

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from scanned originals with text recognition applied
(searchable text may contain some errors and/or omissions)



117th MAINE LEGISLATURE

SECOND REGULAR SESSION-1996

Legislative Document

No. 1732

S.P. 670

In Senate, January 23, 1996

An Act to Promote the Health of Newborns and Their Mothers.

(EMERGENCY)

Approved for introduction by a majority of the Legislative Council pursuant to Joint Rule 26.
Reference to the Committee on Banking and Insurance suggested and ordered printed.

A handwritten signature in cursive script that reads "May M. Ross".

MAY M. ROSS
Secretary of the Senate

Presented by Senator GOLDTHWAIT of Hancock.
Cosponsored by Senators: AMERO of Cumberland, BENOIT of Franklin, BUTLAND of Cumberland, LAWRENCE of York, LONGLEY of Waldo, McCORMICK of Kennebec, PENDEXTER of Cumberland, PINGREE of Knox, SMALL of Sagadahoc, Representatives: AULT of Wayne, CAMERON of Rumford, DAVIDSON of Brunswick, DORE of Auburn, ETNIER of Harpswell, GOULD of Greenville, LUTHER of Mexico, MADORE of Augusta, MARVIN of Cape Elizabeth, McELROY of Unity, MERES of Norridgewock, PINKHAM of Lamoine, PLOWMAN of Hampden, RICE of South Bristol, ROWE of Portland, SHIAH of Bowdoinham, TREAT of Gardiner.

2 **Emergency preamble.** Whereas, Acts of the Legislature do not
become effective until 90 days after adjournment unless enacted
as emergencies; and

4
6 **Whereas,** insurers, nonprofit hospital and medical service
organizations and health maintenance organizations across the
United States have implemented health care plans generally
8 covering no more than 24 hours of hospital care for mothers and
newborns following childbirth; and

10
12 **Whereas,** insurers, nonprofit hospital and medical service
organizations and health maintenance organizations operating
health care plans in Maine could initiate limits on hospital
14 stays at any time; and

16 **Whereas,** the "Guidelines for Perinatal Care," published by
the American Academy of Pediatrics and the American College of
18 Obstetrics and Gynecology, recommend a hospital stay of 48 hours
after childbirth; and

20
22 **Whereas,** it is the intent of the Legislature to prevent the
adverse impact of inappropriate early discharge of maternity
patients and newborns; and

24
26 **Whereas,** in the judgment of the Legislature, these facts
create an emergency within the meaning of the Constitution of
Maine and require the following legislation as immediately
28 necessary for the preservation of the public peace, health and
safety; now, therefore,

30
32 **Be it enacted by the People of the State of Maine as follows:**

34 **Sec. 1. 24 MRSA §2318-A** is enacted to read:

36 **§2318-A. Maternity and newborn care**

38 **1. Guidelines for hospital services; length of stay.**
Individual and group contracts issued by a nonprofit hospital and
40 medical service organization that provide maternity benefits,
including benefits for childbirth, must provide coverage for a
42 minimum of 48 hours of inpatient hospital care following a
vaginal delivery and a minimum of 96 hours of inpatient hospital
44 care following a cesarean section for a subscribing mother and
her newborn child. If the minimum length of stay expires after 6
46 p.m., inpatient hospital care benefits must be provided until the
following day at the request of the mother.

48 **2. Authorization for shorter stays.** Notwithstanding
subsection 1, a shorter length of stay may be authorized by a
50 nonprofit hospital or medical service organization if the newborn

2 meets the medical stability criteria contained in the "Guidelines
4 for Perinatal Care," published by the American Academy of
6 Pediatrics and the American College of Obstetrics and Gynecology,
8 and the organization provides benefits for an initial postpartum
10 home visit made by a physician, certified nurse midwife or a
12 registered nurse competent in newborn and maternal assessment.
14 Any decision to shorten the length of stay must be made by the
16 attending physician or the attending certified nurse midwife in
18 conjunction with the mother. For the purposes of this section,
20 "attending physician" includes the obstetrician, pediatrician or
22 other physician attending the mother and newborn.

24 **Sec. 2. 24-A MRSA §2743-A is enacted to read:**

26 **§2743-A. Maternity and newborn care**

28 **1. Guidelines for hospital services; length of stay.** An
30 insurer that issues individual contracts providing maternity
32 benefits, including benefits for childbirth, must provide
34 coverage for a minimum of 48 hours of inpatient hospital care
36 following a vaginal delivery and a minimum of 96 hours of
38 inpatient hospital care following a cesarean section for an
40 insured mother and her newborn child. If the minimum length of
42 stay expires after 6 p.m., inpatient hospital care benefits must
44 be provided until the following day at the request of the mother.

