas;

11 (g) The implementation of community rating and its impacts on the  
12 marketplace including costs and access;

13 (h) The status of quality improvement programs in both the public  
14 and private sectors;

15 (i) Models for billing and claims processing forms, ensuring that  
16 these procedures minimize administrative burdens on health care  
17 providers, facilities, carriers, and consumers. These standards shall  
18 also apply to state-purchased health services where appropriate;

19 (j) Guidelines to health carriers for utilization management and  
20 review, provider selection and termination policies, and coordination  
21 of benefits and premiums; and

22 (k) Study the feasibility of including long-term care services in  
23 a medicare supplemental insurance policy offered according to RCW  
24 41.05.197;

25 (2) Review rules prepared by the insurance commissioner, health  
26 care authority, department of social and health services, department of  
27 labor and industries, and department of health, and make  
28 recommendations where appropriate to facilitate consistency with the  
29 goals of health reform;

30 (3) Make recommendations on a system for managing health care  
31 services to children with special needs and report to the governor and  
32 the legislature on their findings by January 1, 1997;

33 (4) Conduct a comparative analysis of individual and group  
34 insurance markets addressing: Relative costs; utilization rates;  
35 adverse selection; and specific impacts upon small businesses and  
36 individuals. The analysis shall address, also, the necessity and  
37 feasibility of establishing explicit related policies, to include, but  
38 not be limited to, establishing the maximum allowable individual  
39 premium rate as a percentage of the small group premium rate. The

1 board shall submit an interim report on its findings to the governor  
2 and appropriate committees of the legislature by December 15, 1995, and  
3 a final report on December 15, 1996;

4 (5) Conduct an analysis of the financing and delivery of maternity  
5 care included in public and private individual and group insurance  
6 markets and address and develop options for a system of maternity care  
7 that includes, but is not limited to, appropriate level of prenatal,  
8 inpatient, and outpatient care, physical assessment of the newborn, the  
9 performance of any medically necessary and appropriate clinical tests,  
10 parent education, lactation and bottle feeding education, and  
11 assistance and assessment of home support;

12 (6) Develop sample enrollee satisfaction surveys that may be used  
13 by health carriers."

14 **SSB 6120** - S AMD - 088

15 By Senators Moyer, Sellar, Morton, Winsley, Hochstatter,  
16 Finkbeiner, West, Anderson, Long, Deccio, Newhouse, Moyer,  
17 McCaslin, Strannigan, Wood, McDonald, Hale, Swecker, Schow,  
18 Zarelli, Roach, Cantu and Prince

19 ADOPTED 2/12/96

20 On page 1, line 2 of the title, after "child;" insert "amending RCW  
21 43.73.030;"

--- END ---