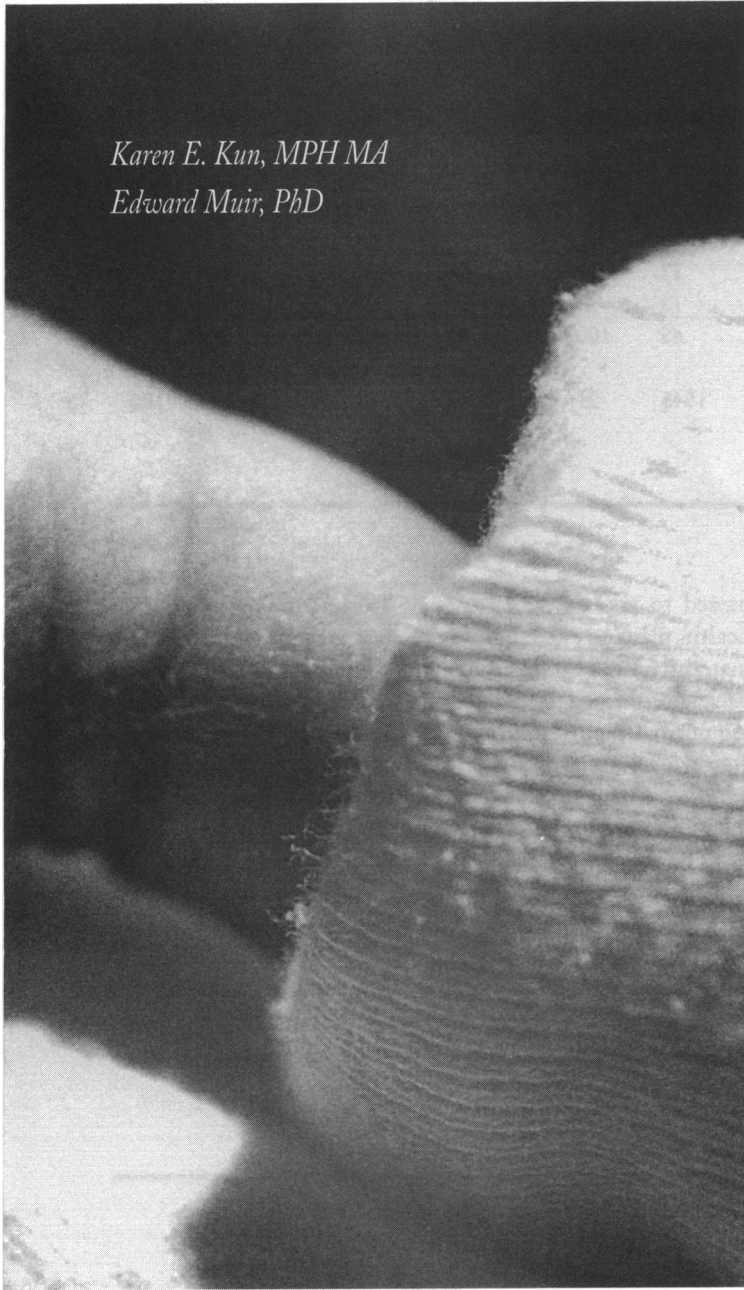




Influences on **State**

Drive-By Deliveries

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Shortening the average length of stay for deliveries—the most common reason for hospital admission in the United States¹—can result in significant cost savings for third-party payers. In 1970, the average length of stay for all hospital deliveries was 4.1 days.² In 1992, the average had fallen to 2.6 days.² By the early 1990s, asserting that research supported the safety of a 24-hour discharge and that decisions to limit hospital coverage were justified, insurers were increasingly refusing to pay for stays beyond 24 hours for normal, uncomplicated vaginal deliveries.

