1997-98 SESSION

COMMITTEE HEARING RECORDS

Assembly Committee on Mandates (AC-Ma)

Sample:

Record of Comm. Proceedings ... RCP
- 05hrAC-EdR_RCP_pt01a
- 05hrAC-EdR_RCP_pt01b
- 05hrAC-EdR_RCP_pt02

- *Appointments ... Appt*
- **

- *Clearinghouse Rules ... CRule*
- **

- *Committee Hearings ... CH*
- **

- *Committee Reports ... CR*
- **

- *Executive Sessions ... ES*
- **

- *Hearing Records ... HR*
- **97hr_ab0222_pt_02**

- *Miscellaneous ... Misc*
- **

- *Record of Comm. Proceedings ... RCP*
- **

WISCONSIN ASSOCIATION OF
WALHI
LIFE AND HEALTH INSURERS

The Wisconsin Association of Life and Health Insurers (WALHI) is a trade association representing 13 domestic insurance companies in Wisconsin. WALHI opposes all mandates. Mandates increase the cost of basic health insurance and limit the ability of consumers to choose their own benefit design.

The cumulative effect mandates have on premiums is the main reason many companies have decided to self-insure. By self-insuring companies are exempt from state mandates. Not all companies have the ability to self-insure. Nearly half of the market is self-insured; therefore, state mandates only affect one-half of the insured population. Clearly small businesses are disadvantaged.

WALHI believes that the market place should be allowed to determine health insurance benefit design without government intervention. Employers should be free to choose benefit packages best suited to the needs of their employees.

There is no question that WALHI supports healthy women and children. Our objection to AB 98 and AB 222 is the negative impact mandates have on overall access to affordable health care to Wisconsin's small, commercially insured employers and employees.

We stand with the small business community and ask that you reject AB 98 and AB 222.

3 South Pinckney Street • Suite 613 • Madison, WI 53703 • (608) 258-1770 • Fax (608) 258-1753

Milwaukee Journal Sentinel July 23, 1997

New studies fuel 'drive-through-delivery' debate

Wisconsin, Washington conclusions differ slightly

By Marilynn Marchione
of the Journal Sentinel staff

Two medical studies published today reached somewhat different conclusions over whether early discharge raises the odds that a newborn will develop problems leading to rehospitalization — adding to the controversy over so-called "drive-through deliveries."

University of Wisconsin Medical School researchers did one study, which found no greater risk of rehospitalization for feeding problems among 840 normal-weight babies who were released one to two days after uncomplicated births.

But a much larger and more comprehensive study by the University of Washington in Seattle — involving more than 300,000 newborns — found that infants discharged from the hospital within 30 hours of birth were more likely to be admitted again within a month than those who had longer hospital stays.

Of newborns who had been discharged early, 2% developed problems serious enough to require readmission within their first month of life, such as jaundice, dehydration or sepsis, a se-

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(1)

Milwaukee Journal Sentinel July 23, 1997

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rious type of infection.

The researchers also extrapolated the data to estimate that 8% of rehospitalizations within the first week of life may be attributable to early discharge.

Both studies were published in today's Journal of the American Medical Association.

"The first days after birth are a time of tremendous biological change and emotional adaptation for the newborn and parents," the authors of the Seattle study write.

They noted that last year, President Clinton signed a bill requiring health plans to cover hospital stays of at least 48 hours for women who give birth vaginally, and up to four days for those who deliver by Caesarean section. The bill passed after health insurers began restricting maternity stays, sometimes even shorter than doctors recommended.

The authors termed the bill "a first step." They advocated careful assessment of babies before discharge and close, individual follow-up in the first days at home.

In the Madison study, M. Bruce Edmonson and colleagues found no difference in readmission rates for feeding-related problems among 840 normal-weight newborns they studied.

But those who were readmitted to hospitals after initial discharge were more likely to have been breast-fed, firstborn, pre-term or to have mothers who were poorly educated, unmarried or receiving Medicaid.

