

1 S.15

2 Introduced by Senators Miller, Snelling and White

3 Referred to Committee on Health and Welfare

4 Date: January 14, 2011

5 Subject: Health; health insurance; maternity services; midwives; home birth

6 Statement of purpose: This bill proposes to require health insurers to provide
7 coverage for midwifery services and home births.

8 An act relating to insurance coverage for midwifery services and home
9 births

10 It is hereby enacted by the General Assembly of the State of Vermont:

11 ~~Sec. 1. 8 V.S.A. § 4096 is amended to read:~~

12 ~~§ 4096. HOME HEALTH CARE; INSURANCE~~

13 ~~(a) An individual or group health insurance expense policy and an~~
14 ~~individual or group service contract issued by a nonprofit hospital corporation~~
15 ~~which provides hospital or medical coverage shall provide as an option~~
16 ~~coverage for home health care. An insurer may require evidence of~~
17 ~~insurability as a prerequisite to coverage. The coverage shall consist of at least~~
18 ~~40 visits by a home health agency in any calendar year, or in any continuous~~
19 ~~period of 12 months, for each person covered under the policy or contract~~

20 ~~Each visit by a member of a home health care agency, other than a home health~~

1 ~~aide, shall be considered one home health care visit, and four hours of home~~
2 health aide service shall be considered one home health care visit. Coverage
3 shall be provided for maternity and childbirth, but such coverage may be
4 provided subject to a waiting period of nine months.

5 (b) This subchapter does not require that home health care coverage be
6 provided to persons eligible for ~~medicare~~ Medicare, nor does it require that the
7 coverage be included in indemnity policies or contracts.

8 * * *

9 Sec. 2. 8 V.S.A. § 4099d is added to read:

10 § 4099d. MIDWIFERY COVERAGE; HOME BIRTHS

11 (a) A health insurance plan or health benefit plan providing maternity
12 benefits shall also provide coverage for services rendered by a midwife
13 licensed pursuant to chapter 85 of Title 26 for services within the midwife's
14 scope of practice and provided in a hospital or other health care facility or at
15 home.

16 (b) Coverage for services provided by a licensed midwife shall not be
17 subject to any greater co-payment, deductible, or coinsurance than applicable
18 to any other similar benefits provided by the plan.

19 (c) Health insurance plans and health benefit plans shall contract with a
20 sufficient number of midwives in each service area in which the plan has

1 ~~members to ensure that the services required by this section are accessible to~~
2 ~~members on a timely basis and without unreasonable delay.~~

3 Sec. 3. EFFECTIVE DATES

4 ~~This act shall take effect on October 1, 2011, and shall apply to all health~~
5 ~~insurance plans and health benefit plans on and after October 1, 2011, on such~~
6 ~~date as a health insurer issues, offers, or renews the plan, but in no event later~~
7 ~~than October 1, 2012.~~

~~Sec. 1. 8 V.S.A. § 4099d is added to read:~~

~~§ 4099d. MIDWIFERY COVERAGE; HOME BIRTHS~~

~~(a) A health insurance plan or health benefit plan providing maternity~~
~~benefits shall also provide coverage for services rendered by a midwife~~
~~licensed pursuant to chapter 85 of Title 26 or an advanced practice registered~~
~~nurse licensed pursuant to chapter 28 of Title 26 who is certified as a nurse~~
~~midwife for services within the licensed midwife's or certified nurse midwife's~~
~~scope of practice and provided in a hospital or other health care facility or at~~
~~home.~~

~~(b) Coverage for services provided by a licensed midwife or certified nurse~~
~~midwife shall not be subject to any greater co-payment, deductible, or~~
~~coinsurance than is applicable to any other similar benefits provided by the~~
~~plan.~~

~~(c) As used in this section, "health insurance plan" means any health~~
~~insurance policy or health benefit plan offered by a health insurer, as defined~~
~~in 18 V.S.A. § 9402, as well as Medicaid, the Vermont health access plan, and~~
~~any other public health care assistance program offered or administered by~~
~~the state or by any subdivision or instrumentality of the state. The term shall~~
~~not include policies or plans providing coverage for specific disease or other~~
~~limited benefit coverage.~~

