LENGTH OF INPATIENT MATERNITY STAYS

Maine's so-called "48 hour law", Public Law Chapter 615,1 enacted as emergency legislation in 1996, requires health insurance and HMO contracts that cover childbirth to:

provide coverage for services related to maternity and newborn care, including coverage for hospital stay, in accordance with the attending physician's or attending certified midwife's determination in conjunction with the mother that the mother and newborn meet the criteria outlined in the "Guidelines for Perinatal Care," published by the American Academy of Pediatrics and the American College of Obstetrics and Gynecology.

Current American Academy and American College Guidelines (the Guidelines) state :

When no complications are present, the postpartum hospital stay ranges from 48 hours for vaginal delivery to 96 hours for cesarean birth, excluding the day of delivery.

While the Guidelines contemplate the possibility of early discharge in instances where specified criteria are met, the law permits early discharge only where the attending provider and mother agree that early discharge is desirable and appropriate.

It has come to my attention that some carriers or their utilization review contractors have indicated to insureds that a one-day stay (or a three-day stay for cesarean birth) is standard, or that longer stays will only be approved under special circumstances. Such practices are not permissible in Maine. Consistent with the Guidelines, the law creates a presumption of coverage for inpatient hospital stays of 48 hours for vaginal delivery and 96 hours for cesarean birth, excluding the day of delivery. It should also be noted that these standards are only applicable in the absence of complications.

Carriers who indicate in any way that shorter stays are the norm or that a 48-hour stay (96 hours for cesarean birth) may not be approved for coverage, are subject to penalties for violating P.L. Chapter 615.

1 Title 24 M.R.S.A. sec. 2318-A, Title 24-A M.R.S.A. sec. 2743-A, 2834-A & 4234-B
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