

STATE OF OKLAHOMA

2nd Session of the 45th Legislature (1996)

HOUSE BILL NO. 2655

By: Voskuhl

AS INTRODUCED

An Act relating to insurance; creating the Post-Delivery Care for Mothers and Newborns Act; specifying legislative findings; defining terms; requiring that insurers provide coverage for minimum post-delivery inpatient stays; setting minimum times; providing exceptions; providing for follow-up visits; providing for services; providing for certain contents of policies; prohibiting certain acts; requiring notice; 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 6061.1 of Title 36, unless there is created a duplication in numbering, reads as follows:

This act shall be known and may be cited as the "Post-Delivery Care for Mothers and Newborns Act".

SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 6061.2 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. The Legislature hereby finds that:

1. The timing of hospital discharge of a mother and infant after birth has been, until recently, a mutual decision between the

physician and the mother. However, many insurers are now refusing payment for a hospital stay that extends beyond twenty-four (24) hours after an uncomplicated vaginal delivery and forty-eight (48) hours after a cesarean delivery;

2. There are insufficient scientific data to support the safety of such early releases from the hospital following delivery, particularly as it relates to the detection of many problems, which if undiagnosed may pose life-threatening and costly complications, and may require a longer period of observation by skilled personnel;

3. Guidelines developed by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists recommend, as a minimum, that mothers and infants meet certain medical criteria and conditions prior to discharge, and it is unlikely that these criteria and conditions can be met in less than forty-eight (48) hours following a normal vaginal delivery and ninety-six (96) hours following a cesarean delivery;

4. The length of post-delivery inpatient stay should be based on the unique characteristics of each mother and her infant, taking into consideration the health of the mother, the health and stability of the baby, the ability and confidence of the mother to care for her baby, the adequacy of support systems at home, and access to appropriate follow-up care; and

5. An appropriate post-delivery inpatient stay determined by the physician and mother will allow identification of early problems with the newborn, prevent disability through appropriate use of metabolic screening, and help ensure that the family is able and prepared to care for the baby at home.

SECTION 3. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 6061.3 of Title 36, unless there is created a duplication in numbering, reads as follows:

As used in the Post-Delivery Care for Mothers and Newborns Act:

1. "Attending provider" means:

- a. physicians attending the newborn, and
- b. physicians, and certified nurse midwives attending the mother; and

2. "Insurer" means any entity that provides maternity benefits on a risk basis including, but not limited to, group and individual insurers, health maintenance organizations and preferred provider organizations, and any program funded under Title XIX of the Social Security Act or any other publicly funded program.

SECTION 4. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 6061.4 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. Any insurer that offers maternity benefits shall provide coverage appropriate for the duration of time to meet the criteria and conditions specified in Section 2 of this act for a mother and her newborn infant following a normal vaginal delivery and a minimum of ninety-six (96) hours of inpatient care for a mother and her newborn infant following a cesarean delivery.

B. Any decision to shorten the length of inpatient stay to less than that provided under subsection A of this section shall be made by the attending providers after conferring with the mother.

C. If a mother and newborn are discharged pursuant to subsection B of this section prior to the inpatient length of stay provided under subsection A of this section, coverage shall be provided for a follow-up visit within forty-eight (48) hours of discharge. Services provided shall include, but not be limited to, physical assessment of the newborn, parent education, assistance and training in breast or bottle feeding, assessment of the home support system, and the performance of any medically necessary and appropriate clinical tests. Such services shall be consistent with protocols and guidelines developed by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists for these services.

SECTION 5. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 6061.5 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. No insurer may deselect, terminate the services of, require additional documentation from, require additional utilization review, reduce payments, or otherwise provide financial disincentives to any attending provider who orders care consistent with the provisions of the Post-Delivery Care for Mothers and Newborns Act.

B. Every insurer shall provide notice to policyholders regarding the coverage required pursuant to the Post-Delivery Care for Mothers and Newborns Act. The notice shall be in writing and shall be transmitted at the earliest of either the next mailing to the policyholder, the yearly summary of benefits sent to the policyholder, or January 1 of the year following the effective date of the Post-Delivery Care for Mothers and Newborns Act.

SECTION 6. This act shall become effective November 1, 1996.

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