

CERTIFICATION OF ENROLLMENT
ENGROSSED SUBSTITUTE SENATE BILL 6120

Chapter 281, Laws of 1996

54th Legislature
1996 Regular Session

HEALTH INSURANCE BENEFITS FOLLOWING THE BIRTH OF A CHILD

EFFECTIVE DATE: 6/6/96

Passed by the Senate March 4, 1996
YEAS 46 NAYS 0

JOEL PRITCHARD

President of the Senate

Passed by the House March 1, 1996
YEAS 97 NAYS 0

CLYDE BALLARD

**Speaker of the
House of Representatives**

Approved March 29, 1996

CERTIFICATE

I, Marty Brown, Secretary of the Senate of the State of Washington, do hereby certify that the attached is **ENGROSSED SUBSTITUTE SENATE BILL 6120** as passed by the Senate and the House of Representatives on the dates hereon set forth.

MARTY BROWN

Secretary

FILED

March 29, 1996 - 5:04 p.m.

MIKE LOWRY

Governor of the State of Washington

**Secretary of State
State of Washington**

ENGROSSED SUBSTITUTE SENATE BILL 6120

AS AMENDED BY THE HOUSE

Passed Legislature - 1996 Regular Session

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 48.43 RCW; and creating new
3 sections.

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

5 NEW SECTION. **Sec. 1.** A new section is added to chapter 48.43 RCW
6 to read as follows:

7 (1) The legislature recognizes the role of health care providers as
8 the appropriate authority to determine and establish the delivery of
9 quality health care services to maternity patients and their newly born
10 children. It is the intent of the legislature to recognize patient
11 preference and the clinical sovereignty of providers as they make
12 determinations regarding services provided and the length of time
13 individual patients may need to remain in a health care facility after
14 giving birth. It is not the intent of the legislature to diminish a
15 carrier's ability to utilize managed care strategies but to ensure the
16 clinical judgment of the provider is not undermined by restrictive
17 carrier contracts or utilization review criteria that fail to recognize
18 individual postpartum needs.

1 (2) Unless otherwise specifically provided, the following
2 definitions apply throughout this section:

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

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

18 (3)(a) Every health carrier that provides coverage for maternity
19 services must permit the attending provider, in consultation with the
20 mother, to make decisions on the length of inpatient stay, rather than
21 making such decisions through contracts or agreements between
22 providers, hospitals, and insurers. These decisions must be based on
23 accepted medical practice.

24 (b) Covered eligible services may not be denied for inpatient,
25 postdelivery care to a mother and her newly born child after a vaginal
26 delivery or a cesarean section delivery for such care as ordered by the
27 attending provider in consultation with the mother.

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

33 (d) Covered eligible services may not be denied for follow-up care
34 as ordered by the attending provider in consultation with the mother.
35 Coverage for providers of follow-up services must include, but need not
36 be limited to, attending providers as defined in this section, home
37 health agencies licensed under chapter 70.127 RCW, and registered
38 nurses licensed under chapter 18.79 RCW.

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

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

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

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

21 (6) This section is not intended to establish a standard of
22 medical care.

23 (7) This section shall apply to coverage for maternity services
24 under a contract issued or renewed by a health carrier after the
25 effective date of this section and shall apply to plans operating under
26 the health care authority under chapter 41.05 RCW beginning January 1,
27 1998.

28 NEW SECTION. **Sec. 2.** Consistent with funds available for this
29 purpose, the Washington health care policy board, created by chapter
30 43.73 RCW, shall conduct an analysis of the effects of this act,
31 addressing: The financial impact on health carriers in the public and
32 private individual and group insurance markets; the impact on
33 utilization of health care services; and, to the extent possible, the
34 impact on the health status of mothers and their newly born children.
35 The board shall submit a final report to the appropriate committees of
36 the legislature by December 15, 1998.

37 NEW SECTION. **Sec. 3.** This act shall be known as "the Erin Act."

Passed the Senate March 4, 1996.

Passed the House March 1, 1996.

Approved by the Governor March 29, 1996.

Filed in Office of Secretary of State March 29, 1996.