The first-time-mother factor is something obstetrician Brian Bear said that he and his four partners in Milwaukee OB-GYN at St. Joseph's Hospital have seen. Jaundice is a frequent cause of rehospitalization as well, he said.

"What we find is moms, especially new moms, are definitely having a difficult time getting a handle on breast-feeding," Bear said.

Such mothers often get home from the hospital "totally unprepared" for how to feed and cope with the newborn's care needs, he said.

Physicians need to use good judgment, caution and compassion when deciding when to release a mother and/or newborn from the hospital, physician Paula Braveman of the University of California, San Francisco, writes in an accompanying editorial in the journal.

"The key issues are likely to be the content and timing" of services parents get right after a baby's birth, and individual factors and family vulnerabilities, she wrote.

(2)

MEDICAL
COLLEGE
OF WISCONSIN

Office of the President

August 28, 1997

To Members of the Assembly Committee on Mandates:

I am writing to express the support of the Medical College of Wisconsin for Assembly Bill 222. Our departments of Obstetrics/Gynecology and Pediatrics feel strongly that insurers should cover minimum lengths of inpatient services or home care visits following the birth of a child. This will promote quality and cost-effectiveness in the care of mothers and their newborns.

Ideally, we would prefer that the Legislature need not be involved in setting standards for insurance coverage. However, the growing pressure to reduce maternity stays even when it may not be medically appropriate or desirable has convinced us that legislative intervention may be necessary.

Even following so-called "uncomplicated" deliveries, the amount of further medical care needed, and the most appropriate setting for that care, varies greatly among individual mothers and newborns. The needs of the individual patient should be the deciding factor in determining when a patient is discharged. Efforts to restrict inpatient or home care visit days following a delivery may ironically increase overall health care costs by increasing the need for more costly interventions after the mother and child are discharged.

Thank you for your consideration of our comments.

Sincerely,

T. Michael Bolger
President and CEO

8701 Watertown Plank Road
Post Office Box 26509
Milwaukee, Wisconsin 53226-0509
(414) 456-8225

Fax

Nass
11-W

Please deliver immediately to:	Rep Stephen Nass
of:	State Capitol
Fax number:	1-608-266-7038
Voice number:	1-608-266-5715
Fax received from:	Amy L. Richardson
of:	March of Dimes Birth Defects Foundation
Fax number:	414-886-8917
Voice number:	414-886-8977
Date:	Fri Aug 29 1997
Time:	16:44:27
Number of Pages:	1
Subject:	AB222

Message:

Representative Nass:

Please distribute to the Mandate Committee members prior to the September 2, public hearing on AB222.

Thank You

Amy Richardson
March of Dimes

March of Dimes
Birth Defects Foundation
1834 Ryan Road
Racine, Wisconsin 53406
414 886-8977
Fax 414 886-8917

March of Dimes
Preventing Birth Defects

August 29, 1997

Representative Stephen Nass, Chair
Assembly Mandates Committee
State Capitol
P.O. Box 8953
Madison, Wisconsin 53708

Amy L. Richardson, Associate
State Public Affairs

RE: AB222 - For Information Only

Dear Representative Nass:

We write to offer the March of Dimes' perspective on Assembly Bill 222 related to insurance coverage of hospital or home care after childbirth. As you may know, the March of Dimes supported both the state and federal legislation related to this issue. Our volunteers and staff around the country were instrumental in seeing that the Newborns' and Mothers' Health Protection Act was passed and signed into law approximately one year ago.

While many states have similar laws related to early hospital discharge, federal legislation was necessary to ensure this protection to all mothers and babies. Specifically, the federal law was needed to cover:

- mothers (and their babies) who work for self-insured companies that provide their own insurance rather than purchase through another company. Self-insured plans are exempt from state regulations under the Employee Retirement Income Security Act (ERISA), thus the need for federal legislation.
- mothers (and their babies) who work for companies that are headquartered in others states (that may not have a similar bill); and
- mothers (and their babies) who cross state lines to receive their health care.