Associations of health professionals and concerned individuals rallied in opposition, claiming that 24-hour postpartum hospital discharge should be curtailed, at least for the time being, for three reasons: (a) the practice was being driven by financial decisions and by third-party payers, rather than by physicians and patients;^{3,4} (b) health-related criteria and guidelines should be the driving force behind the discharge of mothers and newborns;³ and (c) the available data provided little insight into whether early hospital discharge was safe and, if so, for whom and under what conditions.³⁻⁷

Legislators

Table 1. Sex and political affiliations of all state legislators and of state legislators who introduced bills on early postpartum hospital discharge (EPHD)

| State legislators | Legislators who sponsored EPHD bills | | | | | | All legislators | |
|--|--------------------------------------|---------|--------|---------|--------|---------|-----------------|---------|
| | Male | | Female | | Total | | Number | Percent |
| | Number | Percent | Number | Percent | Number | Percent | | |
| Legislators who sponsored EPHD legislation | | | | | | | | |
| Democrats | 34 | 63 | 32 | 71 | 66 | 67 | 3792 | 51 |
| Republicans and other parties | 20 | 37 | 13 | 29 | 33 | 33 | 3632 | 49 |
| Total | 54 | 100 | 45 | 100 | 99 | 100 | — | — |
| All legislators | 5879 | 79 | 1545 | 21 | — | — | 7424 | 100 |

SOURCES: References 13, 14.

The objections expressed by parents, health care providers, and professional associations were heard. Legislative initiatives formulated to curb the practice of "drive-by deliveries" were introduced in 40 states during the 1995-1996 legislative sessions. As of November 1996, laws and/or administrative regulations had been passed in 30 states: Alabama, Alaska, Connecticut, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Virginia, and Washington.⁸

Following the introduction of state-level legislative initiatives, state officials pressed for a Federal bill, and the Newborns' and Mothers' Health Protection Act of 1996 was

passed to take effect January 1, 1998. The law requires a health plan or an employee health benefit plan offering maternity and childbirth benefits to include in their benefit package coverage for at least 48 hours in the hospital following normal vaginal delivery and 96 hours following cesarean delivery. In addition, the law provides for timely post-delivery care when the mother and infant are discharged before their coverage runs out.⁹

The Federal legislation supplements the state's laws, applying to any resident who is not protected by the state's laws because he or she: (a) receives health care in a state without pertinent legislation; (b) is covered by a health insurance company headquartered in another state; or (c) works for a self-insured employer.¹⁰ Because 82% of large companies self-insure and 65% of all companies do so,¹¹

Table 2. Bill sponsors who completed the survey questionnaire by sex and political affiliation (N=69)

| Political affiliation | Sex | | | | Total Number |
|---|--------|---------|--------|---------|--------------|
| | Male | | Female | | |
| | Number | Percent | Number | Percent | |
| Democrats | 23 | 61 | 20 | 65 | 43 |
| Republicans and other parties | 15 | 39 | 11 | 35 | 26 |
| Total | 38 | 100 | 31 | 100 | 69 |

NOTE: Of 99 legislators who sponsored bills, 69 completed the survey for a 70% response rate. Percentages may not add exactly to 100% due to rounding errors.

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Table 3. Attitudes of state legislators on early postpartum hospital discharge

| Statements | Level of agreement | | | | | | | |
|--|--------------------|---------|------------|---------|----------|---------|------------|---------|
| | Very | | Moderately | | Somewhat | | Not at all | |
| | Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| Early hospital discharge after childbirth may jeopardize the health of infants (n=69) | 58 | 84.1 | 8 | 11.6 | 2 | 2.9 | 1 | 1.5 |
| Decisions regarding appropriate hospital length of stay should be made by medical professionals in consultation with patients (n=69) | 58 | 84.1 | 10 | 14.5 | 0 | | 1 | 1.5 |
| Insurers/HMOs should not play a role in determining what are appropriate hospital lengths of stay (n=67) | 28 | 41.8 | 25 | 37.3 | 8 | 11.9 | 6 | 9.0 |

NOTE: Percentages may not add to 100% due to rounding errors.

Methodology

The research project was reviewed and approved by the Institutional Review Board: Human Subjects Committee of the University of Minnesota, Twin Cities Campus. The names of bill sponsors were obtained from the government relations office of the American College of Obstetricians and Gynecologists.¹² Mailing addressees for legislators were obtained from the *State Yellow Book*¹⁷ and state government Internet resources. In June 1996, we mailed a cover letter and questionnaire to bill sponsors asking about the factors that influenced them in formulating their legislation. We also asked about sources of opposition to their bills. We sent nonrespondents a follow-up mailing approximately six weeks later, which included another cover letter and copy of the questionnaire. A third follow-up mailing was sent approximately eight weeks later. Of the 99 bill sponsors receiving the mailing, 69 legislators completed surveys (70%).

