

BY: Economic Matters Committee

AMENDMENTS TO HOUSE BILL NO. 1271

(First Reading File Bill)

AMENDMENT NO. 1

On page 1, in the sponsor line, strike “Delegate Donoghue” and substitute “Delegates Donoghue, Doory, Goldwater, Krysiak, Workman, McKee, Poole, Hecht, Snodgrass, Stup, Brinkley, Stull, Getty, Stocksdale, DeCarlo, Minnick, Mohorovic, Klausmeier, E. Burns, Edwards, Nathan-Pulliam, Finifter, Frank, Bobo, Pendergrass, Turner, Faulkner, Cryor, Shriver, Kopp, Kagan, Grosfeld, Hurson, Heller, Petzold, Hixson, Frush, Menes, Rosapepe, Healey, Palumbo, Conroy, Hubbard, Pitkin, Benson, Exum, Slade, Howard, Muse, Valderrama, Proctor, Vallario, Hutchins, Cadden, Love, Rzepkowski, Perry, Bonsack, Jacobs, Preis, Fry, Rudolph, W. Baker, Walkup, Eckardt, Bozman, Conway, Ciliberti, Marriott, Boston, Oaks, Rosenberg, Curran, Montague, Kirk, C. Mitchell, Branch, Harrison, Dypski, Hammen, Opara, Kach, Elliott, Flanagan, Crumlin, Busch, Gordon, V. Mitchell, Kelly, Barve, and Cummings”.

AMENDMENT NO. 2

On page 1, in line 8, after “plan,” insert “private review agent,”; and strike beginning with “requiring” in line 12 down through “appeal” in line 15 and substitute “requiring certain home visits under certain circumstances”; after line 20, insert:

“BY repealing and reenacting, with amendments,

Article 48A - Insurance Code

Section 354F, 470H, and 477-I

Annotated Code of Maryland

(1994 Replacement Volume and 1995 Supplement)”;

and after line 25, insert:

“BY adding to

Article - Health - General

(Over)

Section 19-703(g)  
Annotated Code of Maryland  
(1990 Replacement Volume and 1995 Supplement)".

AMENDMENT NO. 3

On page 2 in line 3 and on page 3 in line 2, in each instance, strike "PHYSICIAN" and substitute "PROVIDER".

On page 2, in line 4 and on page 3, in line 3, in each instance, after "PHYSICIAN" insert "OR CERTIFIED NURSE MIDWIFE OR PEDIATRIC NURSE PRACTITIONER". On page 2, in lines 13 and 15 and on page 3, in lines 16 and 18, in each instance, strike "A" and substitute "AN UNCOMPLICATED"

AMENDMENT NO. 4

On page 2, after line 1, insert:

"354F.

(A) Every nonprofit health insurer who issues or delivers a health insurance policy to any person in this State under which any hospitalization benefits are provided for normal pregnancy shall provide those benefits for the cost of hospitalization for childbirth to the same extent as the hospitalization benefit provided in the policy for any covered illness. [This provision may not be construed, however, to require any insurer to provide benefits for pregnancy or childbirth in any policy.]

(B) (1) IN ADDITION TO THE PROVISIONS OF § 490FF OF THIS ARTICLE AND SUBSECTION (A) OF THIS SECTION, WHENEVER A MOTHER IS REQUIRED TO REMAIN HOSPITALIZED AFTER CHILDBIRTH FOR MEDICAL REASONS AND THE MOTHER REQUESTS THAT THE NEWBORN REMAIN IN THE HOSPITAL, A NONPROFIT HEALTH SERVICE PLAN SHALL PAY THE COST OF ADDITIONAL HOSPITALIZATION FOR THE NEWBORN FOR UP TO 4 DAYS.

(2) THE ATTENDING PHYSICIAN OR CERTIFIED NURSE MIDWIFE OF THE MOTHER, OR THE DESIGNEE OF THE ATTENDING PHYSICIAN OR CERTIFIED NURSE MIDWIFE, SHALL PROVIDE NOTICE TO THE MOTHER OF THE PROVISIONS OF PARAGRAPH (1) OF THIS SUBSECTION.

470H.

(A) Every insurer who issues or delivers an individual health insurance policy to any person in this State under which any hospitalization benefits are provided for normal pregnancy shall provide those benefits for the cost of hospitalization for childbirth to the same extent as the hospitalization benefit provided in the policy for any covered illness. [This provision may not be construed, however, to require any insurer to provide benefits for pregnancy or childbirth in any policy.]

