



OFFICE OF THE LEGISLATIVE SECRETARY

ACKNOWLEDGMENT RECEIPT

Received By Clay

Time 4:50 PM

Date 1-2-97

CARL T.C. GUTIERREZ  
GOVERNOR OF GUAM

JAN 02 1997

The Honorable Don Parkinson  
Speaker  
Twenty-Third Guam Legislature  
Guam Legislature Temporary Building  
155 Hesler Street  
Agana, Guam 96910

OFFICE OF THE SPEAKER

Date: 1-2-97

Time: 1:55 pm

Received By: Archie B. Torres

Print Name: Archie B. Torres

Dear Mr. Speaker:


Enclosed please find a copy of Bill No. 751 (LS), "AN ACT TO IMPROVE QUALITY OF HEALTH CARE FOR MOTHERS AND INFANTS BY SETTING A MINIMUM MATERNITY-STAY AND REQUIRING HEALTH INSURERS, HEALTH MAINTENANCE ORGANIZATIONS, AND NONPROFIT HEALTH PLANS TO COVER THIS COST", which I have signed into law today as **Public Law No. 23-140**.

President Clinton has signed into law in September of this year U. S. Public Law 104-204, 110 Stat. 2940. This federal law requires health insurance providers to give coverage of 48 hours hospital stay for vaginal births and 96 hours hospital stay for cesarean section births. The federal law states that it does not apply if a state has already enacted this type of legislation.

Although federal law already covers this matter, I have signed this bill into law in order to clarify that our local government is fully supportive of giving mothers the required health care that they are entitled to. This legislation does not require a mother to stay in the hospital for the minimum stay times, but makes it clear that she is entitled to stay. Also, the legislation makes it clear that a physician can chose to have a mother stay longer, should this be required in the physician's medical judgment. This new requirement may overtax our scarce health resources, especially in the case of hospital beds at the Guam Memorial Hospital and nurses at Public Health who do home visits, however, we must work toward increasing health care for our people and must maximize our resources as best that we can.

A copy of Governor's message and the public law have been delivered to the Office of the Legislative Secretary.

Very truly yours,

  
Carl T. C. Gutierrez  
Governor of Guam

Attachment

231634



CARL T.C. GUTIERREZ  
GOVERNOR OF GUAM

JAN 02 1997

The Honorable Hope A. Cristobal  
Acting Legislative Secretary  
Twenty-Third Guam Legislature  
Guam Legislature Temporary Building  
155 Hesler Street  
Agana, Guam 96910

OFFICE OF THE LEGISLATIVE SECRETARY  
ACKNOWLEDGMENT RECEIPT


Received By Julief  
Time 2:45  
Date 1/2/97

Dear Madame Legislative Secretary:

Enclosed please find a copy of Governor's message and copy of Bill No. 751 (LS), "AN ACT TO IMPROVE QUALITY OF HEALTH CARE FOR MOTHERS AND INFANTS BY SETTING A MINIMUM MATERNITY-STAY AND REQUIRING HEALTH INSURERS, HEALTH MAINTENANCE ORGANIZATIONS, AND NONPROFIT HEALTH PLANS TO COVER THIS COST", which I have signed into law today as **Public Law No. 23-140**.

Governor's message and copy of the public law have been delivered to the Office of the Speaker.

Very truly yours,

  
Carl T. C. Gutierrez  
Governor of Guam

Attachments

231624  
(for file purposes)  
only  
Same as POC. NO. 231634

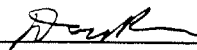
TWENTY-THIRD GUAM LEGISLATURE  
1996 (SECOND) Regular Session

CERTIFICATION OF PASSAGE OF AN ACT TO THE GOVERNOR

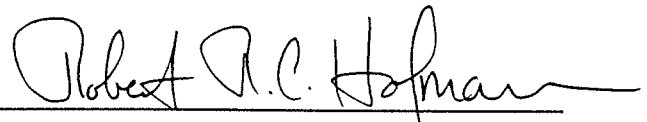
This is to certify that Bill No. 751 (LS), "AN ACT TO ADD A NEW CHAPTER 92 TO TITLE 10, GUAM CODE ANNOTATED, TO IMPROVE QUALITY OF HEALTH CARE FOR MOTHERS AND INFANTS BY SETTING A MINIMUM MATERNITY-STAY AND REQUIRING HEALTH INSURERS, HEALTH MAINTENANCE ORGANIZATIONS, AND NONPROFIT HEALTH PLANS TO COVER THIS COST," was on the 23rd day of December, 1996, duly and regularly passed.

Attested:

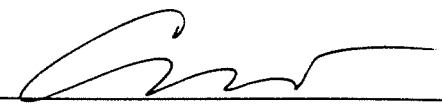
  
\_\_\_\_\_  
SONNY LUJAN ORSINI  
Senator and Legislative Secretary, Acting

  
\_\_\_\_\_  
DON PARKINSON  
Speaker

-----  
This Act was received by the Governor this 23<sup>rd</sup> day of December,  
1996, at 4:55 o'clock P.M.

