

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

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

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

12 3. a. Postpartum home care following a vaginal delivery if
13 childbirth occurs at home or in a birthing center
14 ~~licensed as a birthing center~~ that is not licensed as
15 a hospital but that is accredited as a freestanding
16 birth center by the Commission for the Accreditation
17 of Birth Centers. The coverage shall provide for one
18 home visit within forty-eight (48) hours of childbirth
19 by a licensed health care provider whose scope of
20 practice includes providing postpartum care. Visits
21 shall include, at a minimum:

22 (1) physical assessment of the mother and the newborn
23 infant,
24

1 (2) parent education, to include, but not be limited
2 to:

3 (a) the recommended childhood immunization
4 schedule,

5 (b) the importance of childhood immunizations,
6 and

7 (c) resources for obtaining childhood
8 immunizations,

9 (3) training or assistance with breast or bottle
10 feeding, and

11 (4) the performance of any medically necessary and
12 appropriate clinical tests.

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

15 B. Inpatient care shall include, at a minimum:

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

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

18 a. the recommended childhood immunization schedule,

19 b. the importance of childhood immunizations, and

20 c. resources for obtaining childhood immunizations;

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

22 4. The performance of any medically necessary and appropriate

23 clinical tests.

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

4 1. In the sole medical discretion or judgment of the attending
5 physician licensed by the ~~Oklahoma~~ State Board of Medical Licensure
6 and Supervision or the State Board of Osteopathic Examiners or the
7 certified nurse midwife licensed by the Oklahoma Board of Nursing
8 providing care to the mother and to the newborn infant, it is
9 determined prior to discharge that an earlier discharge of the
10 mother and newborn infant is appropriate and meets medical criteria
11 contained in the most current treatment standards of the American
12 Academy of Pediatrics and the American College of Obstetricians and
13 Gynecologists that determine the appropriate length of stay based
14 upon:

- 15 a. evaluation of the antepartum, intrapartum and
16 postpartum course of the mother and newborn infant,
- 17 b. the gestational age, birth weight and clinical
18 condition of the newborn infant,
- 19 c. the demonstrated ability of the mother to care for the
20 newborn infant ~~postdischarge~~ post-discharge, and
- 21 d. the availability of ~~postdischarge~~ post-discharge
22 follow-up to verify the condition of the newborn
23 infant in the first forty-eight (48) hours after
24 delivery.

1 A plan shall adopt these guidelines by July 1, 1996; and

2 2. The plan covers one home visit, within forty-eight (48)
3 hours of discharge, by a licensed health care provider whose scope
4 of practice includes providing postpartum care. The visits shall
5 include, at a minimum:

- 6 a. physical assessment of the mother and the newborn
7 infant,
- 8 b. parent education, to include, but not be limited to:
 - 9 (1) the recommended childhood immunization schedule,
 - 10 (2) the importance of childhood immunizations, and
 - 11 (3) resources for obtaining childhood immunizations,
- 12 c. training or assistance with breast or bottle feeding,
13 and
- 14 d. the performance of any medically necessary and
15 clinical tests.

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

18 D. The plan shall include, but is not limited to, notice of the
19 coverage required by this section in the evidence of coverage of the
20 plan, and shall provide additional written notice of the coverage to
21 the insured or an enrollee during the course of the prenatal care of
22 the insured or enrollee.

23 E. In the event the coverage required by this section is
24 provided under a contract that is subject to a capitated or global

1 rate, the plan shall be required to provide supplementary
2 reimbursement to providers for any additional services required by
3 that coverage if it is not included in the capitation or global
4 rate.

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

10 G. As used in this section, ~~“health:~~

11 1. “Birthing center” has the same meaning as provided by
12 Section 1-701 of Title 63 of the Oklahoma Statutes; and

13 2. “Health benefit plan” means any plan or arrangement as
14 defined in subsection C of Section 6060.4 of this title.