Here are a few thoughts on AB222:

1) No Provision for Follow-up Care

An important part of the early hospital discharge discussion is the issue of follow-up care within 72 hours of discharge, especially in cases where discharge occurs earlier than 48 hours after vaginal or 96 hours after cesarean birth. Follow-up care may include home visits or office visits with a nurse or physician. The specific content and timing of follow-up visits depends on the health status and needs of individuals families. However, follow-up within the first days after leaving the hospital and continued periodic primary care visits are important for both women and infants. Unfortunately, this item was dropped from the federal legislation and is not included in Representative Cullen's bill.

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(2)

Page Two,
AB222

2) Timing of the Bill is Problematic - It is our understanding that Assembly Bill 222 is identical to the federal legislation which takes affect January 1, 1998. While Representative Cullen's attempt to move this bill forward in early 1997 was quite appropriate and admirable, it appears to be late in the year to pass into law and implement this bill. For all practical purposes, it may simply be too late.

3) Current Efforts to Study Health Care Quality Issues
The Wisconsin Association for Perinatal Care and the Wisconsin HMO Association are leading the effort for many groups to examine the quality of health care and consider voluntary compliance of quality standards. Comprehensive pregnancy, childbirth and newborn care should occur along a continuum of prenatal, labor and delivery, birth, and post-partum follow-up care for a woman and her infant. Planning by the mother and her provider can improve the continuity and provide opportunities for health education and services throughout this time. This effort to develop these ideas outside of the legislative process has been successful in other states and deserves attention in Wisconsin.

4) Issue of ERISA Plans
Since self-insured (ERISA) plans are exempt from state law, there is still a significant portion of the population who would not be covered by the provisions of AB222.

The mission of the March of Dimes Birth Defects Foundation is to improve the health of babies by preventing birth defects and infant mortality. Any discussion that impacts the quality of perinatal health needs careful review. March of Dimes believes it is important to consider the full range of services needed through the continuum of perinatal care including prenatal, birth and follow-up postpartum services in inpatient, outpatient and home settings. Please take into consideration the above points when studying this well-intentioned legislation.

Sincerely,

Amy L. Richardson
March of Dimes

Lisa Monagle, R.N.C., Volunteer Chair
March of Dimes Public Affairs Committee

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March of Dimes
Preventing Birth Defects

March of Dimes
Birth Defects Foundation
1834 Ryan Road
Racine, Wisconsin 53406
414 886-8977
Fax 414 886-8917

August 29, 1997

Amy L. Richardson, Associate
State Public Affairs

Representative Stephen Nass, Chair
Assembly Mandates Committee
State Capitol
P.O. Box 8953
Madison, Wisconsin 53708

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Sincerely,

Amy L. Richardson
March of Dimes

Lisa Monagle, R.N.C., Volunteer Chair
March of Dimes Public Affairs Committee

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Birth Defects Foundation
1834 Ryan Road
Racine, Wisconsin 53406
414 886-8977
Fax 414 886-8917

March of Dimes
Preventing Birth Defects

Amy L. Richardson, Associate
State Public Affairs

Join our Campaign for Healthier Babies!

Association of
Wisconsin HMOs

Jim Coleman
President

Nancy J. Wenzel
Executive Director

2 East Mifflin Street • Suite 701 • Madison, Wisconsin 53703 • 608-255-8599 • Fax 608-255-8627

Kelly M. Rosati
Director of Government & Legal Affairs

September 2, 1997

The Association of Wisconsin HMOs opposes Assembly Bill (AB) 222, relating to maternity length of hospital stay, because it conflicts with federal law and because it would create significant confusion for Wisconsin consumers.

Federal Law Already Exists

On September 26, 1996, President Clinton signed the Newborns' and Mothers' Health Protection Act (the Act) of 1996. The Act requires all health insurers, including self-insured health plans, to provide hospital stay coverage for 48 hours after a vaginal delivery and for 96 hours after a caesarean delivery. The **federal law is effective for plan years beginning on or after January 1, 1998.**

Proposed State Law Creates Conflict

Several provisions of AB 222 conflict with federal law, including provisions related to: applicability to the insured population; home visits; payments to providers; the bill's effective date; and enforcement. (Please see the attached chart for more information.) When state law conflicts with federal law, preemption of state law occurs.