  
\_\_\_\_\_  
Assistant Staff Officer  
Governor's Office

APPROVED:

  
\_\_\_\_\_  
CARL T. C. GUTIERREZ  
Governor of Guam

Date: 1-2-97

Public Law No. 23-140



1 desire for cost containment. For insurers and health plans desiring to provide  
2 cost-effective services, maternity stays offer an opportunity to reduce  
3 expenditures while recognizing new concepts of practice, which call for a  
4 continuum of postpartum services directed to mothers' and infants' medical  
5 needs.

6 The American Academy of Gynecology (ACOG) and the American  
7 Academy of Pediatrics (AAP) jointly concede that the optimal length of stay in  
8 a hospital for healthy mothers and babies should be forty-eight (48) hours of  
9 inpatient care after a vaginal delivery and ninety-six (96) hours after a  
10 cesarean section. Those on both sides of the postpartum care debate agree  
11 that new mothers need rest and recuperation, support with breast-feeding  
12 initiation, education about infant care and parenting, and attention to the  
13 possibility of immediate anxiety or future postpartum depression, infection or  
14 bleeding. In addition, infants require identification of congenital anomalies,  
15 screening for phenyl-ke-tonuria (PKU), congenital hypothyroidism and other  
16 time-sensitive and potentially devastating newborn conditions, arrangement  
17 for post-discharge screening or re-screening if infants are discharged within  
18 twenty-four (24) hours, attention to feeding and nutrition problems,  
19 monitoring of possibly serious neonatal jaundice, and linkage to primary  
20 services and immunizations.

21 Outpatient follow-up can be difficult and expensive. Statistics indicate  
22 about fourteen percent (14%) of women and eleven percent (11%) of  
23 newborns experience postpartum complications, breast feeding problems,  
24 jaundice, dehydration, fever and poor feeding problems within the first  
25 twenty-four (24) hours. Early intervention could prevent complications, and  
26 reduce infant and maternal mortality and morbidity.

1     . §92101. **Legislative Intent.** It is a growing concern that mothers and  
2 infants at high medical risk are being discharged too early from the hospital,  
3 creating potential postpartum problems. It is the intent of the Legislature  
4 that efficient, cost-effective, quality and necessary postpartum health care,  
5 and not “drive-through deliveries,” are provided to newly-born children and  
6 their mothers in the safest manner and at the earliest possible time. It is the  
7 intention of the Legislature to set the minimum maternity-stay at forty-eight  
8 (48) hours of inpatient care for routine vaginal deliveries and ninety-six (96)  
9 hours of inpatient care for Cesarean section for a mother and her newly born  
10 child, unless earlier discharge is made in accordance with the medical criteria  
11 outlined in the *Public Health and Social Services Maternity-Stay Rules and*  
12 *Regulations*. All individual and group health insurance, health maintenance  
13 organizations (HMOs), and nonprofit health plan (NHP) policies delivered or  
14 issued for delivery on Guam and which provide maternity coverage shall be  
15 required to cover this cost.

16     §92102. **Definitions.** As used in this Chapter:

- 17     1.    “**Attending clinician**” means the attending obstetrician,  
18           pediatrician, family practitioner, other physician or certified  
19           nurse midwife attending the mother or newly-born child.
- 20     2.    “**Inpatient**” means a patient who is confined to a health facility  
21           for medical care.
- 22     3.    “**Insurers**” means any individual or group contract (i.e.  
23           individual or group health insurer, health maintenance  
24           organizations (HMOs), nonprofit health plan (NHP)) that  
25           provides maternity benefits and which policy is delivered,  
26           issued, executed or renewed on Guam.

1 4. "Maternity benefits" means coverage for prenatal,  
2 intrapartum, perinatal or postpartum care.

3 5. "Medically necessary" means that the patient's health, in the  
4 opinion of the attending physician, would be adversely affected  
5 by lack of appropriate treatment.

6 §92103. **Adoption of rules and regulation.** The Director of Public Health  
7 and Social Services shall adopt rules and regulations to implement the health  
8 provisions of this section, which includes, but is not limited to, defining a  
9 "medically necessary" decision for shortening minimum coverage, and home  
10 visit requirements, within six (6) months upon enactment of this Act.

11 §92104. **Insurer contracts.** All insurer contracts delivered or issued for  
12 delivery, which are also executed or renewed on Guam, and which provide  
13 maternity coverage shall also provide coverage for a minimum of forty-eight  
14 (48) hours of inpatient care following a vaginal delivery, and a minimum of  
15 ninety-six (96) hours of inpatient care following a cesarean section for a  
16 mother and her newly-born child in a health facility, unless earlier discharge  
17 is made in accordance with the medical criteria outlined in the most current  
18 version of the "Guidelines for Perinatal Care" prepared by the American  
19 Academy of Pediatrics and the American College of Obstetricians and  
20 Gynecologists. Such criterion include, but are not limited to, the requirement  
21 that family members or other support person(s) should be available to the  
22 mother for the first few days following discharge. In addition, a decision for  
23 early discharge shall be individualized and shall be a mutual decision between  
24 the mother and the attending physician. Inpatient care in excess of a  
25 minimum of forty-eight (48) hours following a vaginal delivery and a  
26 minimum of ninety-six (96) hours following a cesarean section for a mother

1 and her newly-born child in a health facility shall be covered under the  
2 insurance contract, **only** if determined to be medically necessary by the  
3 attending physician.