~~Sec. 2. DATA SUBMISSION~~

~~Each midwife licensed pursuant to chapter 85 of Title 26 and each~~
~~advanced practice registered nurse licensed pursuant to chapter 28 of Title 26~~
~~who is certified as a nurse midwife shall submit data to the database~~
~~maintained by the Division of Research of the Midwives Alliance of North~~

~~America regarding each home birth in Vermont for which he or she is the attending midwife.~~

~~Sec. 3. DEPARTMENT OF HEALTH; REPORTING REQUIREMENT~~

~~(a) The department of health shall access the database maintained by the Division of Research of the Midwives Alliance of North America to obtain information relating to care provided in Vermont by midwives licensed pursuant to chapter 85 of Title 26 and by advanced practice registered nurses licensed pursuant to chapter 28 of Title 26 who are certified as nurse midwives.~~

~~(b) No later than March 15 of each year from 2012 through 2016, inclusive, the commissioner of health or designee shall provide testimony to the house committee on health care and the senate committee on health and welfare regarding the activities of licensed midwives and certified nurse midwives performing home births and providing prenatal and postnatal care in a nonmedical environment during the preceding year. The testimony shall include the number of home births in Vermont, the number of hospital transports associated with home births, the treatment of high-risk patients, and other relevant data, as well as the level of compliance of the licensed midwives and certified nurse midwives with the laws and rules governing their scope of practice.~~

~~Sec. 4. EFFECTIVE DATES~~

~~(a) Sec. 1 of this act shall take effect on October 1, 2011, and shall apply to all health insurance plans and health benefit plans on and after October 1, 2011, on such date as a health insurer issues, offers, or renews the plan, but in no event later than October 1, 2012.~~

~~(b) The remaining sections of this act shall take effect on passage.~~

1 Sec. 1. 8 V.S.A. § 4099d is added to read:

2 § 4099d. MIDWIFERY COVERAGE; HOME BIRTHS

3 (a) A health insurance plan or health benefit plan providing maternity
4 benefits shall also provide coverage for services rendered by a midwife
5 licensed pursuant to chapter 85 of Title 26 or an advanced practice registered
6 nurse licensed pursuant to chapter 28 of Title 26 who is certified as a nurse
7 midwife for services within the licensed midwife's or certified nurse midwife's
8 scope of practice and provided in a hospital or other health care facility or at
9 home.

10 (b) Coverage for services provided by a licensed midwife or certified nurse
11 midwife shall not be subject to any greater co-payment, deductible, or

1 coinsurance than is applicable to any other similar benefits provided by the
2 plan.

3 (c) A health insurance plan may require that the maternity services be
4 provided by a licensed midwife or certified nurse midwife under contract with
5 the plan.

6 (d) As used in this section, "health insurance plan" means any health
7 insurance policy or health benefit plan offered by a health insurer, as defined
8 in 18 V.S.A. § 9402, as well as Medicaid, the Vermont health access plan, and
9 any other public health care assistance program offered or administered by
10 the state or by any subdivision or instrumentality of the state. The term shall
11 not include policies or plans providing coverage for specific disease or other
12 limited benefit coverage.

13 Sec. 2. 18 V.S.A. chapter 30 is added to read:

14 CHAPTER 30. MATERNAL MORTALITY REVIEW PANEL

15 § 1551. DEFINITIONS

16 As used in this chapter:

17 (1) "Maternal mortality" or "maternal death" means:

18 (A) pregnancy-associated death;

19 (B) pregnancy-related death; or

20 (C) pregnancy-associated but not pregnancy-related death.

21 (2) "Pregnancy-associated death" means the death of a woman while
22 pregnant or within one year following the end of pregnancy, irrespective of
23 cause.

24 (3) "Pregnancy-associated, but not pregnancy-related death" means the
25 death of a woman while pregnant or within one year following the end of
26 pregnancy due to a cause unrelated to pregnancy.

27 (4) "Pregnancy-related death" means the death of a woman while
28 pregnant or within one year following the end of pregnancy, irrespective of the
29 duration and site of the pregnancy, from any cause related to or aggravated by
30 her pregnancy or its management, but not from accidental or incidental
31 causes.