AB 222 is almost identical to 1995 AB 573 which was modified by the Assembly Health Committee and by the Senate Insurance Committee and never became law.

Marketplace Confusion Likely

AB 222 would create significant confusion for Wisconsin consumers as well as for insurers, providers and businesses. It would create a **two-tiered regulatory system** because as with all state insurance mandates, AB 222 only applies to commercial insurers and their largely small business customers. Federal law prohibits states from regulating private self-insured health plans. Self-insured plans now provide coverage for nearly 50% of Wisconsin consumers.

Collaboration--the Better Approach to Quality of Care Issues

In 1996, the Wisconsin Association for Perinatal Care (WAPC) and the Association of Wisconsin HMOs (HMO Association) convened representatives of provider, payer and insurer organizations from throughout Wisconsin for a "Quality Health Care Forum" specifically to discuss maternity length of hospital stay. Representatives at the Forum agreed that quality of care issues were best handled outside of the legislative arena. WAPC and the HMO Association believe that Wisconsin's health care consumers are better served by consensus and collaborative approaches to ensuring quality rather than by divisive battles in the Legislature.

As a result, WAPC and the HMO Association are convening a second "Quality Health Care Forum" on October 7, 1997, to provide interested parties with an opportunity to review the scientific outcomes of several short-term maternity length of hospital stay studies and to discuss the upcoming implementation of the federal law.

State legislative intervention at this time would only undermine the current attempts by stake holders to resolve this and other quality of care issues through non-legislative means. **In order to avoid marketplace confusion and to foster a collaborative approach to this and other health care quality issues, Wisconsin HMOs urge you to oppose AB 222.**

Wisconsin Assembly Bill (AB) 222

vs.

Federal Newborns' and Mothers' Health Protection Act of 1996

AB 222	FEDERAL LAW
Applies only to commercial insurers (50% of the market)	Applies to all plans, including self-fundeds (100% of the market)
48/96 hour coverage and/or home visits language	Straight 48/96 hour coverage requirement
Insurers must pay "usual & customary" charges to providers	Allows insurers to negotiate the level and type of reimbursement with providers
Effective on the day after publication	Effective January 1, 1998
Enforced by the Office of the Commissioner of Insurance (OCI)	Enforced against commercial insurers by the Federal Health Care Financing Administration (HCFA) unless state codification and enforcement occurs Enforced against self-insured plans by the Federal Department of Labor

Testimony Regarding AB222
Assembly Committee on Mandates
September 2, 1997
225 Northwest - State Capitol

My name is Daniel Bier, and I serve as executive director of the Wisconsin Association for Perinatal Care. WAPC is a 27 year old statewide association of over 650 health care providers from all areas of the state who provide services to pregnant women, infants and families.

Our association was an active supporter of this proposal when it was introduced as AB573 in the previous legislative session, however for several reasons we do not support AB222.

First, passage of the Newborns' and Mothers Health Protection Act of 1996 at the federal level mandates that all group plans issued or renewed after January 1, 1998 must provide coverage of inpatient hospital care, without authorization, for 48 hours following a normal vaginal delivery and 96 hours following a cesarean section. This mandate is applicable to all plans that provide maternity coverage, including self insured and individual plans. With federal legislation in place, we do not need state legislation in order to give mothers in Wisconsin that coverage.

Second, state legislation in this area will not be applicable to self insured plans because of the ERISA provisions. We understand that over 50% of Wisconsin's insured are insured in self funded programs. Therefore, AB222 would not apply to a large percentage of the people the bill is concerned with.

Third, we have been monitoring the evaluations of outcomes of short term length of stay programs, (as you have heard about or will hear about in other testimony today) and we have concluded that families are best served when we address their needs along time frame that goes beyond the few days after delivery. At a minimum, we should be looking at steps that have been taken to prepare a woman and her family for a short term stay (of even 48 hours), as well as assuring a follow up contact three days postpartum. AB222 does not address our concerns in this area.