4       **§92105. Maternity-stay Exemption.** Notwithstanding the provisions of  
5 Section 4, an insurance policy delivered or issued for delivery on Guam that  
6 provides coverage for postpartum care to a mother and her newly born child  
7 **in the home** shall not be required to provide for coverage for a minimum of  
8 forty-eight (48) hours of inpatient care following a vaginal delivery and a  
9 minimum of ninety-six (96) hours of inpatient care following a cesarean  
10 section, unless such inpatient care is determined to be medically necessary by  
11 the attending physician, or early discharge is inconsistent with the Public  
12 Health and Social Services Maternity-Stay Rules and Regulations.

13       **§92106. In-home Postpartum Care.** Postpartum care in the home shall  
14 be made in accordance with accepted maternal and neonatal physician  
15 assessments, by a registered professional nurse with community maternal  
16 and child health nursing experience or by a person with appropriate  
17 licensure, training and experience to provide postpartum care. Services  
18 provided by such person shall include, but is not limited to, parent education,  
19 assistance and training in breast and bottle feeding, and the performance of  
20 any necessary and appropriate clinical tests. Postpartum care in the home  
21 shall consist of a minimum of three (3) home visits, unless one or two home  
22 visits are determined to be sufficient by the attending physician, registered  
23 professional nurse or person with appropriate licensure, training and  
24 experience to provide postpartum care. The home visits shall be conducted  
25 within the time indicated by the attending physician or registered  
26 professional nurse.



1        §92107. **Responsibility of insurer.** Each insurer providing maternity  
2 coverage on Guam shall mail a written description of the coverage and notify  
3 the expectant mother of her right to complain should she not receive the  
4 coverage as required under this Article, in a form approved by the  
5 Department of Public Health and Social Services. The approved form shall  
6 be issued to the expectant mother covered by the insurer and to her attending  
7 physician, upon receipt by the insurer of notification of the diagnosis of  
8 pregnancy of the expectant mother.

9        §92108. **Appeals process.** Any subscriber or member who is aggrieved  
10 by a denial of benefits to be provided under this section may appeal said  
11 denial in accordance with regulations of the Department of Public Health and  
12 Social Services.

13        §92109. **Incentives or Penalties Prohibited.** No person, insurer, health  
14 maintenance organization, nonprofit health care plan, insurance pool, or  
15 health insurance alliance, transacting health insurance or providing health  
16 care services, as defined herein, on Guam, shall provide, directly or indirectly,  
17 any financial incentive or disincentive, or grant or deny any special favor or  
18 advantage of any kind or nature whatsoever, to any person to encourage or  
19 cause early discharge of a hospital inpatient from postpartum care.  
20 Notwithstanding the above, this section does not prohibit use of prospective  
21 payment systems including, but not limited to, capitation and diagnostic  
22 related groupings, that are designed to promote efficiency in appropriate  
23 health care delivery.

24        §92110. **Penalties.** In addition to any other penalty provided by law or  
25 rule, violation of any provisions of this rule is subject to penalties for  
26 violation of the insurance code.

1       ·   §92111. **No statutory maximum.** Nothing in this Act shall be construed  
2 as establishing any maximum limitation on inpatient maternity care or  
3 inpatient maternity benefits.

4           §92112. **Severability.** If any section of this rule, or applicability of any  
5 section to any person or circumstance, is for any reason held invalid by a  
6 court, the remainder of the rule, or the applicability of such provisions to  
7 other persons or circumstances, shall not be affected.”

**VOTING SHEET**

Bill No. 751  
 Resolution No. \_\_\_\_\_  
 Question: \_\_\_\_\_

NAME	YEAS	NAYS	NOT VOTING/ ABSTAINED	ABSENT/ OUT DURING ROLL CALL
ADA, Thomas C.	✓			
AGUON, John P.	✓			
BARRETT-ANDERSON, Elizabeth	✓			
BLAZ, Anthony C.	✓			
BROWN, Joanne S.	✓			
CAMACHO, Felix P.	✓			
CHARFAUROS, Mark C	✓			
CRISTOBAL, Hope A.	✓			
FORBES, MARK				✓
LAMORENA, Alberto C., V	✓			
LEON GUERRERO, Carlotta	✓			
LEON GUERRERO, Lou	✓			
NELSON, Ted S.	✓			
ORSINI, Sonny L.	✓			
PANGELINAN, Vicente C	✓			
PARKINSON, Don	✓			
SAN AGUSTIN, Joe T.	✓			
SANTOS, Angel L. G.	✓			
SANTOS, Francis E.	✓			
UNPINGCO, Antonio R.	✓			
WONPAT-BORJA, Judith				✓

TOTAL

19   0   0   2

CERTIFIED TRUE AND CORRECT:

\_\_\_\_\_  
 Recording Secretary

C23-148



TWENTY-THIRD  
GUAM LEGISLATURE  
324 W. SOLEDAD AVENUE  
AGANA, GUAM 96910  
TEL: (671) 472-3543/44/45  
FAX: (671) 472-3832

SENATOR LOU LEON GUERRERO, RN, MPH  
CHAIRPERSON  
COMMITTEE ON HEALTH, WELFARE, AND SENIOR CITIZENS

25 November 1996

The Honorable  
Don Parkinson  
Speaker, 23rd Guam Legislature  
Agana, Guam

**via: Committee on Rules**

Dear Mr. Speaker:

