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Policy Name Continuity of Care Service Requests When a HealthCare Professional or Facility Terminates		Policy Number UM-41
Business Segment Healthcare		
Initial Effective Date: 03/1998	Policy Committee Approval Date(s): 04/10/12; 11/13/12; 09/24/13; 07/22/14; 12/09/14	
Replaces Policies: CGMM-III-17 Continuity of Care Services When a Provider or Facility Terminates		

Purpose:

The purpose of this policy is to establish a consistent process for evaluating and responding to Continuity of Care requests when a participating health care professional or facility leaves the network.

Policy Statement:

Continuity of Care (COC) refers to the continuation of medical care for customers when a participating health care professional (may be physician, ancillary and/or facility) leaves the network and ongoing medical care/services are requested. The COC process evaluates requests for clinical contraindications for the immediate transfer of a customer from a "terminated" health care professional to an "active" participating health care professional including conditions where the transfer of care is not permitted per accreditation standards, regulatory requirements, could cause worsening of the condition, reoccurrence, or interfere with anticipated outcomes.

Customers are notified of health care professional terminations via several avenues initiated by Provider Services Contracting and/or Regional Network Management.

Review for medical necessity will not be performed for Ancillary Services Transition of Care (TOC) requests except in specific states as noted in the State Compliance section and/or services provided by a licensed practitioner. An administrative denial letter is sent to the customer and/or requesting health care professional.

For purposes of this policy, the definition of an ancillary health care professional is a health care professional or facility of auxiliary or supplemental services used to support diagnosis and treatment of a condition. These health care services include but are not limited to:

- Acupuncture
- Ambulance/transportation services
- Custodial care services (only when a covered benefit)
- Diagnostic services, miscellaneous (e.g. EMG, neuropsychological testing, etc.)
- Dietary services including dietitians, nutritionists, and nutritional support services
- Durable medical equipment (DME)
- Health education services

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- Hearing aids
- Home health services
- Imaging services
- Infusion centers
- Laboratory services
- Licensed Midwife working independently and not billing under an OB/GYN (unless otherwise specified by state mandates)
- Nurse Surgical Assistant
- Orthotics and prosthetics
- Outpatient cardiac rehabilitation
- Outpatient rehabilitative services (e.g. physical therapy, occupational therapy, cognitive therapy, speech therapy)
- Outpatient surgery centers
- Pharmacy services
- Physician extenders including physician assistants, nurse practitioners, clinical nurse specialists
- Sleep disorder studies

Definitions:

For purposes of this policy "customer" means an individual participant or member.

TOC: Transition of Care (TOC) refers to the process of transitioning medical care for new enrollees from non-participating health care professionals to participating health care professionals as outlined in policy UM-35.

State/Federal Compliance:

- Medical Necessity reviews for ancillary services/health care professionals for Continuity of Care will be performed by a physician reviewer in the following states: California, Colorado, District of Columbia, Illinois, Indiana, Iowa, Louisiana, Maine, Missouri, Nebraska, New Jersey, New Mexico, North Carolina, New York, Oregon, South Dakota, Texas and Virginia.
- Mandated benefits may apply for several states
- Mandated turnaround times requirements may apply for several states
- Reviewer qualifications for peer review and licensing may apply for several states

NOTE: State mandates supersede Cigna standard time periods and conditions

Procedure(s):

A. Customer Notification of Terminations:

1. Customer Notification of Practitioners (PCP & Specialist) termination: When the customer's primary care physician (PCP) is terminating and/or the customer has incurred one or more visits in the past six months from a terminating health care professional the customer notification includes information on the availability of COC services and the process for

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submitting requests. Absent an accreditation or regulatory requirement to automatically continue care, the customer will not receive COC services in the following situations:

- health care professional contract discontinued based on professional review action
- health care professional unwilling to continue to treat the customer
- health care professional unwilling to accept payment or other terms subject to the health care professional's expiring agreement in accordance with state law