The questionnaire contained 21 questions. We first asked respondents to rank, on a 4-point Likert scale, their level of agreement with questions about concern for infant health, the nature of the doctor-patient relationship, and the role of insurers and HMOs in determining appropriate hospital lengths of stay.

We then asked the state legislators to evaluate, on a 5-point Likert scale, the relative influences of interest groups, individual constituents, state policy makers and professionals, and other individuals and entities. We also queried bill sponsors about groups' and individuals' opposition to their legislation. Additionally, legislators were asked to rank, on a 4-point Likert scale, the importance of their personal experience of childbirth and the experiences of friends, family members, and colleagues in their decisions to formulate health policy on early postpartum hospital discharge.

Data were collected and analyzed using the statistical software package STATA.

Table 4. Influence of personal experience in state legislators' decisions to introduce bills on early postpartum hospital discharge

| Experiences | Degree of influence | | | | | | | |
|--|---------------------|---------|------------|---------|--------|---------|-------------|---------|
| | Strongly | | Moderately | | Some | | None at all | |
| | Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| Personal experience of the labor and delivery of one's own children (n=60) . . . | 28 | 46.7 | 14 | 23.3 | 5 | 8.3 | 13 | 21.7 |
| Personal experiences of friends, colleagues, relatives, and others regarding the labor and delivery of their children (n=68) | 37 | 54.4 | 15 | 22.1 | 11 | 16.2 | 5 | 7.4 |

NOTE: Percentages may not add to 100% due to rounding errors.

state-mandated health benefits do not pertain to a large portion of a state's population.

Focusing on the state legislative process, we sought to identify factors that influenced 99¹² legislators from 40 states to introduce legislation to curtail the practice of early postpartum hospital discharge. Sixty-nine of these legislators responded to a mailed survey, for a 70% response rate. Specifics regarding the sex and political affiliation of all state legislators^{13,14} and of the 99 who sponsored legislation are detailed in Table 1. Table 2 shows the breakdown of those who responded to the questionnaire, again by sex and political affiliation. The attitudes of these legislators regarding early hospital discharge are detailed in Table 3. Table 4 shows the influence of personal experiences on the decision to introduce legislation, while the positive influences of people and groups supporting such legislation are shown in Table 5 and the influences of those opposing such legislation are shown in Table 6.

In our research on the state legislators who introduced bills aimed at curtailing the practice of early postpartum hospital discharge we found that:

- Women legislators as a percentage of the total number of state legislators were over three times as likely to introduce legislation as their male counterparts.
- Democrats were almost twice as likely to sponsor bills as colleagues of other political parties.
- State legislators were motivated by beliefs that decisions regarding appropriate lengths of stay should be

made by medical professionals and patients; that insurers and managed care organizations should play a role in determining appropriate length of hospital stay; and that early discharge may jeopardize infant health.

- Legislators were influenced by their personal experiences and those of friends, relatives, and colleagues.
- Advocacy by parents, individual physicians, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists was influential in the decision of legislators to introduce legislation.

Our findings contradict assumptions that individuals have only a limited role in policy making¹⁵ and that interest groups are the most effective policy advocates.^{15,16} Although individual parents were reported to have the most influence on decisions to sponsor legislation, responses to the survey may have been biased toward conforming with what legislators believe the public wants to hear, namely, that individuals rather than special interest groups impact policy making. Other entities typically influential in the policy debate, such as the media, policy professionals working within the government, academic professors and researchers, and political party leadership, appeared to have little effect on legislators' positions on this issue.

Our results suggest that individuals should be optimistic about their potential to influence the formulation of health policy. Public health professionals, and those whom they serve, should consequently be encouraged to take a greater role in advocating for sound health policies.