The Committee on Health, Welfare & Senior Citizens to which was referred Bill 751, AN ACT TO IMPROVE QUALITY OF HEALTH CARE FOR MOTHERS AND INFANTS BY SETTING A MINIMUM MATERNITY-STAY AND REQUIRING HEALTH INSURERS, HEALTH MAINTENANCE ORGANIZATIONS AND NONPROFIT HEALTH PLANS TO COVER THIS COST, has had the same under consideration and reports, **To Do Pass.**

Votes of committee members are as follows:

- To Pass
- Not To Pass
- To The Inactive File
- Abstained
- Off-Island
- Not Available

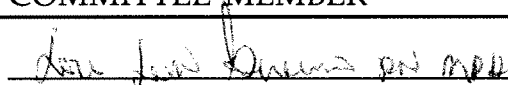
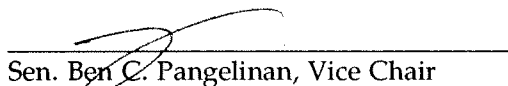
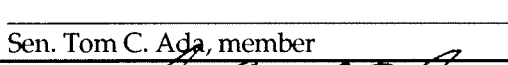

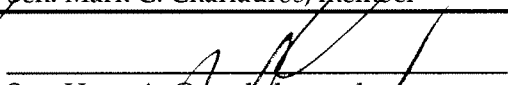
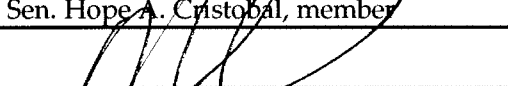
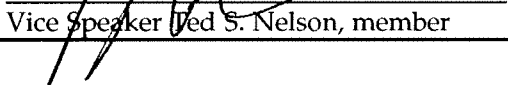
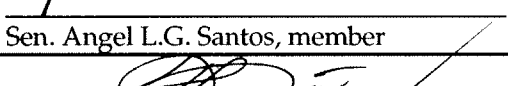

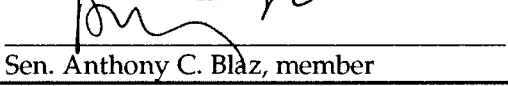
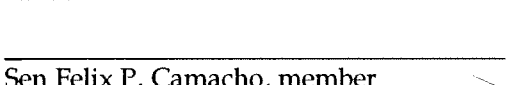
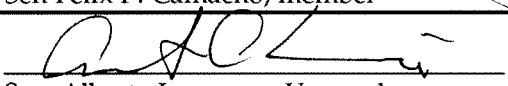
Sincerely,

**Lou Leon Guerrero, RN, MPH**  
attachments

**Committee On Health, Welfare, And Senior Citizens  
VOTE SHEET**

on

**Bill 751, AN ACT TO IMPROVE QUALITY OF HEALTH CARE FOR MOTHERS AND INFANTS BY SETTING A MINIMUM MATERNITY-STAY AND REQUIRING HEALTH INSURERS, HEALTH MAINTENANCE ORGANIZATIONS AND NONPROFIT HEALTH PLANS TO COVER THIS COST.**

COMMITTEE MEMBER	TO PASS	NOT TO PASS	ABSTAIN	INACTIVE FILE
 Sen. Lou Leon Guerrero, RN, MPH, Chair	✓			
 Sen. Ben C. Pangelinan, Vice Chair	✓			
 Sen. Tom C. Ada, member				
 Sen. Mark C. Charfauros, member	X			
 Sen. Hope A. Cristobal, member				
 Vice Speaker Ted S. Nelson, member	✓			
 Sen. Angel L.G. Santos, member				
 Sen. Judith Won Pat-Borja, member	✓			
 Sen. Anthony C. Blaz, member	✓			
 Sen Felix P. Camacho, member				
 Sen. Alberto Lamorena V, member	✓			
 Sen. Carlotta Leon Guerrero, member	✓			

**COMMITTEE ON HEALTH, WELFARE & SENIOR CITIZENS  
COMMITTEE REPORT**

Legislature Public Hearing Room  
Thursday, November 21, 1996

**Senator Lou Leon Guerrero, RN, MPH, Chairperson**

Senator Ben C. Pangelinan, Vice Chair

Senator Tom C. Ada, member

Senator Judy Won Pat-Borja, member

Senator Carlotta Leon Guerrero, member

**PUBLIC HEARING**

Senator Lou Leon Guerrero, Committee on Health, Welfare & Senior Citizens Chairperson held a public hearing on Thursday, November 21, 1996 at 9:00 a.m. to hear testimonies on Bill No. 751.

**Bill 751: AN ACT TO IMPROVE QUALITY OF HEALTH CARE FOR MOTHERS AND INFANTS BY SETTING A MINIMUM MATERNITY-STAY AND REQUIRING HEALTH INSURERS, HEALTH MAINTENANCE ORGANIZATIONS AND NONPROFIT HEALTH PLANS TO COVER THIS COST.**

**PURPOSE**

It is the intention of the Legislature to set the minimum maternity-stay at 48-hours of inpatient care for routine vaginal deliveries and 96 hours of inpatient care for Caesarean section for a mother and her newly born child unless earlier discharge is made in accordance with the medical criteria outlined in the Department of Public Health and Social Services Maternity-Stay Rules and Regulations. All individual and group health insurance, Health Maintenance Organizations (HMOs), and Nonprofit Health Plan (NHP) policies delivered or issued for delivery on Guam and which provide maternity coverage shall be required to cover this cost.