46 **2. Authorization for shorter stays.** Notwithstanding
48 subsection 1, a shorter length of stay may be authorized by an
50 insurer if the newborn meets the medical stability criteria
contained in the "Guidelines for Perinatal Care," published by
the American Academy of Pediatrics and the American College of
Obstetrics and Gynecology, and the insurer provides benefits for
an initial postpartum home visit made by a physician, certified
nurse midwife or a registered nurse competent in newborn and
maternal assessment. Any decision to shorten the length of stay
must be made by the attending physician or the attending
certified nurse midwife in conjunction with the mother. For the
purposes of this section, "attending physician" includes the
obstetrician, pediatrician or other physician attending the
mother and newborn.

52 **Sec. 3. 24-A MRSA §2834-A is enacted to read:**

54 **§2834-A. Maternity and newborn care**

56 **1. Guidelines for hospital services; length of stay.** An
58 insurer that issues group contracts providing maternity benefits,
60 including benefits for childbirth, must provide coverage for a
minimum of 48 hours of inpatient hospital care following a
vaginal delivery and a minimum of 96 hours of inpatient hospital

2 care following a cesarean section for an insured mother and her
3 newborn child. If the minimum length of stay expires after 6
4 p.m., inpatient hospital care benefits must be provided until the
5 following day at the request of the mother.

6 **2. Authorization for shorter stays.** Notwithstanding
7 subsection 1, a shorter length of stay may be authorized by an
8 insurer if the newborn meets the medical stability criteria
9 contained in the "Guidelines for Perinatal Care," published by
10 the American Academy of Pediatrics and the American College of
11 Obstetrics and Gynecology, and the insurer provides benefits for
12 an initial postpartum home visit made by a physician, certified
13 nurse midwife or a registered nurse competent in newborn and
14 maternal assessment. Any decision to shorten the length of stay
15 must be made by the attending physician or attending certified
16 nurse midwife in conjunction with the mother. For the purposes
17 of this section, "attending physician" includes the obstetrician,
18 pediatrician or other physician attending the mother and newborn.

19 **Sec. 4. 24-A MRSA §4234-A** is enacted to read:

20 **§4234-A. Maternity and newborn care**

21 **1. Guidelines for hospital services; length of stay.**
22 Individual and group contracts issued by a health maintenance
23 organization that provide maternity benefits, including benefits
24 for childbirth, must provide coverage for a minimum of 48 hours
25 of inpatient hospital care following a vaginal delivery and a
26 minimum of 96 hours of inpatient hospital care following a
27 cesarean section for an enrolled mother and her newborn child.
28 If the minimum length of stay expires after 6 p.m., inpatient
29 hospital care benefits must be provided until the following day
30 at the request of the mother.

31 **2. Authorization for shorter stays.** Notwithstanding
32 subsection 1, a shorter length of stay may be authorized by a
33 health maintenance organization if the newborn meets the medical
34 stability criteria contained in the "Guidelines for Perinatal
35 Care," published by the American Academy of Pediatrics and the
36 American College of Obstetrics and Gynecology, and the
37 organization provides benefits for an initial postpartum home
38 visit made by a physician, certified nurse midwife or a
39 registered nurse competent in newborn and maternal assessment.
40 Any decision to shorten the length of stay must be made by the
41 attending physician or attending certified nurse midwife in
42 conjunction with the mother. For the purposes of this section,
43 "attending physician" includes the obstetrician, pediatrician or
44 other physician attending the mother and newborn.

2 **Emergency clause.** In view of the emergency cited in the
preamble, this Act takes effect when approved.

4

STATEMENT OF FACT

6

8 This bill requires all individual and group contracts of
nonprofit hospital or medical service organizations, insurers and
10 health maintenance organizations providing benefits for maternity
and newborn care to provide coverage for a minimum of 48 hours of
inpatient hospital care following a vaginal delivery and a
12 minimum of 96 hours of inpatient hospital care following a
cesarean section. Shorter stays may be authorized by the
14 attending physician or certified nurse midwife if the newborn
meets the criteria for medical stability contained in the
16 "Guidelines for Perinatal Care," published by the American
Academy of Pediatrics and the American College of Obstetrics and
18 Gynecology and an initial postpartum home visit for both mother
and newborn is provided.