Customer notification materials indicate that all requests for Continuity of Care Services must be submitted within 30 calendar days of health care professional termination or as dictated by State Mandates. A Continuity of Care Request Form is required to evaluate services for COC coverage unless a health care professional termination occurs without prior notice; requests will be considered on a case-by-case basis. Services eligible for COC are subject to benefit plan limitations and end when the one of the following occurs:

- Care for the acute and/or chronic condition is completed;
- Care is successfully transitioned to a participating health care professional;
- Benefit limitations are exceeded;
- Time period approved for COC coverage is exceeded

2. Customer Notification of Facility termination: Regional Network Management areas notifies customers of facility terminations based on historical claims data up to 18 months for that facility and/or by a designated geographic area around the facility regardless of claims history.

B. Continuity of Care Request Form may be submitted by a customer and or their current physician or health care professional. The Pittsburgh office is responsible for performing the initial review & approvals. If a request does not meet criteria, the case is forwarded to the Medical Director for review. Other exceptions for routing COC reviews include

- Requests for California – managed care customers are performed by the Glendale office
- Requests for continuation of behavioral health services are referred to the customer's behavioral health care professional
- Requests for services related to transplant and/or customers actively enrolled in Transplant Case Management are referred to the Transplant Case Manager for review
- Requests for Cigna Select customers are performed by the Glendale office

C. Requests for COC should be submitted no later than 30 calendar days following the health care professional's termination date. However, a 30 day grace period allows for requests to be received up to 60 days following the health care professional's termination date. Consideration may be given to requests received after the specified time period if the request was delayed due to circumstances beyond the customer's control (e.g. late notification of health care professional termination).

D. The customer's condition is evaluated by a nurse to determine coverage. The nurse will request a brief

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history, treatment plan and/or current evaluation if needed to determine COC coverage.

- E. Unless otherwise addressed by a state mandate, acute and/or chronic conditions in active treatment which may be approved as COC are defined as :
- physician visit or hospitalization;
 - documented changes in a therapeutic regimen within 21 days prior to the health care professional's termination;
 - conditions where discontinuity could cause worsening of the condition, reoccurrence and/or interference with anticipated outcomes
- F. The following COC requests may be approved for reimbursement of the terminating health care professional at an in-network benefit level for up to 90 calendar days, or according to state law.
- Terminal conditions
 - Acute and/or chronic conditions in active treatment
 - 2nd and 3rd trimester of pregnancy including post-partum care
 - Hospital confinement on the health care professional termination date for plans which do not have extension of benefit provisions
 - Hospital confinement for either currently admitted patients or any scheduled admissions within the first 10 days from the termination date. Those scheduled beyond 10 days of the terminations are reviewed on a case-by-case basis.
- NOTE: Elective surgeries scheduled more than 21 days prior to the health care professional's termination date AND within 2 weeks of the health care professional terminating will be reviewed on a case-by-case basis by the Medical Director to ensure continuation in quality of care.
- G. Non-participating facility services associated with a COC request may be approved for in-network reimbursement for a service that qualifies for coverage under COC when the physician does not have privileges at a participating facility offering those services.
- H. Approved requests to cover services provided by a non-participating health care professional at the in-network benefit level will include the following:
- List of the specific services approved
 - Specified time period services are approved (*not to exceed 90 calendar days with the exception of pregnancy or approval by Medical Director*)
- I. Requests which cannot be approved by the nurse are referred to a Medical Director for determination. The Medical Director reviews the treating health care professional's treatment plan to assess the individual health care needs of the customer and ensure a reasonable transition period to continue his/her course of treatment. Exceptions may be made on a case-by-case basis to authorize periods longer than the standard 90 calendar days to preserve continuity of care for a defined and limited treatment interval (e.g. chemotherapy treatment plan that is expected to be completed within 120 days).