**BACKGROUND**

The American Academy of Gynecology (ACOG) and the American Academy of Pediatrics (AAP) reached a consensus that the optimal length of stay for healthy mothers and babies should be 48 hours of inpatient care after a vaginal delivery and 96 hours after a caesarean section. Those on both sides of the postpartum care debate agree that a high percentage of mothers and newborns experience postpartum complications, such as, postpartum depression, infection, bleeding, serious neonatal jaundice, dehydration and

other problems which require prevention and/or early intervention. President Clinton, on September 26, 1996, signed into law P.L. 104-204 which implements the standards and coverage for maternity-stay.

### **TESTIMONY**

Clarissa R. Gutierrez-Alvarez, Manager of TROPICARE, presented testimony in support of Bill No. 751. The testimony acknowledged the innovation of homevisit follow-up as an alternative plan to inpatient care and the sections that ensure prevention, early intervention and quality care to mothers and babies.

### **FINDINGS**

The Committee received no opposition to Bill No. 751, and although the Guam Memorial Hospital Agency, the Department of Public Health & Social Services, the health insurance companies, Guam Medical Association, and the Guam Nurses Association were notified no testimonies were received.

### **RECOMMENDATION**

The Committee is recommending Bill No. 751 be passed as written by the author.



# COMMITTEE ON RULES

Twenty-Third Guam Legislature  
155 Hesler St., Agana, Guam 96910

October 2, 1996

## MEMORANDUM

**TO:** Chairman, Committee on Health, Welfare and Senior Citizens

**FROM:** Chairman, Committee on Rules

**SUBJECT:** Referral - Bill No. 751

The above Bill is referred to your Committee as the principal committee. Please note that the referral is subject to ratification by the Committee on Rules at its next meeting.



SONNY LUJAN ORSINI

Attachment:

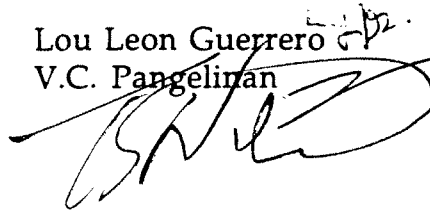


TWENTY-THIRD GUAM LEGISLATURE  
1996 (Second) Regular Session

SEP 29 1996

Bill No. 751 (LS)

Lou Leon Guerrero  
V.C. Pangelinan



**AN ACT TO IMPROVE QUALITY OF HEALTH CARE FOR MOTHERS AND INFANTS BY SETTING A MINIMUM MATERNITY-STAY AND REQUIRING HEALTH INSURERS, HEALTH MAINTENANCE ORGANIZATIONS, AND NONPROFIT HEALTH PLANS TO COVER THIS COST.**

1 BE IT ENACTED BY THE PEOPLE OF THE TERRITORY OF GUAM:  
2

3       **Section 1. Legislative Findings.** Between 1970 and 1992, according to  
4 the Centers for Disease Control, the median length of hospital stay declined  
5 from 3.9 to 2.1 days for vaginal delivery and from 7.8 to 4 days for caesarean.  
6 The post-1970 decrease in length of stay was a response to changing attitudes  
7 toward childbirth being a normal, healthy process; women not being invalids  
8 after delivery; healthy mothers and babies not being exposed to infections;  
9 mother, baby bonding being promoted; and cost containment. For insurers  
10 and health plans desiring to provide cost-effective services, maternity stays  
11 offer an opportunity to reduce expenditures while recognizing new concepts  
12 of practice which call for a continuum of postpartum services directed to  
13 mothers' and infants' medical needs.

14       The American Academy of Gynecology (ACOG) and the American  
15 Academy of Pediatrics (AAP) reached a consensus that the optimal length of  
16 stay for healthy mothers and babies should be 48 hours of inpatient care after  
17 a vaginal delivery and 96 hours after a caesarean section. Those on both sides  
18 of the postpartum care debate agree that new mothers need rest and  
19 recuperation, support with breast-feeding initiation, education about infant  
20 care and parenting, and attention to the possibility of immediate anxiety or  
21 future postpartum depression, infection or bleeding. In addition, infants  
22 require identification of congenital anomalies, screening for phenyl-  
23 ketonuria (PKU), congenital hypothyroidism and other time-sensitive and  
24 potentially devastating newborn conditions, arrangement for post-discharge  
25 screening or re-screening if infants are discharged within 24 hours, attention

1 to feeding and nutrition problems, monitoring of possibly serious neonatal  
2 jaundice, and linkage to primary services and immunizations.

3 Outpatient follow-up can be difficult and expensive. Statistics indicate  
4 about 14 percent of women and 11 percent of newborns experience  
5 postpartum complications, breast feeding problems, jaundice, dehydration,  
6 fever and poor feeding problems within the first 24 hours, while early  
7 intervention could prevent complications, and reduce infant and maternal  
8 mortality and morbidity.

