STATE OF OKLAHOMA

1st Session of the 46th Legislature (1997)

HOUSE BILL NO. 1598 By: Roach

AS INTRODUCED

An Act relating to insurance; amending Section 1, Chapter 164, O.S.L. 1996 (36 O.S. Supp. 1996, Section 6060.3), which relates to restrictions for maternity benefits; clarifying language; and providing an effective date.

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

SECTION 1. AMENDATORY Section 1, Chapter 164, O.S.L. 1996 (36 O.S. Supp. 1996, Section 6060.3), is amended to read as follows:

Section 6060.3 A. Every health benefit plan contract issued, amended, renewed or delivered on or after July 1, 1996, that provides maternity benefits shall provide for coverage of:

1. A minimum of forty-eight (48) hours of inpatient care at a hospital, or a birthing center licensed as a hospital, following a vaginal delivery for the mother and newborn infant after childbirth, except as otherwise provided in this section;

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

3. a. Postpartum home care following a vaginal delivery if childbirth occurs at home or in a birthing center licensed as a birthing center. The coverage shall provide for one home visit 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:

~~a.~~ (1) physical assessment of the mother and the newborn infant,

~~b.~~ (2) parent education, to include, but not be limited to:

~~(1)~~ (a) the recommended childhood immunization schedule,

~~(2)~~ (b) the importance of childhood immunizations, and

~~(3)~~ (c) resources for obtaining childhood immunizations,

~~c.~~ (3) training or assistance with breast or bottle feeding, and

~~d.~~ (4) the performance of any medically necessary and appropriate clinical tests.

b. At the mother's discretion, visits may occur at the facility of the plan or the provider.

B. Inpatient care shall include, at a minimum:

1. Physical assessment of the mother and the newborn infant;

2. Parent education, to include, but not be limited to:

a. the recommended childhood immunization schedule,

b. the importance of childhood immunizations, and

c. resources for obtaining childhood immunizations;

3. Training or assistance with breast or bottle feeding; and

4. The performance of any medically necessary and appropriate clinical tests.

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

1. The licensed health care providers determine that the mother and newborn infant meet medical criteria contained within guidelines, developed by or in cooperation with licensed health care providers, which recognize treatment standards including, but not limited to, the most current treatment standards of the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, that determine the appropriate length of stay based upon:

a. evaluation of the antepartum, intrapartum and postpartum course of the mother and newborn infant,

b. the gestational age, birth weight and clinical condition of the newborn infant,

c. the demonstrated ability of the mother to care for the newborn infant postdischarge, and

d. the availability of postdischarge follow-up to verify the condition of the newborn infant in the first forty-eight (48) hours after delivery.

A plan shall adopt these guidelines by July 1, 1996; 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. Such visits shall include, at a minimum:

a. physical assessment of the mother and the newborn infant,

b. parent education, to include, but not be limited to:

(1) the recommended childhood immunization schedule,

(2) the importance of childhood immunizations, and

(3) resources for obtaining childhood immunizations,

c. training or assistance with breast or bottle feeding, and

d. the performance of any medically necessary and clinical tests.

At the mother's discretion, visits may occur at the facility of the plan or the provider.

D. The plan shall include but is not limited to 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 the insured or an enrollee during the course of the insured's or enrollee's prenatal care.

E. In the event the coverage required by this section is provided under a contract that is subject to a capitated or global rate, the plan shall be required to provide supplementary reimbursement to providers for any additional services required by that coverage if it is not included in the capitation or global rate.

F. No health benefit plan subject to the provisions of this section shall terminate the services of, reduce capitation payments for, or otherwise discipline a licensed health care provider who orders care consistent with the provisions of this section.

G. As used in this section, "health benefit plan" means individual or group hospital or medical insurance coverage, a not-for-profit hospital or medical service or indemnity plan, a prepaid health plan, a health maintenance organization plan, a preferred provider organization plan, the State and Education Employees Group Health Insurance Plan, any program funded under Title XIX of the Social Security Act or such other publicly funded program, and coverage provided by a Multiple Employer Welfare Arrangement (MEWA) or employee self-insured plan except as exempt under federal ERISA provisions.

H. The Insurance Commissioner shall promulgate any rules necessary to implement the provisions of this section.

SECTION 2. This act shall become effective November 1, 1997.

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