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Table 5. Positive influences regarding the importance of early postpartum hospital discharge before the legislator's introduction of his or her bill

| Influences | Very influential | | Moderately influential | | Some influence | | Involved, but had no positive influence | | Not involved | |
|---|------------------|---------|------------------------|---------|----------------|---------|---|---------|--------------|---------|
| | Number | Percent | Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| Individuals | | | | | | | | | | |
| Individual parents | 41 | 59.4 | 11 | 15.9 | 5 | 7.3 | 0 | | 12 | 17.4 |
| Individual physicians | 22 | 31.9 | 16 | 23.2 | 7 | 10.1 | 7 | 10.1 | 17 | 24.6 |
| Academic professors and researchers | 5 | 7.2 | 5 | 7.2 | 10 | 14.5 | 5 | 7.2 | 44 | 63.8 |
| Health-related interest groups | | | | | | | | | | |
| American Academy of Pediatrics | 24 | 34.8 | 10 | 14.5 | 12 | 17.4 | 3 | 4.4 | 20 | 29.0 |
| American College of Obstetricians and Gynecologists | 21 | 30.4 | 11 | 15.9 | 14 | 20.3 | 3 | 4.4 | 20 | 29.0 |
| State medical society/association | 12 | 17.4 | 17 | 24.6 | 11 | 15.9 | 4 | 5.8 | 25 | 36.2 |
| American Medical Association | 11 | 15.9 | 10 | 14.5 | 12 | 17.4 | 6 | 8.7 | 30 | 43.5 |
| Hospital industry representatives | 8 | 11.6 | 6 | 8.7 | 11 | 15.9 | 12 | 17.4 | 32 | 46.4 |
| American College of Nurse-Midwives | 6 | 8.8 | 7 | 10.1 | 11 | 15.9 | 6 | 8.7 | 39 | 56.5 |
| Insurers/HMOs | 2 | 2.9 | 3 | 4.4 | 9 | 13.0 | 22 | 31.9 | 33 | 47.8 |
| State policy makers and professionals | | | | | | | | | | |
| Individuals/information from | | | | | | | | | | |
| other state governments | 11 | 15.9 | 8 | 11.6 | 16 | 23.2 | 5 | 7.2 | 29 | 42.0 |
| State health department | 5 | 7.2 | 2 | 2.9 | 14 | 20.3 | 5 | 7.2 | 43 | 62.3 |
| Governor and his or her staff | 3 | 4.4 | 1 | 1.5 | 6 | 8.7 | 7 | 10.1 | 52 | 75.4 |
| Leaders of respondent's political party | 2 | 2.9 | 5 | 7.2 | 10 | 14.5 | 4 | 5.8 | 48 | 69.6 |
| Leaders of respondent's opposition party | 0 | | 4 | 5.8 | 9 | 13.0 | 5 | 7.2 | 51 | 73.9 |
| Other | | | | | | | | | | |
| Mass media | 8 | 11.6 | 10 | 14.5 | 15 | 21.7 | 8 | 11.6 | 28 | 40.6 |
| Private foundations | 2 | 2.9 | 2 | 2.9 | 6 | 8.7 | 7 | 10.1 | 52 | 75.4 |

NOTE: Percentages may not add to 100% due to rounding errors.

At the time of the study, Ms. Kun was a graduate student at the School of Public Health, University of Minnesota, and a trainee with the U.S. Department of Health and Human Services, Maternal and Child Health Bureau. Currently, Ms. Kun is the Executive Director of the New Jersey Women and AIDS Network, New Brunswick. At the time of the study, Dr. Muir was an Adjunct Assistant Professor with the Department of Politics, New York University, New York, NY. He is currently a consultant with the Research Department of the American Federation of Teachers, Washington, D.C.

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References

1. Agency for Health Care Policy and Research (US). The national bill for diseases treated in U.S. hospitals, 1987. Washington: Department of Health and Human Services, Public Health Service; 1994. Provider Studies Research Note No. 19.
2. Trends in length of stay for hospital deliveries—United States, 1970–1992. *MMWR Morb Mortal Wkly Rep* 1995; 44:335–7.
3. American Academy of Pediatrics, Committee on Fetus and Newborn. Hospital stay for healthy term newborns. *Pediatrics* 1995;96:788–90.

