
By: Senators Bromwell, Hoffman, Hollinger, Dorman, Blount, Currie, Miller, Sfikas, Collins, Ferguson, Madden, Stone, Kelley, Young, Forehand, Roesser, Pica, Astle, Hafer, Boozer, Haines, Derr, Green, Trotter, Della, and Van Hollen

Introduced and read first time: February 1, 1996

Assigned to: Finance

Committee Report: Favorable with amendments

Senate action: Adopted

Read second time: March 6, 1996

CHAPTER _____

1 AN ACT concerning

2 Health Insurance - Postpartum Mothers and Infants - Hospital Stays and Home Visits

3 FOR the purpose of requiring health insurers and health maintenance organizations to
4 provide inpatient hospitalization coverage for a mother and newborn for a certain
5 minimum length of time under certain circumstances; providing certain exceptions;
6 requiring certain home visits under certain circumstances; prohibiting certain
7 actions by health insurers, health maintenance organizations, and private review
8 agents; ~~requiring health insurers and health maintenance organizations to provide~~
9 ~~certain notice to certain individuals~~; requiring certain private review agents and
10 health maintenance organizations to authorize inpatient hospitalization coverage
11 for a mother and newborn for a certain minimum length of time under certain
12 circumstances; requiring health insurers and health maintenance organizations to
13 pay the additional cost of hospitalization for a newborn, under certain
14 circumstances, when a mother is required to remain in the hospital and requests
15 that the newborn remain in the hospital; requiring certain persons to provide
16 certain notice to certain individuals; defining a certain term; and generally relating
17 to the provision of inpatient hospitalization coverage for a mother and newborn.

18 BY repealing and reenacting, with amendments,

19 Article 48A - Insurance Code

20 Section 354F, 470H, and 477-I

21 Annotated Code of Maryland

22 (1994 Replacement Volume and 1995 Supplement)

23 BY adding to

24 Article 48A - Insurance Code

2

1 Section 490FF
2 Annotated Code of Maryland
3 (1994 Replacement Volume and 1995 Supplement)

4 BY adding to

5 Article - Health - General
6 Section 19-703(g)
7 Annotated Code of Maryland
8 (1990 Replacement Volume and 1995 Supplement)

9 BY repealing and reenacting, with amendments,

10 Article - Health - General
11 Section 19-706(i) and 19-1305.4
12 Annotated Code of Maryland
13 (1990 Replacement Volume and 1995 Supplement)

14 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
15 MARYLAND, That the Laws of Maryland read as follows:

16 **Article 48A - Insurance Code**

17 354F.

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

24 (B) (1) IN ADDITION TO THE PROVISIONS OF § 490FF OF THIS ARTICLE AND
25 SUBSECTION (A) OF THIS SECTION, WHENEVER A MOTHER IS REQUIRED TO REMAIN
26 HOSPITALIZED AFTER CHILDBIRTH FOR MEDICAL REASONS AND THE MOTHER
27 REQUESTS THAT THE NEWBORN REMAIN IN THE HOSPITAL, A NONPROFIT HEALTH
28 INSURER SHALL PAY THE COST, FOR UP TO 4 DAYS OF HOSPITALIZATION, FOR THE
29 ADDITIONAL HOSPITALIZATION OF THE NEWBORN UNTIL THE MOTHER IS
30 RELEASED FROM THE HOSPITAL.

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

35 470H.

36 (A) Every insurer who issues or delivers an individual health insurance policy to
37 any person in this State under which any hospitalization benefits are provided for normal
38 pregnancy shall provide those benefits for the cost of hospitalization for childbirth to the
39 same extent as the hospitalization benefit provided in the policy for any covered illness.

3

1 [This provision may not be construed, however, to require any insurer to provide benefits
2 for pregnancy or childbirth in any policy.]

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

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

14 477-I.

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

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

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

32 490FF.

33 (A) IN THIS SECTION, "ATTENDING PROVIDER" MEANS AN OBSTETRICIAN,
34 PEDIATRICIAN, OTHER PHYSICIAN, OR CERTIFIED NURSE MIDWIFE ATTENDING THE
35 MOTHER OR NEWBORN CHILD.

36 (B) AN INSURER OR NONPROFIT HEALTH SERVICE PLAN THAT PROVIDES
37 HOSPITAL, MEDICAL, OR SURGICAL BENEFITS FOR ISSUANCE OR DELIVERY IN THE
38 STATE TO ANY GROUP OR INDIVIDUAL ON AN EXPENSE-INCURRED BASIS,
39 INCLUDING A HEALTH MAINTENANCE ORGANIZATION, SHALL PROVIDE COVERAGE
40 FOR A MINIMUM OF:

41 (1) 48 HOURS OF INPATIENT HOSPITALIZATION CARE FOLLOWING AN
42 UNCOMPLICATED VAGINAL DELIVERY; AND

4

1 (2) 96 HOURS OF INPATIENT HOSPITALIZATION CARE FOLLOWING AN
2 UNCOMPLICATED CESAREAN SECTION.