9 **Section 2. Legislative Intent.** It has been a growing concern that  
10 mothers and infants at high medical risk are being discharged too early from  
11 the hospital creating a potential postpartum problem. It is the intent of the  
12 Legislature that efficient, cost effective, quality and necessary postpartum  
13 health care and not "drive-through deliveries" are provided to newly born  
14 children and their mothers in the safest manner and at the earliest possible  
15 time. It is the intention of the Legislature to set the minimum maternity-stay  
16 at 48 hours of inpatient care for routine vaginal deliveries and 96 hours of  
17 inpatient care for Caesarean section for a mother and her newly born child  
18 unless earlier discharge is made in accordance with the medical criteria  
19 outlined in the Public Health and Social Services Maternity-Stay Rules and  
20 Regulations. All individual and group health insurance, Health  
21 Maintenance Organizations (HMOs), and Nonprofit Health Plan (NHP)  
22 policies delivered or issued for delivery on Guam and which provide  
23 maternity coverage shall be required to cover this cost.

24 **Section 3. Definitions.** As used in this Chapter:

- 25 1. "Attending clinician" means the attending obstetrician, pediatrician,  
26 family practitioner, other physician or certified nurse midwife  
27 attending the mother or newly born child.  
28 2. "Inpatient" means a patient who is in a health facility for medical care.  
29 3. "Insurers" means any individual or group contract (i.e. individual or  
30 group health insurer, Health Maintenance Organizations (HMOs),  
31 Nonprofit Health Plan (NHP)) that provides maternity benefits and is  
32 delivered, issued, executed or renewed on Guam.  
33 4. "Maternity benefits" means coverage for prenatal, intrapartum,  
34 perinatal or postpartum care.

1 5. "Medically necessary" means that the patient's health, in the opinion  
2 of the attending physician, would be adversely affected by lack of  
3 appropriate treatment.

4 **Section 4. Adoption of rules and regulation.** The Director of Public  
5 Health and Social Services shall adopt rules and regulations that implement  
6 the health provisions of this section, which includes but is not limited to  
7 defining "medically necessary," decision for shortening minimum coverage,  
8 and homevisit requirements.

9 **Section 5. Insurer contracts.** All insurer contracts delivered or issued  
10 for delivery, executed or renewed on Guam and which provide maternity  
11 coverage shall also provide coverage for a minimum of 48 hours of inpatient  
12 care following a vaginal delivery and a minimum of 96 hours of inpatient  
13 care following a caesarian section for a mother and her newly born child in a  
14 health facility unless earlier discharge is made in accordance with the medical  
15 criteria outlined in the most current version of the "Guidelines for Perinatal  
16 Care" prepared by the American Academy of Pediatrics and the American  
17 College of Obstetricians and Gynecologists, including, but not limited to, the  
18 criterion that family members or other support person(s) should be available  
19 to the mother for the first few days following discharge. In addition, a  
20 decision for early discharge should be individualized and should be a mutual  
21 decision between the mother and the attending physician. Inpatient care in  
22 excess of a minimum of 48 hours following a vaginal delivery and a  
23 minimum of 96 hours following a caesarian section for a mother and her  
24 newly born child in a health facility shall be covered, under the contract, only  
25 if determined to be medically necessary by the attending physician.

26 **Section 6. Maternity-stay Exemption.** Notwithstanding the provisions  
27 of Section 4, an insurer policy delivered or issued for delivery on Guam that  
28 provides coverage for postpartum care to a mother and her newly born child  
29 in the home shall not be required to provide for coverage for a minimum of  
30 48 hours of inpatient care following a vaginal delivery and a minimum of 96  
31 hours of inpatient care following a caesarian section, unless such inpatient  
32 care is determined to be medically necessary by the attending physician, or  
33 early discharge is inconsistent with the Public Health and Social Services  
34 Maternity-Stay Rules and Regulations.

35 **Section 7. In-home Postpartum Care.** Postpartum care in the home  
36 shall be made in accordance with accepted maternal and neonatal physician

1 assessments, by a registered professional nurse with community maternal  
2 and child health nursing experience or a person with appropriate licensure,  
3 training and experience to provide postpartum care. Services provided by  
4 such person shall include, but not be limited to, parent education, assistance  
5 and training in breast and bottle feeding, and the performance of any  
6 necessary and appropriate clinical tests. Postpartum care in the home shall  
7 consist of a minimum of three (3) home visits, unless one or two home visits  
8 are determined to be sufficient by the attending physician, registered  
9 professional nurse or person with appropriate licensure, training and  
10 experience to provide postpartum care. The home visits shall be conducted  
11 within the time indicated by the attending physician or registered  
12 professional nurse.

13 **Section 8. Responsibility of insurer.** Each insurer providing maternity  
14 coverage on Guam shall mail a written description of the coverage and the  
15 expectant mother's right to complain should she not receive the coverage as  
16 required under this Article, in a form approved by the Department of Public  
17 Health and Social Services. The approved form shall be issued to the  
18 expectant mother covered by the insurer and to her attending physician, upon  
19 receipt by the insurer of notification of the diagnosis of pregnancy of the  
20 expectant mother.