Table 6. Opposition voiced after legislators' bills on early postpartum hospital discharge were introduced

| Opposition | Very opposed | | Moderately opposed | | Some opposition | | Involved, but were not opposed | | Not involved | |
|--|-----------------|---------|-----------------------|---------|--------------------|---------|-----------------------------------|---------|-----------------|---------|
| | Number | Percent | Number | Percent | Number | Percent | Number | Percent | Number | Percent |
| Health-related interest groups | | | | | | | | | | |
| Insurers/HMOs | 28 | 40.6 | 14 | 20.3 | 15 | 21.7 | 3 | 4.4 | 9 | 13.0 |
| State medical society/association | 12 | 17.4 | 17 | 24.6 | 11 | 15.9 | 4 | 5.8 | 25 | 36.2 |
| Hospital industry representatives | 3 | 4.4 | 4 | 5.8 | 13 | 18.8 | 18 | 26.1 | 31 | 44.9 |
| American Medical Association | 0 | ... | 2 | 2.9 | 1 | 1.5 | 20 | 29.0 | 46 | 66.7 |
| American College of Nurse-Midwives | 0 | ... | 0 | ... | 4 | 5.8 | 17 | 24.6 | 48 | 69.6 |
| American College of Obstetricians and Gynecologists | 0 | ... | 0 | ... | 2 | 2.9 | 25 | 36.2 | 42 | 60.9 |
| American Academy of Pediatrics | 0 | ... | 0 | ... | 1 | 1.5 | 29 | 42.0 | 39 | 56.5 |
| State policy makers and professionals | | | | | | | | | | |
| Individuals/information from | | | | | | | | | | |
| other state governments | 0 | ... | 0 | ... | 2 | 2.9 | 20 | 29.0 | 47 | 68.1 |
| State health department | 1 | 1.5 | 2 | 2.9 | 5 | 7.2 | 27 | 39.1 | 34 | 49.3 |
| Governor and his or her staff | 3 | 4.4 | 1 | 1.5 | 5 | 7.2 | 20 | 29.0 | 40 | 58.0 |
| Leaders of respondent's political party | 0 | ... | 2 | 2.9 | 2 | 2.9 | 24 | 34.8 | 41 | 59.4 |
| Leaders of respondent's opposition party | 2 | 2.9 | 7 | 10.1 | 9 | 13.0 | 12 | 17.4 | 39 | 56.5 |
| Individuals | | | | | | | | | | |
| Individual physicians | 0 | ... | 1 | 1.5 | 6 | 8.7 | 27 | 39.1 | 35 | 50.7 |
| Individual parents | 0 | ... | 0 | ... | 2 | 2.9 | 29 | 42.0 | 38 | 55.1 |
| Academic professors and researchers | 0 | ... | 0 | ... | 3 | 4.4 | 22 | 31.9 | 44 | 63.8 |
| Other | | | | | | | | | | |
| Mass media | 0 | ... | 0 | ... | 4 | 5.8 | 31 | 44.9 | 34 | 49.3 |
| Private foundations | 0 | ... | 0 | ... | 3 | 4.4 | 11 | 15.9 | 55 | 79.7 |

NOTE: Percentages may not add to 100 due to rounding errors.

