

MEMO IN OPPOSITION

FOR IMMEDIATE RELEASE: June 6, 2006

Re: S.5636 (LaValle)/A.9712 (Greene)

An act to amend the insurance law, in relation to coverage of hysterectomies.

The proposed legislation (S.5636/A.9712) that would require a minimum inpatient stay of 72 hours after hysterectomy surgery is a one-size fits-all approach to an evolving surgery that today offers shorter recovery periods – to the benefit of the patient and the entire health care system. The New York Health Plan Association (HPA) opposes this legislation because it does not reflect the current standard of care for hysterectomies and because it will lead to increased health care costs and possibly needless complications.

This legislation views hysterectomy surgeries as all the same. In reality, several procedures are utilized, each requiring different recovery periods depending on the patient. Abdominal and laparoscopically assisted vaginal hysterectomies are the two most common hysterectomy surgical procedures. Laparoscopically assisted vaginal hysterectomies offer numerous advantages to the patient including better surgical outcomes, reduced complications and shorter hospital stays. Hospital stays for this increasingly popular procedures range from one to two days. Abdominal hysterectomies require longer stays – sometimes longer than 72 hours.

In determining lengths of stay for patients undergoing a hysterectomy, health plans rely on guidelines developed by specialty societies and experts in the particular field. Guidelines require that the patient's condition be fully considered before making a medical necessity determination on coverage. An informal survey of HPA members found that hospitalization for hysterectomies varied greatly depending on the type of surgery and the patient's response. HPA believes this information shows establishing rigid timeframes, as envisioned in this proposal, is inappropriate.

Furthermore, HPA remains unconvinced of the need for this legislation. Current guidelines ensure patients receive high quality and safe health care. Moreover, our own research failed to find a single state where such a statute exists. There should be evidence that such a measure is necessary before New York moves forward on such legislation.

Legislating medical practices is difficult at best. New York's 48-hour maternity length of stay bill was passed in 1996 with great celebration but little documented need. Today, research shows there is nothing magical about the 48-hour requirement. In fact, a 2002 study from the *New England Journal of Medicine* concluded that 48-hour stays have actually hurt new born health outcomes because "newborns were less likely to be examined as recommended in day three or four." Yet, this mandate remains on the books. HPA recommends lawmakers reexamine many of our existing mandates that are at odds with the current science and amend

or eliminate those before enacting another mandate with little demonstrated need that can do more to injure patients than improve their health outcomes.

For all of these reasons, HPA opposes S.5636/A.9712.

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The New York Health Plan Association represents 31 managed care health plans that provide comprehensive health care services to more than 6 million New Yorkers.