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- J. The Medical Director will complete the required documentation and will forward to the appropriate staff member for recording in UM system and customer and/or health care professional notification.
- K. Coverage determination letter is sent to the customer and/or requesting health care professional. An adverse determination will include the rationale for the decision and guidance on obtaining information on participating health care professionals

HIPAA Applicable Policies & Procedures:

Minimum Necessary Use, Disclosure and Request of Protected Health Information
Privacy and Confidentiality of Individually Identifiable Protected Health Information
Confidential Communications
Physical, Technical and Administrative Safeguards
Restrictions on the Use and Disclosure of Protected Health Information
Privacy Complaints
Amendment of Designated Record Set, Statement of Disagreement and Revocation Policy
Authorization
Verification and Disclosure

Related Policies and Procedures:

Adverse Determination Notification Elements Policy
Interact and Medical Director Case Review Policy
Timeliness of Health Services Decisions Policy
Pre-Certification of Inpatient, Outpatient and Ambulatory Services Policy

Links/PDFs:

Attachment 1: States with Continuity of Care Laws that Deviate From Cigna Standard Process
Attachment 2: States with Continuity of Care Laws that Do Not Deviate from Cigna Standard Process

STATES WITH CONTINUITY OF CARE LAWS THAT DEVIATE FROM
(ARE RICHER THAN) CIGNA STANDARD PROCESS

ATTACHMENT 1: Revised December 2007

State	Timeframe and Conditions Eligible for Continuity of Care	Deviation from Cigna Standard Process
Cigna Standard	<p>COC period = 90 days from health care professional termination date</p> <p>Customer/health care professional must submit request within 60 calendar days of health care professional termination date.</p> <ul style="list-style-type: none"> • Terminal conditions • Acute conditions in active treatment or chronic condition requiring close medical management and frequent visits • 2nd or 3rd trimesters of pregnancy through the postpartum period (6 weeks after delivery). Facilities will be covered for maternity Cases if the health care professional is authorized and does not have privileges at a participating facility. 	
Alaska	<p>For longer of:</p> <ul style="list-style-type: none"> • Up to 90 days • Pregnancy through completion of postpartum care • Terminally ill until end of treatment • End of current plan year 	<ul style="list-style-type: none"> • Must provide COC for terminally ill until end of treatment – no time limit • May need to cover treatment through end of current plan year

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<p>California --All products</p> <p>HMO/Network (CA residents) PPO/OAP & out-of-network portion of POS plans</p>	<ul style="list-style-type: none"> • An acute condition, for the duration of the acute condition. An “acute condition” is a medical condition that involves a sudden onset of symptoms due to an illness, injury, or other medical problem that requires prompt medical attention and that has a limited duration. • A serious chronic condition, for a period of time necessary to complete a course of treatment and to arrange for a safe transfer to another health care professional, as determined by the Cigna Medical Director (or designee) in consultation with the enrollee and treating health care professional, consistent with good professional practice. This period shall not exceed 12 months from the health care professional’s termination date or the effective date of coverage for the newly covered enrollee. A “serious chronic condition” is a medical condition due to a disease, illness, or other medical problem or medical disorder that is serious in nature and that persists without full cure or worsens over an extended period of time or requires ongoing treatment to maintain remission or prevent deterioration. • A pregnancy, for the duration of the pregnancy (three trimesters) and the immediate postpartum period. • A terminal illness, for the duration of the terminal illness. A “terminal illness” is an incurable or irreversible condition that has a high probability of causing death within one year or less. • Care of a newborn child whose age is between birth and age 36 months, regardless of whether the child is undergoing an active course of treatment, for a period not to exceed 12 months. • Performance of surgery or other procedure that has been authorized by the plan, as part of a documented course of treatment that is to occur within 180 days of the health care professional’s termination date or the effective date of coverage for a newly covered employee. <p>NOTE: In relation to groups delegated for Utilization management, review for COC is NOT delegated and remains the responsibility of Cigna. Cigna will coordinate the outcome of the review with the applicable health care professional group.</p>	<ul style="list-style-type: none"> • Must provide COC for acute condition for duration of condition (may exceed 90 days) • Must provide COC for serious chronic conditions up to 12 months • COC for pregnancy may begin during 1st trimester • COC for newborns age birth – 3 up to 12 months • Possible COC for pre-approved surgery/procedure