This leads me to my final point which concerns how we might develop a more appropriate (and less politically charged) method to address quality of health care issues as they will continue to arise. We believe that Wisconsin needs a more formal (not sure how formal) mechanism to engage the various health care stakeholders (clinicians, consumers, insurers, employers, policy makers, etc.) in discussions where they are challenged and supported to identify and address the types of quality of care issues that AB222 is attempting to address. Such a collaborative discussion was not as necessary even a few years ago when the content of health care was something that was left to the patient and the care providers. The pressures of cost containment have changed the landscape dramatically and we need new methods to discuss the issues from a variety of perspectives.

The idea is simple. When we have an issue that is of concern, we bring the knowledgeable and affected people together so that they can have an open and honest discussion that presents all sides of the issue. As I mentioned earlier this would include such people as consumers, insurers, employers and policy makers. The discussions would occur within the context of working toward high quality, cost effective care. If they are successful and come to a mutual understanding of how the issues should be addressed, then the citizens of Wisconsin benefit. If they are not successful, then we need to consider continuation of the debate within such arenas as the state legislature.

Over the past year we have been working with the Association of Wisconsin HMOs to present such an idea to the various stakeholders. It has been met with mix response, not because people disagree with the concept of working things out in a collaborative fashion, but rather because of concern that any new process might compromise autonomy, and also further politicize the issues.

These are very legitimate concerns that need to be addressed as we consider how to proceed. However, we are confident that if we work together, we could develop an approach that would draw upon the traditions of Wisconsin and foster the free market operating in the best interests of the citizenry. We are interested in talking with you and others about how this idea might be advanced.

Daniel Bier
Executive Director
Wisconsin Association for Perinatal Care
McConnell Hall
1010 Mound Street
Madison, Wisconsin
608-267-6060

JACQUELINE BAGLEY
408 MILWAUKEE ROAD
CLINTON, WI. 53525

September 2, 1997

Representative Stephen Nass
Chairman, Committee on Mandates &
Committee Members
Wisconsin State Assembly
Madison, Wi.53708

Dear Representative Nass and Committee Members,

Seven months and three days ago I gave birth to a beautiful baby girl that we named McKenzie Rae. My labor and delivery was uncomplicated and McKenzie is a happy and healthy baby.

My biggest complaint was that I was exhausted. Like many women of my generation I continued employment up until delivery and the usual discomforts of advanced pregnancy had kept me from getting a good nights sleep the last few weeks before delivery.

After the delivery we had the usual round of visiting family and friends and then I tried to catch up on my rest. But my new daughter had other ideas. She decided to nurse every couple of hours all night long.

The following mornings visit with my doctor had both of us agreeing it would be in every ones best interest to stay another day. I could get some rest and the nurses could help me get established with nursing,a task that was not successful with my first child. A call to my insurance company changed all that. My insurance coverage was for 24 hours only. Unless my doctor could provide a medical reason (exhaustion didn't count), I would have to leave.

My doctor was quite surprised. "I thought they had passed a law about that." he said. My husband and I were shocked as well. I carry the insurance for our family, and although expensive ($4,600 a year) we understood it to be good coverage. Alas, 27 hours after I gave birth my husband and I, accompanied by our three year old daughter Lauren, brought McKenzie home.

My husband and I were both concerned about how I was going to manage the next day. My husband's company provided no

paternity leave and a day and a half of vacation was used for delivery and to bring us home. Well, we made it through that day and the next eight weeks but it certainly wasn't easy.

I was stressed and depressed most of the time. I quit nursing as that was one more thing I had to deal with. My three year old was not getting the attention she deserved and her behavior was beginning to show it and my poor husband was walking around on eggshells trying not to do anything that would make me cry. (He was doomed to fail).