21 **Section 9. Appeals process.** Any subscriber or member who is  
22 aggrieved by a denial of benefits to be provided under this section may appeal  
23 said denial in accordance with regulations of the Department of Public Health  
24 and Social Services.

25 **Section 10. Incentives or Penalties Prohibited.** No person, insurer,  
26 health maintenance organization, nonprofit health care plan, insurance pool,  
27 or health insurance alliance, transacting health insurance or providing health  
28 care services, as defined herein, on Guam, shall provide, directly or indirectly,  
29 any financial incentive or disincentive, or grant or deny any special favor or  
30 advantage of any kind or nature whatsoever, to any person to encourage or  
31 cause early discharge of a hospital inpatient from postpartum care.  
32 Notwithstanding the above, this section does not prohibit use of prospective  
33 payment systems including, but not limited to, capitation and diagnostic  
34 related groupings, that are designed to promote efficiency in appropriate  
35 health care delivery.

1           **Section 11. Penalties.** In addition to any other penalty provided by law  
2 or rule, violation of any provisions of this rule is subject to penalties for  
3 violation of the insurance code.

4           **Section 12. Severability.** If any section of this rule, or applicability of  
5 any section to any person or circumstance, is for any reason held invalid by a  
6 court, the remainder of the rule, or the applicability of such provisions to  
7 other persons or circumstances, shall not be affected.



A SUPPLEMENTAL HEALTH SERVICES DIVISION  
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**November 21, 1996**

**Senator Lou Leon Guerrero  
Committee on Health, Welfare & Senior Citizens  
324 W. Soledad Avenue  
Agana, Guam 96910**

**Dear Senator Leon Guerrero:**

**I am writing in support of Bill 751: AN ACT TO IMPROVE QUALITY OF HEALTH CARE FOR MOTHERS AND INFANTS BY SETTING A MINIMUM MATERNITY - STAY AND REQUIRING HEALTH INSURERS, HEALTH MAINTENANCE ORGANIZATIONS AND NONPROFIT HEALTH PLANS TO COVER THIS COST.**

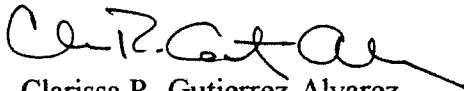
Bill 751 addresses one of the major concerns raised by new moms in TropiCare's prenatal and childbirth education classes--early discharge resulting in possible unidentifiable health problems for both the mother and the child. In addition to this concern, the fear of what to expect, how to deal with the changes in their lifestyle and what resources are available in the community are among other most frequently expressed concerns. This bill provides security and comfort for those moms and babies who do not have immediate access to postpartum care services that could otherwise provide more individualized care than just extended hospital stays.

I support Bill 751 because it establishes a foundation which ensures a higher level of health care for new moms and their babies as well as promotes partnerships in health between moms and their providers. Though this higher level of care is often believed to be achieved through extended lengths of hospital stays, Bill 751 also acknowledges the recent innovations in health care by providing the flexibility for moms and their providers to identify alternative treatment plans such as home health care that could be more beneficial than additional hospital days. By allowing such flexibility, moms and providers are encouraged to work together to decide what is the best form of recuperation for their specific case.

Although there are cases that justify the minimum recommended stay, there are many new moms with healthy deliveries that would fair best having the appropriate follow-up care provided to them in the most comforting and familiar setting they know - their homes. There have been many occasions when new moms, who initially had fears about their early discharge, expressed their appreciation for the home nursing, dietitian and medical equipment (phototherapy) services they received as well as the breastfeeding education and wellbaby care consultations that were made available to them through TropiCare's Home Health Care, Health Education and Durable Medical Equipment departments.

Providing quality prenatal and postpartum care should be of utmost concern for all health care insurers, whether delivered in the hospital or in the home. Bill 751 ensures that new moms and babies with additional medical needs as well as those with healthy deliveries are provided with the quality care and education they deserve either through extended hospital stays or through health care visits in the comfort of their own home.

Sincerely,



Clarissa R. Gutierrez-Alvarez  
Manager

SEP 24 1996

TWENTY-THIRD GUAM LEGISLATURE  
1996 (Second) Regular Session

Bill No. 751 (LS)

Lou Leon Guerrero  
V.C. Pangelinan

AN ACT TO IMPROVE QUALITY OF HEALTH CARE FOR MOTHERS AND INFANTS BY SETTING A MINIMUM MATERNITY-STAY AND REQUIRING HEALTH INSURERS, HEALTH MAINTENANCE ORGANIZATIONS, AND NONPROFIT HEALTH PLANS TO COVER THIS COST.

1 BE IT ENACTED BY THE PEOPLE OF THE TERRITORY OF GUAM:

2  
3 **Section 1. Legislative Findings.** Between 1970 and 1992, according to  
4 the Centers for Disease Control, the median length of hospital stay declined  
5 from 3.9 to 2.1 days for vaginal delivery and from 7.8 to 4 days for caesarean.  
6 The post-1970 decrease in length of stay was a response to changing attitudes  
7 toward childbirth being a normal, healthy process; women not being invalids  
8 after delivery; healthy mothers and babies not being exposed to infections;  
9 mother, baby bonding being promoted; and cost containment. For insurers  
10 and health plans desiring to provide cost-effective services, maternity stays  
11 offer an opportunity to reduce expenditures while recognizing new concepts  
12 of practice which call for a continuum of postpartum services directed to  
13 mothers' and infants' medical needs.