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

17 SECTION 2. AMENDATORY 63 O.S. 2021, Section 1-701, as
18 amended by Section 1, Chapter 117, O.S.L. 2023 (63 O.S. Supp. 2023,
19 Section 1-701), is amended to read as follows:

20 Section 1-701. For the purposes of Section 1-701 et seq. of
21 this title:

22 1. “Hospital” means any institution, place, building or agency,
23 public or private, whether organized for profit or not, primarily
24 engaged in the maintenance and operation of facilities for the

1 diagnosis, treatment or care of patients admitted for overnight stay
2 or longer in order to obtain medical care, surgical care,
3 obstetrical care, or nursing care for illness, disease, injury,
4 infirmity, or deformity. Except as otherwise provided by paragraph
5 7 of this section, places where pregnant females are admitted and
6 receive care incident to pregnancy, abortion or delivery shall be
7 considered to be a ~~"hospital"~~ hospital within the meaning of this
8 article, regardless of the number of patients received or the
9 duration of their stay. The term ~~"hospital"~~ hospital includes
10 general medical surgical hospitals, specialized hospitals, critical
11 access hospitals, emergency hospitals, and rural emergency
12 hospitals, ~~and~~ but does not include birthing centers except to the
13 extent a birthing center is licensed as a hospital;

14 2. "General medical surgical hospital" means a hospital
15 maintained for the purpose of providing hospital care in a broad
16 category of illness and injury;

17 3. "Specialized hospital" means a hospital maintained for the
18 purpose of providing hospital care in a certain category, or
19 categories, of illness and injury;

20 4. "Critical access hospital" means a hospital determined by
21 the State Department of Health to be a necessary provider of health
22 care services to residents of a rural community;

23 5. "Emergency hospital" means a hospital that provides
24 emergency treatment and stabilization services on a twenty-four-hour

1 basis that has the ability to admit and treat patients for short
2 periods of time;

3 6. "Rural emergency hospital" means a hospital that provides
4 emergency treatment and stabilization services for an average length
5 of stay of twenty-four (24) hours or less;

6 7. "Birthing center" means any facility, place or institution,
7 ~~which~~ that is maintained or established primarily for the purpose of
8 providing services ~~of a certified midwife or licensed medical doctor~~
9 to assist or attend a woman in delivery and birth, and where a woman
10 is scheduled in advance to give birth following a normal,
11 uncomplicated, low-risk pregnancy. Such services are performed by:

12 a. a licensed Advanced Practice Registered Nurse
13 recognized by the Oklahoma Board of Nursing as a
14 Certified Nurse-Midwife,

15 b. a Certified Professional Midwife or Certified Midwife
16 licensed under Section 3040.6 of Title 59 of the
17 Oklahoma Statutes, or

18 c. a licensed allopathic or osteopathic physician.

19 Provided, however, licensure ~~for a birthing center~~ shall not be
20 ~~compulsory~~ available or required for birthing centers unless the
21 birthing center is a hospital, in which case the hospital shall be
22 licensed as a hospital under Section 1-702 of this title;

23 8. "Day treatment program" means nonresidential, partial
24 hospitalization programs, day treatment programs, and day hospital

1 programs as defined by subsection A of Section 175.20 of Title 10 of
2 the Oklahoma Statutes; and

3 9. a. "Primarily engaged" means a hospital shall be
4 primarily engaged, defined by this section and as
5 determined by the State Department of Health, in
6 providing to inpatients the following care by or under
7 the supervision of physicians:

8 (1) diagnostic services and therapeutic services for
9 medical diagnosis, treatment and care of injured,
10 disabled or sick persons, or

11 (2) rehabilitation services for the rehabilitation of
12 injured, disabled or sick persons.

13 b. In reaching a determination as to whether an entity is
14 primarily engaged in providing inpatient hospital
15 services to inpatients of a hospital, the Department
16 shall evaluate the total facility operations and
17 consider multiple factors as provided in subparagraphs
18 c and d of this ~~subsection~~ paragraph.

19 c. In evaluating the total facility operations, the
20 Department shall review the actual provision of care
21 and services to two or more inpatients, and the
22 effects of that care, to assess whether the care
23 provided meets the needs of individual patients by way
24 of patient outcomes.

1 d. The factors that the Department shall consider for
2 determination of whether an entity meets the
3 definition of primarily engaged include, but are not
4 limited to:

5 (1) a minimum of four inpatient beds,

6 (2) the entity's average daily census (ADC),

7 (3) the average length of stay (ALOS),

8 (4) the number of off-site campus outpatient
9 locations,

10 (5) the number of provider-based emergency
11 departments for the entity,

12 (6) the number of inpatient beds related to the size
13 of the entity and the scope of the services
14 offered,

15 (7) the volume of outpatient surgical procedures
16 compared to the inpatient surgical procedures, if
17 surgical services are provided,

18 (8) staffing patterns, and

19 (9) patterns of ADC by day of the week.