(B) (1) IN ADDITION TO THE PROVISIONS OF § 490FF OF THIS ARTICLE AND SUBSECTION (A) OF THIS SECTION, WHENEVER A MOTHER IS REQUIRED TO REMAIN HOSPITALIZED AFTER CHILDBIRTH FOR MEDICAL REASONS AND THE MOTHER REQUESTS THAT THE NEWBORN REMAIN IN THE HOSPITAL, AN INSURER SHALL PAY THE COST OF ADDITIONAL HOSPITALIZATION FOR THE NEWBORN FOR UP TO 4 DAYS.

(2) THE ATTENDING PHYSICIAN OR CERTIFIED NURSE MIDWIFE OF THE MOTHER, OR THE DESIGNEE OF THE ATTENDING PHYSICIAN OR CERTIFIED NURSE MIDWIFE, SHALL PROVIDE NOTICE TO THE MOTHER OF THE PROVISIONS OF PARAGRAPH (1) OF THIS SUBSECTION.

477-I.

(A) Every insurer who issues or delivers a group or blanket health insurance policy under which any hospitalization benefits are provided for normal pregnancy shall provide those benefits for the cost of hospitalization for childbirth to the same extent as the hospitalization benefit provided in the policy for any covered illness. [This provision may not be construed, however, to require any insurer to provide benefits for pregnancy or childbirth in any policy.]

(B) (1) IN ADDITION TO THE PROVISIONS OF § 490FF OF THIS ARTICLE AND SUBSECTION (A) OF THIS SECTION, WHENEVER A MOTHER IS REQUIRED TO REMAIN HOSPITALIZED AFTER CHILDBIRTH FOR MEDICAL REASONS AND THE MOTHER REQUESTS THAT THE NEWBORN REMAIN IN THE HOSPITAL, AN INSURER

(Over)

SHALL PAY THE COST OF ADDITIONAL HOSPITALIZATION FOR THE NEWBORN FOR UP TO 4 DAYS.

(2) THE ATTENDING PHYSICIAN OR CERTIFIED NURSE MIDWIFE OF THE MOTHER, OR THE DESIGNEE OF THE ATTENDING PHYSICIAN OR CERTIFIED NURSE MIDWIFE, SHALL PROVIDE NOTICE TO THE MOTHER OF THE PROVISIONS OF PARAGRAPH (1) OF THIS SUBSECTION.”;

and after line 38, insert:

“19-703.

(G) (1) IN ADDITION TO THE REQUIREMENTS OF §§ 19-706(I) AND 19-1305.4 OF THIS TITLE, WHENEVER A MOTHER IS REQUIRED TO REMAIN HOSPITALIZED AFTER CHILDBIRTH FOR MEDICAL REASONS AND THE MOTHER REQUESTS THAT THE NEWBORN REMAIN IN THE HOSPITAL, A HEALTH MAINTENANCE ORGANIZATION SHALL PROVIDE AS PART OF ITS HOSPITALIZATION SERVICES PROVIDED TO MEMBERS AND SUBSCRIBERS PAYMENT FOR THE COST OF ADDITIONAL HOSPITALIZATION FOR THE NEWBORN FOR UP TO 4 DAYS.

(2) THE ATTENDING PHYSICIAN OR CERTIFIED NURSE MIDWIFE OF THE MOTHER, OR THE DESIGNEE OF THE ATTENDING PHYSICIAN OR CERTIFIED NURSE MIDWIFE, SHALL PROVIDE NOTICE TO THE MOTHER OF THE PROVISIONS OF PARAGRAPH (1) OF THIS SUBSECTION.”.

AMENDMENT NO. 5

On page 2, strike in their entirety lines 17 through 26, and substitute:

“(C) (1) A MOTHER MAY REQUEST A SHORTER LENGTH OF STAY THAN THAT PROVIDED IN SUBSECTION (B) OF THIS SECTION IF SHE DECIDES, IN CONSULTATION WITH HER ATTENDING PROVIDER, THAT LESS TIME IS NEEDED FOR RECOVERY.

(2) FOR A MOTHER AND NEWBORN CHILD WHO HAVE A HOSPITAL STAY

SHORTER IN LENGTH THAN THAT PROVIDED UNDER SUBSECTION (B) OF THIS SECTION, THE INSURER, NONPROFIT HEALTH SERVICE PLAN, OR HEALTH MAINTENANCE ORGANIZATION SHALL PROVIDE COVERAGE FOR AT LEAST ONE HOME VISIT:

(I) IN ACCORDANCE WITH GENERALLY ACCEPTED STANDARDS OF NURSING PRACTICE FOR HOME CARE OF A MOTHER AND NEWBORN CHILD; AND

(II) BY A REGISTERED NURSE WITH AT LEAST 1 YEAR OF EXPERIENCE IN MATERNAL AND CHILD HEALTH NURSING OR IN COMMUNITY HEALTH NURSING WITH AN EMPHASIS ON MATERNAL AND CHILD HEALTH.