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District of Columbia	<ul style="list-style-type: none"> At least 90 days (including 2nd trimester of pregnancy) 	<ul style="list-style-type: none"> Must provide COC for at least 90 days
Delaware <i>(HMO only – all other products follow Cigna standard)</i>	<ul style="list-style-type: none"> Up to 120 days Pregnancy through completion of postpartum care 	<ul style="list-style-type: none"> Must provide COC for up to 120 days
Florida	<ul style="list-style-type: none"> Through completion of treatment of a condition for which the customer was receiving care at time of termination, until customer selects new health care professional or during next open enrollment, not to exceed 6 months after health care professional contract termination. Pregnancy through postpartum care regardless of trimester 	<ul style="list-style-type: none"> May need to provide medically necessary COC for up to 6 months if customer does not select new health care professional within that time. COC for pregnancy may begin during 1st trimester
Kentucky	<ul style="list-style-type: none"> Up to 90 days Up to 9 months for terminal illness 2nd trimester of pregnancy through postpartum care within 6 weeks of delivery Discharge from inpatient hospital Active course of treatment completed 	<ul style="list-style-type: none"> Must provide COC for terminal illness for up to 9 months
Louisiana	<ul style="list-style-type: none"> High-risk pregnancy or pregnancy in 24th week through delivery and postpartum care Life-threatening illness up to 3 months 	<ul style="list-style-type: none"> Must provide COC for high-risk pregnancy (trimester not a factor)

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Maine	<ul style="list-style-type: none"> • At least 60 days COC • 2nd trimester of pregnancy through postpartum care 	<ul style="list-style-type: none"> • Must provide COC for <i>at least</i> 60 days
Maryland	<ul style="list-style-type: none"> • At least 90 days COC 	<ul style="list-style-type: none"> • Must provide COC for <i>at least</i> 90 days
Massachusetts	<ul style="list-style-type: none"> • At least 30 days after primary care type physician termination • 2nd or 3rd trimester of pregnancy including first postpartum visit • Until participant's death if terminally ill 	<ul style="list-style-type: none"> • COC for any reason when primary care type physician terminates; must be provided for <i>at least</i> 30 days • COC for terminal illness until customer's death – no time limit
Michigan	<ul style="list-style-type: none"> • 90 days • 2nd or 3rd trimester of pregnancy through postpartum care • Until participant's death if terminally ill 	<ul style="list-style-type: none"> • COC for terminal illness until customer's death – no time limit

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Minnesota	<ul style="list-style-type: none"> • Up to 120 days (including pregnancy beyond 1st trimester) • Rest of participant's life if life expectancy is 180 days or less • Allows same COC for customers receiving culturally appropriate services or who do not speak English and there is no new health care professional in the network that can provide these services. 	<ul style="list-style-type: none"> • Must allow up to 120 days of COC • COC for pregnancy may begin during 1st trimester • COC for terminal illness for up to 180 days (if life expectancy is 180 days or less) • COC for customers receiving culturally appropriate services or who do not speak English (provided there is no comparable health care professional in-network)
Nevada	<ul style="list-style-type: none"> • Up to the 120th day after the date the contact is terminated • Pregnancy – the 45th day after the date of delivery; or if the pregnancy does not end in delivery, the date of the end of the pregnancy 	<ul style="list-style-type: none"> • Must allow up to 120 days of COC • COC for pregnancy continues through the 45th day after the delivery or if the pregnancy does not end in delivery, than the date of the end of the pregnancy
New Hampshire	<ul style="list-style-type: none"> • Not to be less than 60 days COC • We cannot require that customer complete the form- they are allowed this COC period with out contingencies • We must include all health care professionals including ancillary 	<ul style="list-style-type: none"> • We will follow the 90 day Cigna standard • We must cover all COC claims for 90 days • Cannot deny ancillary COC