32 § 1552. MATERNAL MORTALITY REVIEW PANEL ESTABLISHED

33 (a) There is established a maternal mortality review panel to conduct
34 comprehensive, multidisciplinary reviews of maternal deaths in Vermont for
35 the purposes of identifying factors associated with the deaths and making
36 recommendations for system changes to improve health care services for

1 women in this state. The members of the panel shall be appointed by the
2 commissioner of health as follows:

3 (1) Two members from the Vermont section of the American College of
4 Obstetricians and Gynecologists, one of whom shall be a generalist
5 obstetrician and one of whom shall be a maternal fetal medicine specialist.

6 (2) One member from the Vermont chapter of the American Academy of
7 Pediatrics, specializing in neonatology.

8 (3) One member from the Vermont chapter of the American College of
9 Nurse-Midwives.

10 (4) One member who is a midwife licensed pursuant to chapter 85 of
11 Title 26.

12 (5) One member from the Vermont section of the Association of
13 Women's Health, Obstetric and Neonatal Nurses.

14 (6) The director of the division of maternal and child health in the
15 Vermont department of health, or designee.

16 (7) An epidemiologist from the department of health with experience
17 analyzing perinatal data, or designee.

18 (8) The chief medical examiner or designee.

19 (9) A representative of the community mental health centers.

20 (10) A member of the public.

21 (b) The term of each member shall be three years and the terms shall be
22 staggered. The commissioner shall appoint the initial chair of the panel, who
23 shall call the first meeting of the panel and serve as chair for six months, after
24 which time the panel shall elect its chair. Members of the panel shall receive
25 no compensation.

26 (c) The commissioner may delegate to the Northern New England Perinatal
27 Quality Improvement Network (NNEPQIN) the functions of collecting,
28 analyzing, and disseminating maternal mortality information; organizing and
29 convening meetings of the panel; and such other substantive and
30 administrative tasks as may be incident to these activities. The activities of the
31 NNEPQIN and its employees or agents shall be subject to the same
32 confidentiality provisions as apply to members of the panel.

33 § 1553. DUTIES

34 (a) The panel, in collaboration with the commissioner of health or
35 designee, shall conduct comprehensive, multidisciplinary reviews of maternal
36 mortality in Vermont.

1 (b) Each member of the panel shall be responsible for disseminating panel
2 recommendations to his or her respective institution and professional
3 organization, as applicable. All such information shall be disseminated
4 through the institution's or organization's quality assurance program in order
5 to protect the confidentiality of all participants and patients involved in
6 any incident.

7 (c) On or before January 15 of each year, the commissioner of health shall
8 submit a report to the house committees on health care and on human services
9 and the senate committee on health and welfare containing at least the
10 following information:

11 (1) a description of the adverse events reviewed by the panel during the
12 preceding 12 months, including statistics and causes;

13 (2) corrective action plans to address, in the aggregate, such adverse
14 events; and

15 (3) recommendations for system changes and legislation relating to the
16 delivery of health care in Vermont.

17 (d) The panel shall not:

18 (1) Call witnesses or take testimony from any individual involved in the
19 investigation of a maternal death.

20 (2) Enforce any public health standard or criminal law or otherwise
21 participate in any legal proceeding, except to the extent that a member of the
22 panel is involved in the investigation of a maternal death or resulting
23 prosecution and must participate in a legal proceeding in the course of
24 performing his or her duties outside the panel.

25 § 1554. CONFIDENTIALITY

26 (a) The panel's proceedings, records, and opinions shall be confidential
27 and shall not be subject to inspection or review under subchapter 3 of chapter
28 5 of Title 1 or to discovery, subpoena, or introduction into evidence in any civil
29 or criminal proceeding; provided, however, that nothing in this subsection
30 shall be construed to limit or restrict the right to discover or use in any civil or
31 criminal proceeding anything that is available from another source and
32 entirely independent of the panel's proceedings.