Did my insurance company save money? They spent extra money on two psychiatric visits and anti depressant drugs. They also spent additional money on McKenzie's pediatrician visits, as he was concerned about her leaving the hospital so soon and wanted to see her more often. Although I have no hard and fast evidence that the scenario would have been different had I been allowed to stay in the hospital a longer time, I believe that the majority of the problems we experienced in the following weeks would have been avoided. It is amazing what a little rest and an extra boost can do for a person, Certainly the assurance and assistance provided by nurses and professional staff in the hospital assist the new mother and her baby to relax more, rest and become ready to ease into their new life together.

My story is not unique, nor is it the worst story that you will hear. There are thousands of women, babies and families who suffer this bit of trauma every day. My family and I were successful in getting back to a happy daily routine. How many others never get back on the right track after a rocky start? My dream is that every mother and child get the best start in their new life that is possible. Your action on this bill can make this a reality. Thank you for giving it your attention.

Jacqueline S. Bagley

Jacqueline Bagley

Cynthia Bagley
415 Church Street
Clinton, Wi.53525

September 2, 1997

Representative Stephen Nass
Chairman, Committee on Mandates &
Committee Members
Wisconsin State Assembly
Madison, Wi. 53708

Dear Representative Nass and Committee Members,

Wisconsin's citizens are indeed fortunate in having responsible legislators working diligently to assure that mothers and babies will receive appropriate care following birth and delivery. It is unfortunate that health care providers and insurance companies have not been advocates for the mothers and babies for whom they are responsible by assuring them but the most minimal hospital care following delivery.

Young families in modern society face many pressures. My observation is positive, in that most of them take their responsibilities seriously and are extremely conscientious in learning to be,and acting as, good parents. Society owes them support, assistance and appreciation for so competently assuming this important role. The words "family values" are often touted, and yet societal institutions fail to respect these values when they make decisions that adversely affect families in the way that premature hospital release does.

There is also currently a segment of society that includes young, single women giving birth and bringing home babies to less than ideal conditions. This statement is neither to condemn nor condone these births, but rather to state these mothers and babies are already disadvantaged and the babies at peril of receiving a satisfactory beginning. Adequate hospital care is imperative.

Representative Robson has first hand experience in knowing the health needs of women and children and we are grateful that others on your committee share the commitment of advocacy and protection of assuring adequate post delivery care. Thank you for that attention.

Cynthia Bagley

Margaret Malnory,RN, MSN
Home Care Coordinator, Women's Health Services
Sinai Samaritan Medical Center

Utilization of Health Care Resources Between Groups of Postpartum Women and Their Newborns

Abstract

Length of Stay for postpartum women and their newborns has gained national attention through efforts to control it with legislative rulings. Studies looking at the outcomes of early discharge on women and their newborns were done in the eighties, usually on very small, tightly controlled samples. These studies also focus on readmission rates and do not examine the utilization of other health care resources after discharge.

Objective: The objective of this ongoing study is to identify the differences between postpartum patients that are discharged within 36 hours after delivery, receive a home visit and phone call with postpartum women who are discharged 48 hours or longer after delivery and receive telephone follow up.

Design: After the first year of the home visit program the data have begun to be analyzed. 3351 mothers were called at ten days postpartum during the first year of the program. Two thousand two hundred twenty-eight(2228) maternal self reported surveys were completed at ten days postpartum during the final postdischarge contact. This is 67% of women delivering at this hospital were contacted at 10 days postpartum. The initial analysis looks at frequencies and crosstabulations between groups. Further refined analysis will be done in the near future.

Setting: All women delivering in an urban tertiary care perinatal center.
Outcome: The analysis of differences between groups looking at the rate of readmissions, emergency room visits, provider visits and provider phone calls was completed. The differences between groups was not statistically significant but a modest decrease in utilization of all health care services was found in the group discharged earlier with home visit and telephone follow up. The reasons for utilization of sevices will be in the next step of the analysis.
Conclusion: The results suggest that women and newborns sent home with a home visit and telephone followup postpartum use less health care resources than the women and newborns with longer hospitalizations receiving only telephone followup. Also, women and newborns with telephone follow up only are readmitted less than the general population.