CCM-101

City of Cambridge

16.

IN CITY COUNCIL

July 31, 1995

VICE MAYOR RUSSELL
COUNCILLOR BORN
COUNCILLOR GALLUCCIO
COUNCILLOR MYERS
MAYOR REEVES
COUNCILLOR SULLIVAN
COUNCILLOR TOOMEY
COUNCILLOR TRIANTAFILLOU

ORDERED: That this City Council go on record supporting Senate Bill entitled AN ACT EXPANDING CHILDBIRTH AND POST PARTUM BENEFITS.

In City Council July 31, 1995
Adopted by the affirmative vote of nine members.
Attest:- D. Margaret Drury, City Clerk.

A true copy;

ATTEST:- D. Margaret Drury

D. Margaret Drury
City Clerk

16

S. 1926
AN ACT EXPANDING CHILDBIRTH AND POST PARTUM BENEFITS

Prime Sponsors: *Senator Lois G. Pines and Rep. Harriette L. Chandler*

BILL SUMMARY

This bill would require insurance companies to cover a woman's hospital stay for a minimum of 48 hours after vaginal deliveries and for 96 hours after cesarean sections. However, when insurance companies offer specific in-home services for the mother and her baby, the company may provide less time in the hospital unless requested by the mother or determined by the physician to be medically necessary. The in-home services would include a minimum of three follow-up home visits by a registered professional nurse. The post-delivery care would consist of parent education, assistance and training in breast or bottle feeding, and the performance of any necessary and appropriate clinical tests.

FACTS

* The length of post-delivery hospital stays has shrunk dramatically over the past few years. Between 1970 and 1992 the median length of stay for women who gave birth vaginally decreased by 46 percent (from 3.9 to 2.1 days), and for those who had a cesarean delivery by 49 percent (from 7.8 to 4 days). For routine vaginal deliveries, hospital stays are 24 to 36 hours.

* Insurance providers are pushing for even shorter stays, such as 12 or 6 hours, aiming for "drive-through deliveries."

* Abbreviated stays can cause health problems for newborn babies. Some conditions, such as jaundice, dehydration, and heart murmurs, frequently cannot be detected within 6 hours of the birth. Screening tests are often rushed or skipped over. Babies have to be treated or even readmitted for illnesses which could have been prevented.

* Early discharges can also mean uneducated parents. Inexperienced mothers, particularly adolescents, are sent home unprepared to care for an infant. Hospitals have traditionally provided information on breast-feeding and newborn care, but short stays can make this difficult. Lactation often does not begin for a few days.

* Follow-up home visits can prevent emergencies and reassure mothers, but these must often be paid for by the mother herself. Poor women lose their chance for help and support when they leave the hospital early.

* Mandatory limits on post-delivery care set by insurance providers are not proven to be safe. In fact, these limits gamble with the health of mothers and newborn babies.

Motherhood Abroad:
Typical Hospital Stay for New Mothers

Australia: 4 to 6 days	Ireland: 5 to 6 days
Canada: 2.5 days	Japan: 5 to 7 days
Germany: 7 days	France: up to 2 weeks; 5 day minimum
Great Britain: 3 days	Sweden: 1 to 3 days, with midwife home visit

United States: 24 to 36 hours

For more information, contact Christa Kelleher in the office of Senator Lois Pines: 722-1639

SENATE. . . . . No. 1926

By Ms. Pines, a petition (accompanied by bill, Senate, No. 1926) of Lois G. Pines, other members of the General Court and others for legislation to expand childbirth and post partum care benefits. Insurance.