33 (b) Members of the panel shall not be questioned in any civil or criminal
34 proceeding regarding the information presented in or opinions formed as a
35 result of a meeting of the panel; provided, however, that nothing in this
36 subsection shall be construed to prevent a member of the panel from testifying
37 to information obtained independently of the panel or which is
38 public information.

1 § 1555. INFORMATION RELATED TO MATERNAL MORTALITY

2 (a)(1) Health care providers; health care facilities; clinics; laboratories;
3 medical records departments; and state offices, agencies, and departments
4 shall report all maternal mortality deaths to the chair of the maternal mortality
5 review panel and to the commissioner of health or designee.

6 (2) The commissioner and the chair may acquire the information
7 described in subdivision (1) of this subsection from health care facilities,
8 maternal mortality review programs, and other sources in other states to
9 ensure that the panel's records of Vermont maternal mortality cases are
10 accurate and complete.

11 (b)(1) The commissioner shall have access to individually identifiable
12 information relating to the occurrence of maternal deaths only on a
13 case-by-case basis where public health is at risk. As used in this section,
14 "individually identifiable information" includes vital records; hospital
15 discharge data; prenatal, fetal, pediatric, or infant medical records; hospital
16 or clinic records; laboratory reports; records of fetal deaths or induced
17 terminations of pregnancies; and autopsy reports.

18 (2) The commissioner or designee may retain identifiable information
19 regarding facilities where maternal deaths occur and geographic information
20 on each case solely for the purposes of trending and analysis over time. In
21 accordance with the rules adopted pursuant to subdivision 1556(4) of this title,
22 all individually identifiable information on individuals and identifiable
23 information on facilities shall be removed prior to any case review by
24 the panel.

25 (3) The chair shall not acquire or retain any individually
26 identifiable information.

27 (c) If a root cause analysis of a maternal mortality event has been
28 completed, the findings of such analysis shall be included in the records
29 supplied to the review panel.

30 § 1556. RULEMAKING

31 The commissioner of health, with the advice and recommendation of a
32 majority of the members of the panel, shall adopt rules pursuant to chapter 25
33 of Title 3 related to the following:

34 (1) The system for identifying and reporting maternal deaths to the
35 commissioner or designee.

36 (2) The form and manner through which the panel may acquire
37 information under section 1555 of this title.

1 (3) The protocol to be used in carefully and sensitively contacting a
2 family member of the deceased woman for a discussion of the events
3 surrounding the death, including allowing grieving family members to delay or
4 refuse such an interview.

5 (4) Ensuring de-identification of all individuals and facilities involved in
6 the panel's review of cases.

7 *Sec. 3. 18 V.S.A. § 5087 is amended to read:*

8 *§ 5087. ESTABLISHMENT OF BIRTH INFORMATION NETWORK*

9 *(a) The commissioner of health shall establish a statewide birth*
10 *information network designed to identify newborns who have specified health*
11 *conditions which may respond to early intervention and treatment by the*
12 *health care system.*

13 *(b) The department of health is authorized to collect information for the*
14 *birth information network for the purpose of preventing and controlling*
15 *disease, injury, and disability. The commissioner of health, in collaboration*
16 *with appropriate partners, shall coordinate existing data systems and records*
17 *to enhance the network's comprehensiveness and effectiveness, including:*

18 *(1) Vital records (birth, death, and fetal death certificates).*

19 *(2) The children with special health needs database.*

20 *(3) Newborn metabolic screening.*

21 *(4) Universal newborn hearing screening.*

22 *(5) The hearing outreach program.*

23 *(6) The cancer registry.*

24 *(7) The lead screening registry.*

25 *(8) The immunization registry.*

26 *(9) The special supplemental nutrition program for women, infants, and*
27 *children.*

28 *(10) The Medicaid claims database.*

29 *(11) The hospital discharge data system.*

30 *(12) Health records (such as discharge summaries, disease indexes,*
31 *nursery logs, pediatric logs, and neonatal intensive care unit logs) from*
32 *hospitals, outpatient specialty clinics, genetics clinics, and cytogenetics*
33 *laboratories.*

34 (13) The Vermont health care claims uniform reporting and evaluation
35 system.