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

7 (2) EXCEPT AS PROVIDED IN PARAGRAPH (3) OF THIS SUBSECTION, AN
8 INSURER, NONPROFIT HEALTH SERVICE PLAN, OR HEALTH MAINTENANCE
9 ORGANIZATION SHALL PROVIDE COVERAGE FOR A MOTHER AND NEWBORN CHILD
10 FOR A MINIMUM OF ONE HOME VISIT:

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

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

16 ~~(2)~~ (3) FOR A MOTHER AND NEWBORN CHILD, WHO HAVE A HOSPITAL
17 STAY SHORTER IN LENGTH THAN THAT PROVIDED UNDER SUBSECTION (B) OF THIS
18 SECTION, THE INSURER, NONPROFIT HEALTH SERVICE PLAN, OR HEALTH
19 MAINTENANCE ORGANIZATION SHALL PROVIDE COVERAGE FOR A MINIMUM OF ~~3~~ 2
20 HOME VISITS:

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

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

26 ~~(3)~~ (4) THE SERVICES FOR WHICH COVERAGE IS PROVIDED UNDER
27 PARAGRAPH (2) OR PARAGRAPH (3) OF THIS SUBSECTION SHALL INCLUDE:

28 (I) MATERNAL AND NEONATAL PHYSICAL ASSESSMENTS;

29 (II) PARENT EDUCATION;

30 (III) ASSISTANCE AND TRAINING IN BREAST AND BOTTLE FEEDING;

31 (IV) THE COLLECTION, WHEN INDICATED, OF AN ADEQUATE
32 SAMPLE FOR HEREDITARY AND METABOLIC SCREENING OF THE NEWBORN CHILD;
33 AND

34 (V) THE PERFORMANCE OF ANY OTHER NECESSARY AND
35 APPROPRIATE TESTS AND SERVICES.

36 ~~(4) OF THE HOME VISITS REQUIRED UNDER PARAGRAPH (2) OF THIS~~
37 ~~SUBSECTION:~~

38 ~~(1) THE FIRST SHALL OCCUR WITHIN 24 HOURS OF THE~~
39 ~~DISCHARGE OF THE MOTHER AND THE NEWBORN CHILD;~~

5

1 ~~(II) THE SECOND SHALL OCCUR AT LEAST 24 HOURS, BUT NO MORE~~
2 ~~THAN 48 HOURS, AFTER THE DISCHARGE; AND~~

3 ~~(III) THE THIRD SHALL OCCUR AT LEAST 96 HOURS, BUT NO MORE~~
4 ~~THAN 120 HOURS, AFTER THE DISCHARGE.~~

5 (5) COVERAGE REQUIRED UNDER PARAGRAPH (2) OF THIS SUBSECTION
6 SHALL BE PROVIDED FOR A HOME VISIT, TO BE ARRANGED BY THE MOTHER AND
7 AN ATTENDING PROVIDER, WITHIN THE FIRST 7 DAYS AFTER DISCHARGE.

8 (6) COVERAGE REQUIRED UNDER PARAGRAPH (3) OF THIS SUBSECTION
9 SHALL BE PROVIDED FOR:

10 (I) A HOME VISIT WITHIN THE FIRST 24 HOURS AFTER
11 DISCHARGE; AND

12 (II) A HOME VISIT, TO BE ARRANGED BY THE MOTHER AND AN
13 ATTENDING PROVIDER, WITHIN THE FIRST 7 DAYS AFTER DISCHARGE.

14 (D) THE INSURER, NONPROFIT HEALTH SERVICE PLAN, OR HEALTH
15 MAINTENANCE ORGANIZATION MAY NOT:

16 (1) IMPOSE A COPAYMENT REQUIREMENT, A COINSURANCE
17 REQUIREMENT, OR A DEDUCTIBLE FOR THE COVERAGE REQUIRED UNDER
18 SUBSECTION (C)(2) OF THIS SECTION; OR

19 (2) DESELECT, TERMINATE THE SERVICES OF, REQUIRE ADDITIONAL
20 DOCUMENTATION FROM, REQUIRE ADDITIONAL UTILIZATION REVIEW OF, REDUCE
21 PAYMENTS TO, OR OTHERWISE PROVIDE FINANCIAL DISINCENTIVES FOR AN
22 ATTENDING PROVIDER WHO ORDERS CARE CONSISTENT WITH THE TERMS OF THIS
23 SECTION.

24 (E) (1) THE INSURER, NONPROFIT HEALTH SERVICE PLAN, OR HEALTH
25 MAINTENANCE ORGANIZATION SHALL PROVIDE NOTICE TO INSUREDS AND
26 ENROLLEES REGARDING THE COVERAGE PROVIDED BY THIS SECTION.

27 (2) THE NOTICE REQUIRED UNDER PARAGRAPH (1) OF THIS
28 SUBSECTION SHALL BE SENT ON AN ANNUAL BASIS.

29 **Article - Health - General**

30 19-703.

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

39 (2) THE ATTENDING PHYSICIAN OR CERTIFIED NURSE MIDWIFE OF THE
40 MOTHER, OR THE DESIGNEE OF THE ATTENDING PHYSICIAN OR CERTIFIED NURSE

6

1 MIDWIFE, SHALL PROVIDE NOTICE TO THE MOTHER OF THE PROVISIONS OF
2 PARAGRAPH (1) OF THIS SUBSECTION.

3 19-706.