The Commonwealth of Massachusetts

Petition signed by:

Lois G. Pines
Harriette L. Chandler
Joan M. Menard
Barbara E. Gray
Mary Jane Simmons
Charlotte Golar Richie
Carol C. Cleven
Shirley Gomes
Christine E. Canavan
Barbara C. Hyland
William R. Keating
Dianne Wilkerson
Carol A. Donovan
Robert A. Havern
Anne M. Paulsen
Warren E. Tolman
Michael W. Morrissey
Kay Khan
Louis L. Kafka
Sally P. Kerans
David Acker, M.D.
Patricia D. Jehlen
Pamela P. Resor
Mass. Nurses Association, by Margaret Barry, President
Colleen M. Garry
Marie J. Parente
Ellen Story
Maryanne Lewis
Patricia A. Walrath
William J. McManus II
Barbara Gardner
William J. Glodis, Jr.
David B. Cohen
Robert F. Fennell
Thomas A. Golden, Jr.
Anthony J. Verga
Harold P. Naughton, Jr.
John A. Locke
Robert S. Hargraves
Harriett L. Stanley
Rachel Kaprielian
Peter J. Larkin
Valerie Barsom
Thomas M. McGee
Linda J. Melconian
Stanley C. Rosenberg
Henry Lerner
MA Society for Prevention of Cruelty to Children, by Joyce Strom, executive director
Kevin W. Fitzgerald
Paul Kollios
Nancy Flavin
Paul C. Demakis
Steven A. Tolman
Frank M. Hynes
George N. Peterson, Jr.
Paul R. Haley
James E. Vallee
Douglas W. Petersen
Mary S. Rogensess
Paul Kujawski
M. Paul Iannuccillo
James V. DiPaola
Paul C. Casey
William G. Reinstein
John J. Binienda
Edward G. Connolly
Gloria L. Fox
Shirley Owens-Hicks

By Ms. Pines, a petition (accompanied by bill, Senate, No. 1926) of Lois G. Pines, other members of the General Court and others for legislation to expand childbirth and post partum care benefits. Insurance.

The Commonwealth of Massachusetts

In the Year One Thousand Nine Hundred and Ninety-Five.

AN ACT EXPANDING CHILDBIRTH AND POST PARTUM CARE BENEFITS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

SECTION 1. Section 47F of chapter 175 of the General Laws, as appearing in the 1992 Official Edition, is hereby amended by adding the following 3 paragraphs:—

In addition to such benefits, such policy or plan shall provide coverage of a minimum of forty-eight hours of in-patient care following a vaginal delivery and a minimum of ninety-six hours of in-patient care following a caesarean section for a mother and her newly born child. Any such policy or plan that provides coverage for post-delivery care to a mother and her newly born child in the home shall not be required to provide for a minimum of forty-eight hours and ninety-six hours, respectively, of such inpatient care unless such in-patient care is determined to be medically necessary by the attending physician or is requested by the mother. For the purposes of this section, attending physician shall include the attending obstetrician, pediatrician, certified nurse midwife, as defined by section one of chapter one hundred and seventy-six B, or other physician attending the mother or newly born child.

Post-delivery care shall consist of a minimum of three home visits, in accordance with accepted maternal and neonatal physical assessments, by a registered professional nurse with at least three years experience in community maternal and child health nursing. Services provided by the registered professional nurse shall include, but not be limited to, parent education, assistance and training in breast or bottle feeding and the performance of any necessary and appropriate clinical tests. Such home visits shall be conducted within twenty-four hours, twenty-five to forty-eight hours and ninety-six to one hundred and twenty hours following the discharge of the mother and her newly born child.

A company issuing any such policy or plan shall provide notice to policyholders regarding the coverage required by this section. Notice shall be in writing and prominently positioned in any literature or correspondence and shall be transmitted: (1) in the next mailing to the policyholder; (2) in the yearly informational packet sent to the policyholder; or (3) January first, nineteen hundred and ninety-six, whichever occurs first.