1 (c) The commissioner of health shall refer to the report submitted to the
2 general assembly by the birth information council, pursuant to section 5086 of
3 this title, for the purpose of establishing guiding principles for the research
4 and decision-making necessary for the development of the birth information
5 network.

6 (d) The network shall provide information on public health activities, such
7 as surveillance, assessment, and planning for interventions to improve the
8 health and quality of life for Vermont's infants and children and their families.
9 This information shall be used for improving health care delivery systems and
10 outreach and referral services for families with children with special health
11 needs and for determining measures that can be taken to prevent further
12 medical conditions.

13 (e) The network shall be designed to follow infants and children up to one
14 year of age with the 40 medical conditions listed in the matrix developed by the
15 birth information council which have been selected as identifiable via existing
16 Vermont data systems and are considered to be representative of the most
17 significant health conditions of newborns in Vermont, including conditions
18 relating to upper and lower limbs. The department of health is authorized to
19 amend the list of medical conditions through rulemaking pursuant to chapter
20 25 of Title 3 to meet the objectives of this section.

21 (f) The network's data system shall be designed to coordinate with the data
22 systems of other states so that data on out-of-state births to Vermont residents
23 will be captured for vital records, case ascertainment, and follow-up services.
24 The commissioner of health is authorized to enter into interstate agreements
25 containing the necessary conditions for information transmission.

26 (g) The commissioner of health shall compile information every two years
27 to document possible links between environmental and chemical exposure with
28 the special health conditions of Vermont's infants and children.

29 (h) The department of health shall develop a form that contains a
30 description of the birth information network and the purpose of the network.
31 The form shall include a statement that the parent or guardian of a child may
32 contact the department of health and have his or her child's personally
33 identifying information removed from the network, using a process developed
34 by the advisory committee.

35 Sec. 4. 18 V.S.A. chapter 104 is added to read:

36 CHAPTER 104. BIRTH RECORDS

37 § 5112. ISSUANCE OF NEW BIRTH CERTIFICATE; CHANGE OF SEX

38 (a) Upon receiving from the probate division of the superior court a court
39 order that an individual's sexual reassignment has been completed, the state

1 registrar shall issue a new birth certificate to show that the sex of the
2 individual born in this state has been changed.

3 (b) An affidavit by a licensed physician who has treated or evaluated the
4 individual stating that the individual has undergone surgical, hormonal, or
5 other treatment appropriate for that individual for the purpose of gender
6 transition shall constitute sufficient evidence for the court to issue an order
7 that sexual reassignment has been completed. The affidavit shall include the
8 medical license number and signature of the physician.

9 (c) A new certificate issued pursuant to subsection (a) of this section shall
10 be substituted for the original birth certificate in official records. The new
11 certificate shall not show that a change in name or sex, or both, has been
12 made. The original birth certificate, the probate court order, and any other
13 records relating to the issuance of the new birth certificate shall be
14 confidential and shall not be subject to public inspection pursuant to 1 V.S.A.
15 § 317(c); however an individual may have access to his or her own records
16 and may authorize the state registrar to confirm that, pursuant to court order,
17 it has issued a new birth certificate to the individual that reflects a change in
18 name or sex, or both.

19 (d) If an individual born in this state has an amended birth certificate
20 showing that the sex of the individual has been changed, and the birth
21 certificate is marked "Court Amended" or otherwise clearly shows that it has
22 been amended, the individual may receive a new birth certificate from the state
23 registrar upon application.

24 *Sec. 5. 26 V.S.A. § 4187 is amended to read:*

25 *§ 4187. RENEWALS*

26 *(a)(1) Biennially, the director shall forward a renewal form to each*
27 *licensed midwife. The completed form shall include verification that during the*
28 *preceding two years, the licensed midwife has:*

29 *(A) completed 20 hours of continuing education approved by the*
30 *director by rule;*

31 *(B) participated in at least four peer reviews;*

32 *(C) submitted individual practice data; ~~and~~*

33 *(D) maintained current cardiopulmonary resuscitation certification;*
34 *and*

35 *(E) filed a timely certificate of birth for each birth at which he or she*
36 *was the attending midwife, as required by law.*

1 (2) Upon receipt of the completed form and of the renewal fee, the
2 director shall issue a renewal license to applicants who qualify under this
3 section.

