

## Article - Insurance

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§15–812.

(a) (1) In this section the following words have the meanings indicated.

(2) “Attending provider” means an obstetrician, pediatrician, other physician, certified nurse midwife, or pediatric nurse practitioner attending a mother or newborn child.

(3) “High-deductible health plan” means a health benefit plan that meets the federal requirements established by § 1201 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

(b) This section applies to:

(1) insurers and nonprofit health service plans that provide inpatient hospitalization coverage to individuals or groups on an expense-incurred basis under health insurance policies or contracts that are issued or delivered in the State; and

(2) health maintenance organizations that provide inpatient hospitalization coverage to individuals or groups under contracts that are issued or delivered in the State.

(c) An entity subject to this section shall provide coverage for the cost of inpatient hospitalization services for a mother and newborn child for a minimum of:

(1) 48 hours of inpatient hospitalization care after an uncomplicated vaginal delivery; and

(2) 96 hours of inpatient hospitalization care after an uncomplicated cesarean section.

(d) A mother may request a shorter length of stay than that provided in subsection (c) of this section if the mother decides, in consultation with the mother’s attending provider, that less time is needed for recovery.

(e) (1) For a mother and newborn child who have a shorter hospital stay than that provided under subsection (c) of this section, an entity subject to this section shall provide coverage for:

(i) one home visit scheduled to occur within 24 hours after hospital discharge; and

(ii) an additional home visit if prescribed by the attending provider.

(2) For a mother and newborn child who remain in the hospital for at least

the length of time provided under subsection (c) of this section, an entity subject to this section shall provide coverage for a home visit if prescribed by the attending provider.

(3) A home visit under paragraph (1) or (2) of this subsection shall:

(i) be provided in accordance with generally accepted standards of nursing practice for home care of a mother and newborn child;

(ii) be provided by a registered nurse with at least 1 year of experience in maternal and child health nursing or community health nursing with an emphasis on maternal and child health; and

(iii) include any services required by the attending provider.

(f) An entity subject to this section may not deny, limit, or otherwise impair the participation of an attending provider under contract with the entity in providing health care services to enrollees or insureds for:

(1) advocating the interest of a mother and newborn child through the entity's utilization review or appeals system;

(2) advocating more than 48 hours of inpatient hospital care after a complicated vaginal delivery or more than 96 hours of inpatient hospital care after a complicated cesarean section; or

(3) prescribing a home visit under subsection (e)(1)(ii) or (2) of this section.

(g) (1) Except as provided in paragraph (2) of this subsection, an entity subject to this section may not impose a copayment or coinsurance requirement or deductible for coverage required under subsection (e)(1) or (2) of this section or refuse reimbursement under subsection (e)(1) of this section if the services do not occur within the time specified.

(2) If an insured or enrollee is covered under a high-deductible health plan, an entity subject to this section may require that the coverage required under subsection (e)(1) and (2) of this section be subject to the deductible of the high-deductible health plan.

(h) An entity subject to this section shall provide notice annually to insureds and enrollees about the coverage provided by this section.

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