20 e. Notwithstanding any other provision of this section,
21 an entity shall be considered primarily engaged in
22 providing inpatient hospital services to inpatients if
23 the hospital has had an ADC of at least two (2) and an
24 ALOS of at least two (2) midnights over the past

1 twelve (12) months. A critical access hospital shall
2 be exempt from the ADC and ALOS determination. ADC
3 shall be calculated by adding the midnight daily
4 census for each day of the twelve-month period and
5 then dividing the total number by days in the year. A
6 facility that has been operating for less than (12)
7 months at the time of the survey shall calculate its
8 ADC based on the number of months the facility has
9 been operational, but not less than three (3) months.
10 If a first survey finds noncompliance with the ADC and
11 ALOS, a second survey may be required by the
12 Department to demonstrate compliance with state
13 licensure.

14 SECTION 3. AMENDATORY 63 O.S. 2021, Section 1-702a, is
15 amended to read as follows:

16 Section 1-702a. A. ~~By January 1, 1992, the State Board of~~
17 ~~Health shall promulgate and adopt rules for the voluntary licensing~~
18 ~~of birthing centers~~ On and after the effective date of this act, the
19 State Department of Health shall cease licensing birthing centers.
20 No new license shall be issued, and no current license shall be
21 renewed upon expiration. Provided, however, this subsection shall
22 not be construed to exempt a hospital that operates a birthing
23 center from the requirement to obtain a hospital license under
24 Section 1-702 of this title.

1 B. The State ~~Board~~ Commissioner of Health shall promulgate
2 rules establishing standards for day treatment programs other than
3 those operated by community mental health centers.

4 SECTION 4. AMENDATORY 63 O.S. 2021, Section 3129, is
5 amended to read as follows:

6 Section 3129. A. This section shall be known and may be cited
7 as "Lily's Law".

8 B. As used in this section:

9 1. "Birthing center" has the same meaning as provided by
10 Section 1-701 of this title;

11 2. "Fetal death" means:

- 12 a. spontaneous death prior to the complete expulsion or
13 extraction from its mother of an unborn child,
14 irrespective of gestational age. The death is
15 indicated by the fact that, after such expulsion or
16 extraction, the unborn child does not breathe or show
17 any other evidence of life such as beating of the
18 heart, pulsation of the umbilical cord or definite
19 movement of voluntary muscles,
- 20 b. death that occurs as the result of accidental trauma
21 or a criminal assault on the pregnant female or her
22 unborn child, irrespective of gestational age, or
- 23 c. death that occurs, irrespective of gestational age,
24 from the use or prescription of any instrument,

1 medicine, drug or any other substance or device to
2 remove an ectopic pregnancy; and

3 ~~2.~~ 3. "Stillbirth" shall have the same meaning as provided by
4 subparagraph a of paragraph 1 of this subsection.

5 C. Every licensed hospital, birthing center, or licensed
6 medical facility in this state shall maintain a written policy for
7 the disposition of the remains of a child from a stillbirth or fetal
8 death event at such hospital, birthing center or medical facility.

9 A parent of the child shall have the right to direct the disposition
10 of the remains, except that disposition may be made by the hospital,
11 birthing center or medical facility if no direction is given by a
12 parent within fourteen (14) days following the delivery of the
13 remains. The policy and the disposition shall comply with all
14 applicable provisions of state and federal law. Upon the delivery
15 of a child from a stillbirth or a fetal death event, the hospital,
16 birthing center or medical facility shall notify at least one (1)
17 parent of the parents' right to direct the disposition of the
18 remains of the child and shall provide at least (1) one parent with
19 a copy of its policy with respect to disposition.

20 D. Except as otherwise provided by law, nothing in this section
21 shall be interpreted to prohibit any hospital, birthing center or
22 medical facility from providing additional notification and
23 assistance to the parent of a child delivered as a stillbirth or a
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1 fetal death event at the hospital, birthing center or medical
2 facility relating to the disposition of the remains of the child.

3 SECTION 5. NEW LAW A new section of law to be codified
4 in the Oklahoma Statutes as Section 5029.1 of Title 63, unless there
5 is created a duplication in numbering, reads as follows:

6 A. As used in this section, "birthing center" has the same
7 meaning as provided by Section 1-701 of Title 63 of the Oklahoma
8 Statutes.

9 B. The Oklahoma Health Care Authority shall seek federal
10 approval to allow a birthing center that is not licensed by the
11 state but has been accredited as a freestanding birth center by the
12 Commission for the Accreditation of Birth Centers to receive
13 reimbursement under the state Medicaid program for services
14 provided.

15 SECTION 6. This act shall become effective November 1, 2024.

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17 COMMITTEE REPORT BY: COMMITTEE ON PUBLIC HEALTH, dated 03/27/2024 -
18 DO PASS.

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