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New Jersey	<ul style="list-style-type: none"> • Up to 4 months • Pregnancy up to 6 weeks after delivery • Up to 6 months for post-op care • Up to 1 year for oncology treatment • Up to 1 year for psychiatric treatment 	<ul style="list-style-type: none"> • Must allow COC for up to 4 months • COC for post-op care up to 6 months • COC for oncology treatment up to 1 year • COC for psychiatric treatment up to 1 year
New Mexico	<ul style="list-style-type: none"> • Not to be less than 30 days COC • 3rd trimester of pregnancy shall include postpartum care 	<ul style="list-style-type: none"> • Must provide COC coverage for <i>at least</i> 30 days
New York	<ul style="list-style-type: none"> • Up to 90 days BUT the 90-day coverage period begins on the date customer receives notice of health care professional termination, and written notice must be provided to customer within 15 (calendar) days of the date the carrier is aware of termination (including primary care type physician, specialist, hospital) and must disclose COC rights. • 2nd trimester of pregnancy through postpartum 	<ul style="list-style-type: none"> • Standard meets requirements of the law provided that the 90-day clock does not start on the health care professional's actual termination date but on the date the customer receives notification of health care professional termination; AND • Appeals must be handled under the terms of the NY Administrative Appeal P&P for fully insured customers

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North Carolina	<ul style="list-style-type: none"> • Up to 90 days (including pregnancy from 2nd trimester) • Until customer's death if terminally ill 	<ul style="list-style-type: none"> • COC for terminal illness until customer's death – no time limit
Oregon	<ul style="list-style-type: none"> • Up to 120 days • 2nd trimester of pregnancy through 45 days after birth • Completion of active course of treatment 	<ul style="list-style-type: none"> • Must provide COC for up to 120 days
Rhode Island	<ul style="list-style-type: none"> • Completion of active course of treatment • Not more than 1 year COC 	<ul style="list-style-type: none"> • May be required to provide COC for up to 1 year (if acute course of treatment not complete by that time) <p><i>Law applies to health care professional contracts</i></p>
Tennessee	<ul style="list-style-type: none"> • 120 days • 2nd trimester of pregnancy through completion of postpartum care • Inpatient discharge <p>COC period begins upon notice of health care professional termination, which is sent 60 days prior to actual termination date. Standard processes allow COC for 90 days from actual date of termination, so Cigna standard exceeds state law.</p>	<ul style="list-style-type: none"> • Tennessee

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Texas	<ul style="list-style-type: none"> • Up to 90 days • Up to 9 months for terminal illness • 24th week of pregnancy through 6 weeks after delivery 	<ul style="list-style-type: none"> • COC must be provided for terminal illness up to 9 months • Appeals must be handled under the terms of the TX Administrative Complaint & Appeals P&P for fully insured customers <p>Law applies to HMO health care professional contracts</p>
Virginia	<ul style="list-style-type: none"> • 90 days for an "active course of treatment" (a primary care type physician may not need to demonstrate a "course of treatment") • 2nd trimester of pregnancy through postpartum care • Terminally ill for remainder of customer's life 	<ul style="list-style-type: none"> • Must provide COC for terminal illness until customer's death – no time limit
Washington	<ul style="list-style-type: none"> • For primary care type physicians, at least 60 days or for plans with open enrollment periods, until the end of the next open enrollment period. 	<ul style="list-style-type: none"> • For terminating primary care type physicians, at least 60 days or for plans with open enrollment periods for selection of new primary care type physicians, until the end of the next open enrollment period. • For all other health care professionals, follow Cigna standard.