14 The American Academy of Gynecology (ACOG) and the American  
15 Academy of Pediatrics (AAP) reached a consensus that the optimal length of  
16 stay for healthy mothers and babies should be 48 hours of inpatient care after  
17 a vaginal delivery and 96 hours after a caesarean section. Those on both sides  
18 of the postpartum care debate agree that new mothers need rest and  
19 recuperation, support with breast-feeding initiation, education about infant  
20 care and parenting, and attention to the possibility of immediate anxiety or  
21 future postpartum depression, infection or bleeding. In addition, infants  
22 require identification of congenital anomalies, screening for phenyl-  
23 ketonuria (PKU), congenital hypothyroidism and other time-sensitive and  
24 potentially devastating newborn conditions, arrangement for post-discharge  
25 screening or re-screening if infants are discharged within 24 hours, attention



1 to feeding and nutrition problems, monitoring of possibly serious neonatal  
2 jaundice, and linkage to primary services and immunizations.

3 Outpatient follow-up can be difficult and expensive. Statistics indicate  
4 about 14 percent of women and 11 percent of newborns experience  
5 postpartum complications, breast feeding problems, jaundice, dehydration,  
6 fever and poor feeding problems within the first 24 hours, while early  
7 intervention could prevent complications, and reduce infant and maternal  
8 mortality and morbidity.

9 **Section 2. Legislative Intent.** It has been a growing concern that  
10 mothers and infants at high medical risk are being discharged too early from  
11 the hospital creating a potential postpartum problem. It is the intent of the  
12 Legislature that efficient, cost effective, quality and necessary postpartum  
13 health care and not "drive-through deliveries" are provided to newly born  
14 children and their mothers in the safest manner and at the earliest possible  
15 time. It is the intention of the Legislature to set the minimum maternity-stay  
16 at 48 hours of inpatient care for routine vaginal deliveries and 96 hours of  
17 inpatient care for Caesarean section for a mother and her newly born child  
18 unless earlier discharge is made in accordance with the medical criteria  
19 outlined in the Public Health and Social Services Maternity-Stay Rules and  
20 Regulations. All individual and group health insurance, Health  
21 Maintenance Organizations (HMOs), and Nonprofit Health Plan (NHP)  
22 policies delivered or issued for delivery on Guam and which provide  
23 maternity coverage shall be required to cover this cost.

24 **Section 3. Definitions.** As used in this Chapter:

- 25 1. "Attending clinician" means the attending obstetrician, pediatrician,  
26 family practitioner, other physician or certified nurse midwife  
27 attending the mother or newly born child.
- 28 2. "Inpatient" means a patient who is in a health facility for medical care.
- 29 3. "Insurers" means any individual or group contract {i.e. individual or  
30 group health insurer, Health Maintenance Organizations (HMOs),  
31 Nonprofit Health Plan (NHP)} that provides maternity benefits and is  
32 delivered, issued, executed or renewed on Guam.
- 33 4. "Maternity benefits" means coverage for prenatal, intrapartum,  
34 perinatal or postpartum care.

1 5. "Medically necessary" means that the patient's health, in the opinion  
2 of the attending physician, would be adversely affected by lack of  
3 appropriate treatment.

4 **Section 4. Adoption of rules and regulation.** The Director of Public  
5 Health and Social Services shall adopt rules and regulations that implement  
6 the health provisions of this section, which includes but is not limited to  
7 defining "medically necessary," decision for shortening minimum coverage,  
8 and homevisit requirements.

9 **Section 5. Insurer contracts.** All insurer contracts delivered or issued  
10 for delivery, executed or renewed on Guam and which provide maternity  
11 coverage shall also provide coverage for a minimum of 48 hours of inpatient  
12 care following a vaginal delivery and a minimum of 96 hours of inpatient  
13 care following a caesarian section for a mother and her newly born child in a  
14 health facility unless earlier discharge is made in accordance with the medical  
15 criteria outlined in the most current version of the "Guidelines for Perinatal  
16 Care" prepared by the American Academy of Pediatrics and the American  
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17 Health and Social Services. The approved form shall be issued to the  
18 expectant mother covered by the insurer and to her attending physician, upon  
19 receipt by the insurer of notification of the diagnosis of pregnancy of the  
20 expectant mother.

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22 aggrieved by a denial of benefits to be provided under this section may appeal  
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24 and Social Services.

25 **Section 10. Incentives or Penalties Prohibited.** No person, insurer,  
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27 or health insurance alliance, transacting health insurance or providing health  
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29 any financial incentive or disincentive, or grant or deny any special favor or  
30 advantage of any kind or nature whatsoever, to any person to encourage or  
31 cause early discharge of a hospital inpatient from postpartum care.  
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33 payment systems including, but not limited to, capitation and diagnostic  
34 related groupings, that are designed to promote efficiency in appropriate  
35 health care delivery.

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2 or rule, violation of any provisions of this rule is subject to penalties for  
3 violation of the insurance code.

4           **Section 12. Severability.** If any section of this rule, or applicability of  
5 any section to any person or circumstance, is for any reason held invalid by a  
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7 other persons or circumstances, shall not be affected.