SECTION 2. Section 8H of chapter 176A of the General Laws, as appearing in the 1992 Official Edition, is hereby amended by adding the following 3 paragraphs:—

In addition to such basic benefits, such contract shall provide coverage of a minimum of forty-eight hours of in-patient care following a vaginal delivery and a minimum of ninety-six hours of in-patient care following a caesarean section for a mother and her newly born child. Any such contract that provides coverage for post-delivery care to a mother and her newly born child in the home shall not be required to provide for a minimum of forty-eight hours and ninety-six hours, respectively, of such in-patient care unless such in-patient care is determined to be medically necessary by the attending physician or is requested by the mother. For the purposes of this section, attending physician shall include the attending obstetrician, pediatrician, certified nurse midwife, as defined by section one of chapter one hundred and seventy-six B, or other physician attending the mother or newly born child.

Post-delivery care shall consist of a minimum of three home visits, in accordance with accepted maternal and neonatal physical assessments, by a registered professional nurse with at least three years experience in community maternal and child health nursing. Services provided by the registered professional nurse shall include, but not be limited to, parent education, assistance and training in breast or bottle feeding and the performance of any necessary and appropriate clinical tests. Such home visits

shall be conducted within twenty-four hours, twenty-five to forty-eight hours and ninety-six to one hundred and twenty hours following the discharge of the mother and her newly born child.

Every non-profit hospital service corporation shall provide notice to policyholders regarding the coverage required by this section. Notice shall be in writing and prominently positioned in any literature or correspondence and shall be transmitted: (1) in the next mailing to the policyholder; (2) in the yearly informational packet sent to the policyholder; or (3) January first, nineteen hundred and ninety-six, whichever occurs first.

SECTION 3. Section 4H of chapter 176B of the General Laws, as appearing in the 1992 Official Edition, is hereby amended by adding the following 3 paragraphs:—

In addition to such basic benefits, such subscription certificate shall provide coverage of a minimum of forty-eight hours of in-patient care following a vaginal delivery and a minimum of ninety-six hours of in-patient care following a caesarean section for a mother and her newly born child. Any such subscription certificate that provides coverage for post-delivery care to a mother and her newly born child in the home shall not be required to provide for a minimum of forty-eight hours and ninety-six hours, respectively, of such in-patient care unless such inpatient care is determined to be medically necessary by the attending physician or is requested by the mother. For the purposes of this section, attending physician shall include the attending obstetrician, pediatrician, certified nurse midwife, as defined in section one, or other physician attending the mother or newly born child.

Post-delivery care shall consist of a minimum of three home visits, in accordance with accepted maternal and neonatal physical assessments, by a registered professional nurse with at least three years experience in community maternal and child health nursing. Services provided by the registered professional nurse shall include, but not be limited to, parent education, assistance and training in breast or bottle feeding and the performance of any necessary and appropriate clinical tests. Such home visits shall be conducted within twenty-four hours, twenty-five to forty-eight hours and ninety-six to one hundred and twenty hours following the discharge of the mother and her newly born child.

Every medical service corporation shall provide notice to policyholders regarding the coverage required by this section. Notice shall be in writing and prominently positioned in any literature or correspondence and shall be transmitted: (1) in the next mailing to the policyholder; (2) in the yearly informational packet sent to the policyholder; or (3) January first, nineteen hundred and ninety-six, whichever occurs first.

SECTION 4. Section 4 of chapter 176G, as most recently amended by section 7 of chapter 302 of the acts of 1994, is hereby further amended by striking out the fourth sentence and inserting in place thereof the following sentence:— Such health maintenance contract shall also provide coverage for prenatal care, childbirth and post partum care as set forth in section forty-seven D and section forty-seven F of chapter one hundred and seventy-five.

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City of Cambridge

16.

IN CITY COUNCIL

July 31, 1995

VICE MAYOR RUSSELL

ORDERED: That this City Council go on record supporting Senate Bill entitled AN ACT EXPANDING CHILDBIRTH AND POST PARTUM BENEFITS.

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Reeves Russell Sullivan Triantafillou

Consent Order #16

S-236

Vice Mayor Russell re:
Support bill for longer maternity stays.

In City Council July 31, 1995

Order adopted.