(3) THE HOME VISIT PROVIDED UNDER PARAGRAPH (2) OF THIS SUBSECTION:

(I) SHALL BE SCHEDULED TO OCCUR WITHIN 24 HOURS AFTER HOSPITAL DISCHARGE; AND

(II) SHALL INCLUDE ANY SERVICES REQUIRED BY THE ATTENDING PROVIDER.”;

strike beginning with “THE” in line 36 down through “SECTION” in line 37 and substitute “ADVOCATING MORE THAN 48 HOURS OF INPATIENT HOSPITAL CARE FOLLOWING A COMPLICATED VAGINAL DELIVERY OR MORE THAN 96 HOURS OF INPATIENT HOSPITAL CARE FOLLOWING A COMPLICATED CESAREAN SECTION”; and after line 37, insert:

“(E) THE INSURER, NONPROFIT HEALTH SERVICE PLAN, OR HEALTH MAINTENANCE ORGANIZATION MAY NOT IMPOSE A COPAYMENT OR COINSURANCE REQUIREMENT OR DEDUCTIBLE FOR COVERAGE REQUIRED UNDER SUBSECTION (C)(2) OF THIS SECTION OR REFUSE REIMBURSEMENT IF THE SERVICES DO NOT OCCUR WITHIN THE TIME SPECIFIED.

(F) THE INSURER, NONPROFIT HEALTH SERVICE PLAN, OR HEALTH

MAINTENANCE ORGANIZATION SHALL PROVIDE NOTICE TO INSUREDS AND ENROLLEES REGARDING THE COVERAGE PROVIDED BY THIS SECTION.”.

AMENDMENT NO. 6

On pages 3 and 4, strike in their entirety the lines beginning with line 20 on page 3 through line 2 on page 4 and substitute:

“(D) (1) THE PRIVATE REVIEW AGENT OR HEALTH MAINTENANCE ORGANIZATION MAY AUTHORIZE A SHORTER LENGTH OF STAY THAN THAT PROVIDED IN SUBSECTION (C) OF THIS SECTION IF THE MOTHER, IN CONSULTATION WITH HER ATTENDING PROVIDER, DECIDES THAT LESS TIME IS NEEDED FOR RECOVERY.

(2) FOR A MOTHER AND NEWBORN CHILD WHO HAVE A HOSPITAL STAY SHORTER IN LENGTH THAN THAT PROVIDED UNDER SUBSECTION (C) OF THIS SECTION, THE PRIVATE REVIEW AGENT OR HEALTH MAINTENANCE ORGANIZATION PERFORMING UTILIZATION REVIEW SHALL AUTHORIZE AT LEAST ONE HOME VISIT:

(I) IN ACCORDANCE WITH GENERALLY ACCEPTED STANDARDS OF NURSING PRACTICE FOR HOME CARE OF A MOTHER AND NEWBORN CHILD; AND

(II) BY A REGISTERED NURSE WITH AT LEAST 1 YEAR OF EXPERIENCE IN MATERNAL AND CHILD HEALTH NURSING OR IN COMMUNITY HEALTH NURSING WITH AN EMPHASIS ON MATERNAL AND CHILD HEALTH.

(3) THE HOME VISIT PROVIDED UNDER PARAGRAPH (2) OF THIS SUBSECTION:

(I) SHALL BE SCHEDULED TO OCCUR WITHIN 24 HOURS AFTER HOSPITAL DISCHARGE; AND

(II) SHALL INCLUDE ANY SERVICES REQUIRED BY THE ATTENDING PROVIDER.

(E) THE PRIVATE REVIEW AGENT OR HEALTH MAINTENANCE ORGANIZATION MAY NOT REQUIRE ADDITIONAL DOCUMENTATION FROM, REQUIRE ADDITIONAL UTILIZATION REVIEW OF, OR OTHERWISE PROVIDE FINANCIAL DISINCENTIVES FOR AN ATTENDING PROVIDER WHO ADVOCATES MORE THAN 48 HOURS ON INPATIENT HOSPITAL CARE FOLLOWING A COMPLICATED VAGINAL DELIVERY OR MORE THAN 96 HOURS OF INPATIENT HOSPITAL CARE FOLLOWING A COMPLICATED CESAREAN SECTION.”.