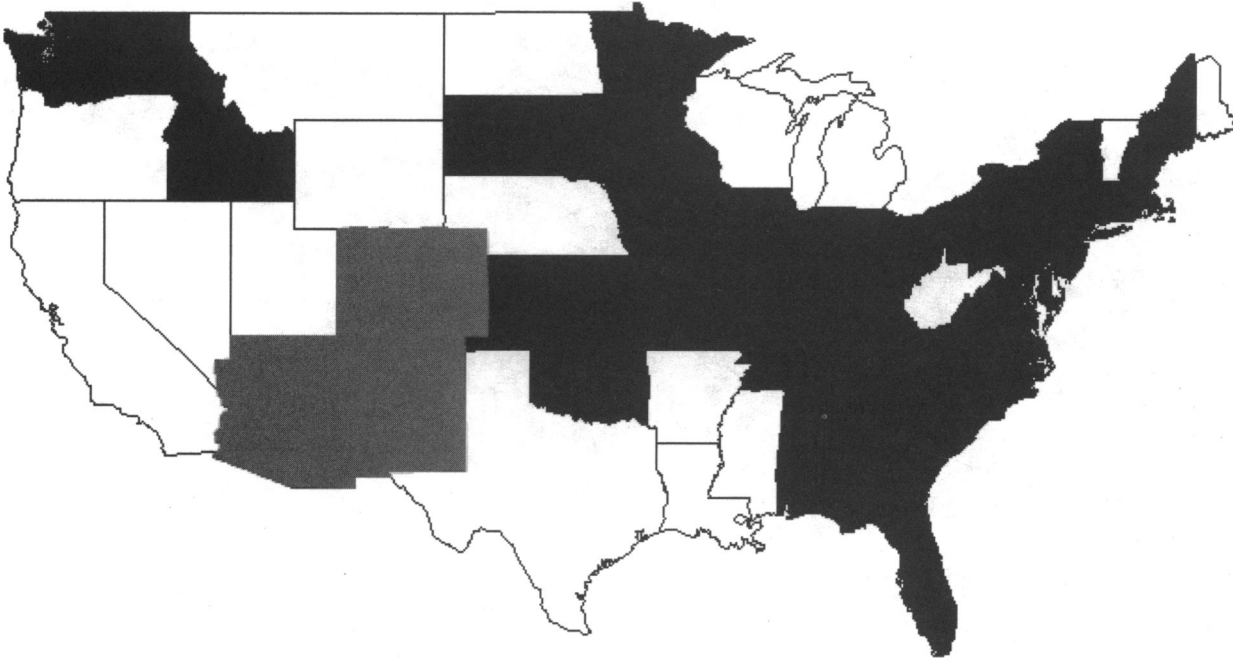
4. American Hospital Association, Section for Maternal and Child Health. Issue brief: maternal and newborn length of stay. Chicago: The Association; 1995 Dec.
5. American College of Obstetricians and Gynecologists. Statement on decreasing lengths of hospital stay following delivery. Washington: The College; 1995 May 23.
6. American Medical Association. Impact of 24 hour postpartum stay on infant and maternal health. Resolution 135, A-94. Chicago: The Association; 1995. Council on Scientific Affairs Report 5, A-95.
7. Braveman P, Egarter S, Pearl M, Marchi K, Miller C. Early discharge of newborns and mothers: a critical review of the literature. *Pediatrics* 1995;96:716-26.
8. American College of Obstetricians and Gynecologists, Department of Government Relations. State legislation and

regulation tally: insurance coverage for postpartum care. Washington: The College; 1996 Nov 14.

9. Washington Alert. Congressional Quarterly 1996 Oct 28.
10. Bradley B. Newborns' and Mothers' Health Protection Act of 1995 (S-969): fact sheet. Washington: Senate Office of Bill Bradley; 1995.
11. 1991 Health Care Benefits Survey report: indemnity plans: cost, design, and funding. Princeton (NJ): Foster Higgins; 1992.
12. American College of Obstetricians and Gynecologists, Department of Government Relations. State legislation and regulations requiring insurance coverage for postpartum care, 1995-1996. Washington: The College; 1996 Mar 22.
13. Center for the American Woman and Politics. Women in state legislatures 1996 fact sheet. New Brunswick (NJ):Center

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Figure. Mandated coverage for extended hospital stays for mothers and their newborns



Black: States that have passed legislation mandating coverage for extended hospital stays for mothers and newborns since 1995: Alabama, Alaska, Connecticut, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Virginia, and Washington. (Note that Alaska has also passed legislation.)

White: States that had not passed legislation as of March 15, 1997. Legislation is pending in Arizona, Arkansas, Montana, North Dakota, Texas, and West Virginia.

Grey: States that have passed administrative rules (New Mexico) or reached voluntary agreements with insurers (Colorado and Arizona).

for the American Woman and Politics, National Information Bank on Women in Public Office, Eagleton Institute of Politics, Rutgers University; 1996.

14. National Conference of State Legislatures. Partisan composition of state legislatures, 1995 election. Denver (CO): The Conference; 1995.
15. Longest BB Jr. Health policymaking in the United States. Ann Arbor (MI): Association of University Programs in Health Administration Press; 1994
16. Ramsay C. U.S. health policy groups: institutional profiles. Westport (CT): Greenwood Press; 1995
17. Akins I, editor. State yellow book. New York: Leadership Directories, Inc.; 1996.