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West Virginia	<ul style="list-style-type: none"> • At least 60 days 	<ul style="list-style-type: none"> • Must provide COC for <i>at least</i> 60 days
Wisconsin	<ul style="list-style-type: none"> • Remainder of course of treatment, not more than 90 days • 2nd or 3rd trimester of pregnancy through postpartum care • PCP: end of current plan year or end of plan year for which primary care type physician was participating 	<ul style="list-style-type: none"> • Must provide COC until end of current plan year if customer's primary care type physician terminates

STATES WITH CONTINUITY OF CARE LAWS THAT DO NOT DEVIATE FROM
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ATTACHMENT 2: Revised December 2007

STATE	CONTINUITY OF CARE REQUIREMENTS
Cigna Standard	<p>COC period = 90 days from health care professional termination date</p> <p>Customer/health care professional must submit request within 45 calendar days of health care professional termination date.</p> <ul style="list-style-type: none"> • Terminal conditions • Acute conditions in active treatment or chronic condition requiring close medical management and frequent visits • 2nd or 3rd trimesters of pregnancy through the postpartum period (6 weeks after delivery). Facilities will be covered for maternity Cases if the health care professional is authorized and does not have privileges at a participating facility.
Arizona	<ul style="list-style-type: none"> • 30 days for life threatening disease of condition • 3rd trimester of pregnancy, up to 6 weeks after delivery
Arkansas	<p>For current acute condition may receive treatment:</p> <ul style="list-style-type: none"> • Until treatment ends OR • Up to 90 days
Colorado	<ul style="list-style-type: none"> • 60 days • For in-patients, until patient discharged. <p><i>Law applies to health care professional contracts</i></p>
Georgia	<ul style="list-style-type: none"> • Up to 60 days for chronic illness • Up to 60 days for inpatient hospital stay • Pregnancy through 6 weeks of postpartum care <p><i>Law applies to health care professional contracts</i></p>

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Illinois	<ul style="list-style-type: none"> • 90 days • 3rd trimester of pregnancy through postpartum
Indiana	<ul style="list-style-type: none"> • 60 days • 3rd trimester of pregnancy throughout term of pregnancy • For hospitals, until earlier of 60 days following health care professional termination or patient released from hospital. <p><i>Law applies to HMO health care professional contracts</i></p>
Iowa	<ul style="list-style-type: none"> • Terminal illness or related condition for up to 90 days • 2nd or 3rd trimester of pregnancy through postpartum care
Kansas <i>(law is HMO only)</i>	<ul style="list-style-type: none"> • Up to 90 days • 3rd trimester of pregnancy
Mississippi	<ul style="list-style-type: none"> • Requires COC provisions in the case of an HMO's/insurer's insolvency
Missouri <i>(law is HMO only)</i>	<ul style="list-style-type: none"> • Up to 90 days if medically necessary, including disability, pregnancy or life threatening illness. <p><i>Law applies to health care professional contracts</i></p>
Montana	<ul style="list-style-type: none"> • Timeframe and conditions not specified; managed care plan must only contain plan for continuity of care in the event of contract termination.
New Hampshire	<ul style="list-style-type: none"> • Renewal date of enrollee's plan; OR • 60 days after expiration date of health care professional contract, whichever is sooner <p><i>Law applies to health care professional contracts</i></p>

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Oklahoma	<ul style="list-style-type: none"> • Up to 90 days (including terminal illness) • 3rd trimester of pregnancy through 6 weeks of postpartum
Pennsylvania	<ul style="list-style-type: none"> • Up to 60 days • 2nd or 3rd trimester of pregnancy through postpartum
South Dakota	<ul style="list-style-type: none"> • 90 days • 2nd trimester of pregnancy through postpartum
Vermont	<ul style="list-style-type: none"> • 60 days or until accepted by new health care professional, whichever shorter • 2nd or 3rd trimester of pregnancy until completion of postpartum

States without COC laws:

Alabama, Connecticut, Hawaii, Idaho, Mississippi, Montana, Nebraska, Nevada, North Dakota, Ohio, Puerto Rico, South Carolina, Utah, Virgin Islands, Wyoming