

ENGROSSED HOUSE  
BILL NO. 2348

By: Roach, Leist and Boyd  
(Betty) of the House

and

Williams (Penny) of the  
Senate

An Act relating to insurance; providing for issuance, amendment, and renewal of health benefit plans; requiring certain maternity coverage; specifying contents; specifying certain conditions and terms; providing for shorter stays; providing conditions; providing for notice; providing for supplementary reimbursements to certain persons; prohibiting certain termination or other penalty; defining term; providing for codification; and providing an effective date.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 6060.1 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. Every health benefit plan contract issued, amended, renewed or delivered on or after January 1, 1997, that provides maternity coverage shall provide for the following:

1. A minimum of forty-eight (48) hours of inpatient care at a hospital or birthing center, following a vaginal delivery, for the

mother and newborn after childbirth, except as otherwise provided in this section;

2. A minimum of ninety-six (96) hours of inpatient care, following a delivery by caesarean section, for the mother and newborn after childbirth, except as otherwise provided in this section; and

3. Postpartum home care following a vaginal delivery if childbirth occurs at home. The coverage shall provide one home visit per day within forty-eight (48) hours of childbirth by a licensed health care provider whose scope of practice includes providing postpartum care. Visits shall include, at a minimum, parent education, assistance and training in breast or bottle feeding and the performance of any necessary maternal and neonatal physical assessments. At the mother's discretion, visits may occur at the facility of the plan or the provider subject to the terms and conditions of the plan's contract.

B. Inpatient care shall include, at a minimum, parent education, assistance and training in breast or bottle feeding, the performance of any necessary maternal and neonatal physical assessments and necessary and appropriate clinical tests on the infant.

C. A plan may provide coverage for a shorter length of hospital inpatient stay for services related to maternity and newborn care provided that:

1. The treating physician determines that the mother and newborn meet medical criteria contained within guidelines developed by or in cooperation with treating physicians which recognize treatment standards, including the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, that determine the appropriate length of stay based upon evaluation of the antepartum, intrapartum and postpartum course of the mother and infant; the gestational stage, birth weight and clinical condition

of the infant; the demonstrated ability of the mother to care for the infant postdischarge; and the availability of postdischarge follow-up to verify the condition of the infant in the first forty-eight (48) hours after delivery. A plan shall adopt these guidelines by January 1, 1997; and

2. The plan covers one home visit within forty-eight (48) hours of discharge by a licensed health care provider whose scope of practice includes providing postpartum care. Visits shall include, at a minimum, parent education, assistance and training in breast or bottle feeding and the performance of any necessary maternal and neonatal physical assessments. At the mother's discretion, visits may occur at the facility of the plan or the provider subject to the terms and conditions of the plan's contract.

D. The plan shall include notice of the coverage required by this section in the plan's evidence of coverage, and shall provide additional written notice of the coverage to an enrollee during the course of the enrollee's prenatal care.

E. In the event the coverage required by this section would be provided under a contract that is subject to a capitated or per discharge rate, the plan shall provide supplementary reimbursement to providers for the additional services required by that coverage.

F. No health benefit plan subject to the provisions of this section shall terminate the services, reduce capitation payment, or otherwise penalize an attending physician or other health care provider who orders care consistent with the provisions of this section.

G. As used in this section, "health benefit plan" means accident and health insurance policies or certificates; nonprofit hospital or medical service corporation contracts; health, hospital or medical service corporation plan contracts; health maintenance organization subscriber contracts; individual or group policies; and

plans provided by the State and Education Employees Group Insurance Board and other benefit arrangements.

SECTION 2. This act shall become effective November 1, 1996.

Passed the House of Representatives the 27th day of February, 1996.

Speaker of the House of Representatives

Passed the Senate the \_\_\_\_ day of \_\_\_\_\_, 1996.

President of the Senate