4 * * *

5 *Sec. 6. 26 V.S.A. § 4190 is amended to read:*

6 *§ 4190. WRITTEN PLAN FOR CONSULTATION, EMERGENCY TRANSFER,*
7 *AND TRANSPORT*

8 (a) Every licensed midwife shall develop a written plan for consultation
9 with physicians licensed under chapter 23 of this title and other health care
10 providers for emergency transfer, for transport of an infant to a newborn
11 nursery or neonatal intensive care nursery, and for transport of a woman to an
12 appropriate obstetrical department or patient care area. The written plan shall
13 be submitted to the director on an approved form with the application required
14 by section 4184 of this title and biennially thereafter with the renewal form
15 required by section 4187 of this title. The written transport plan shall be
16 reviewed and approved by the advisors appointed pursuant to section 4186 of
17 this title and shall be provided to any health care facility or health care
18 professional identified in the plan. The director, in consultation with the
19 advisors, the commissioner of health, and other interested parties, shall
20 develop a single, uniform form for use in all cases in which a transfer or
21 transport occurs, which shall include the medical information needed by the
22 facility or professional receiving the transferred or transported patient.

23 (b)(1) A licensed midwife shall, within 30 days of a birth or sentinel event,
24 complete any peer review that is both required by rules governing licensed
25 midwives and which is generated due to a death, significant morbidity to client
26 or child, transfer to hospital, or to practice performed outside the standards
27 for midwives as set forth in the rules governing licensed midwives. This peer
28 review report shall be submitted to the office of professional regulation within
29 30 days of its completion.

30 (2) During the peer review process, other health care professionals
31 engaged in the care or treatment of the client may provide written input to the
32 peer review panel related to quality assurance and other matters within or
33 related to the licensed midwife's scope of practice. The written comments
34 shall be filed with the office of professional regulation and subject to the same
35 confidentiality provisions as apply to other documents related to peer reviews.
36 Upon completion of the peer review process, the director shall provide notice
37 of the final disposition of the peer review to all health care professionals who
38 submitted input pursuant to this subdivision.

1 *Sec. 7. DATA SUBMISSION*

2 *Each midwife licensed pursuant to chapter 85 of Title 26 and each*
3 *advanced practice registered nurse licensed pursuant to chapter 28 of Title 26*
4 *who is certified as a nurse midwife shall submit data to the database*
5 *maintained by the Division of Research of the Midwives Alliance of North*
6 *America regarding each home birth in Vermont for which he or she is the*
7 *attending midwife.*

8 *Sec. 8. DEPARTMENT OF HEALTH; REPORTING REQUIREMENT*

9 *(a) The department of health shall access the database maintained by the*
10 *Division of Research of the Midwives Alliance of North America to obtain*
11 *information relating to care provided in Vermont by midwives licensed*
12 *pursuant to chapter 85 of Title 26 and by advanced practice registered nurses*
13 *licensed pursuant to chapter 28 of Title 26 who are certified as nurse*
14 *midwives.*

15 *(b) No later than March 15 of each year from 2012 through 2016,*
16 *inclusive, the commissioner of health or designee shall provide testimony to*
17 *the house committee on health care and the senate committee on health and*
18 *welfare regarding the activities of licensed midwives and certified nurse*
19 *midwives performing home births and providing prenatal and postnatal care in*
20 *a nonmedical environment during the preceding year. The testimony shall*
21 *include the number of home births in Vermont, the number of hospital*
22 *transports associated with home births, the treatment of high-risk patients, and*
23 *other relevant data, as well as the level of compliance of the licensed midwives*
24 *and certified nurse midwives with the laws and rules governing their scope of*
25 *practice.*

26 *Sec. 9. EFFECTIVE DATES*

27 *(a) Sec. 1 of this act shall take effect on October 1, 2011, and shall apply to*
28 *all health insurance plans and health benefit plans on and after October 1,*
29 *2011, on such date as a health insurer issues, offers, or renews the plan, but in*
30 *no event later than October 1, 2012.*

31 *(b) The remaining sections of this act shall take effect on passage.*

32