4 (i) The provisions of Article 48A, §§ 490U, 490AA, 490CC, [and 490DD] 490DD,
5 AND 490FF of the Code shall apply to health maintenance organizations.

6 19-1305.4.

7 (A) IN THIS SECTION, "ATTENDING PROVIDER" MEANS AN OBSTETRICIAN,
8 PEDIATRICIAN, ~~OR~~ OTHER PHYSICIAN, OR CERTIFIED NURSE MIDWIFE ATTENDING
9 THE MOTHER OR NEWBORN CHILD.

10 [(a)] (B) Except as provided in [subsection (b)] SUBSECTIONS (C) AND(D) of
11 this section, the criteria and standards used by a private review agent or health
12 maintenance organization in performing utilization review of hospital services related to
13 maternity and newborn care, including length of stay, shall be in accordance with the
14 medical criteria outlined in the most current version of the "Guidelines for Perinatal
15 Care" prepared by the American Academy of Pediatrics and the American College of
16 Obstetricians and Gynecologists.

17 [(b) A private review agent or health maintenance organization may authorize a
18 shorter length of hospital stay for services related to maternity and newborn care
19 provided the newborn meets the criteria for medical stability in the "Guidelines for
20 Perinatal Care" and the private review agent or health maintenance organization
21 authorizes for the mother and child an initial postpartum home visit which would include
22 the collection of an adequate sample for the hereditary and metabolic newborn screening,
23 when indicated.]

24 (C) EXCEPT AS PROVIDED UNDER SUBSECTION (D) OF THIS SECTION, A
25 PRIVATE REVIEW AGENT OR HEALTH MAINTENANCE ORGANIZATION PERFORMING
26 UTILIZATION REVIEW OF HOSPITAL SERVICES RELATED TO MATERNITY AND
27 NEWBORN CARE SHALL AUTHORIZE A MINIMUM OF:

28 (1) 48 HOURS OF INPATIENT HOSPITALIZATION CARE FOLLOWING AN
29 UNCOMPLICATED VAGINAL DELIVERY; AND

30 (2) 96 HOURS OF INPATIENT HOSPITALIZATION CARE FOLLOWING AN
31 UNCOMPLICATED CESAREAN SECTION.

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

37 (2) EXCEPT AS PROVIDED IN PARAGRAPH (3) OF THIS SUBSECTION, THE
38 PRIVATE REVIEW AGENT OR HEALTH MAINTENANCE ORGANIZATION PERFORMING
39 UTILIZATION REVIEW SHALL AUTHORIZE, FOR A MOTHER AND NEWBORN CHILD, A
40 MINIMUM OF ONE HOME VISIT:

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

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

6 ~~(2)~~ (3) FOR A MOTHER AND NEWBORN CHILD WHO HAVE A HOSPITAL
7 STAY SHORTER IN LENGTH THAN THAT PROVIDED UNDER SUBSECTION (C) OF THIS
8 SECTION, THE PRIVATE REVIEW AGENT OR HEALTH MAINTENANCE ORGANIZATION
9 PERFORMING UTILIZATION REVIEW SHALL AUTHORIZE A MINIMUM OF ~~3~~ 2 HOME
10 VISITS:

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

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

16 ~~(3)~~ (4) SERVICES ~~PROVIDED~~ AUTHORIZED UNDER PARAGRAPH (2) OR
17 PARAGRAPH (3) OF THIS SUBSECTION SHALL INCLUDE:

18 (I) MATERNAL AND NEONATAL PHYSICAL ASSESSMENTS;

19 (II) PARENT EDUCATION;

20 (III) ASSISTANCE AND TRAINING IN BREAST AND BOTTLE FEEDING;

21 (IV) THE COLLECTION, WHEN INDICATED, OF AN ADEQUATE
22 SAMPLE FOR HEREDITARY AND METABOLIC SCREENING OF THE NEWBORN CHILD;
23 AND

24 (V) THE PERFORMANCE OF ANY OTHER NECESSARY AND
25 APPROPRIATE TESTS AND SERVICES.

26 ~~(4) OF THE HOME VISITS REQUIRED UNDER PARAGRAPH (2) OF THIS~~
27 ~~SUBSECTION:~~

28 ~~(I) THE FIRST SHALL OCCUR WITHIN 24 HOURS OF THE~~
29 ~~DISCHARGE OF THE MOTHER AND THE NEWBORN CHILD;~~

30 ~~(II) THE SECOND SHALL OCCUR AT LEAST 24 HOURS, BUT NO MORE~~
31 ~~THAN 48 HOURS, AFTER THE DISCHARGE; AND~~

32 ~~(III) THE THIRD SHALL OCCUR AT LEAST 48 HOURS, BUT NO MORE~~
33 ~~THAN 96 HOURS, AFTER THE DISCHARGE.~~

34 (5) AUTHORIZATION REQUIRED UNDER PARAGRAPH (2) OF THIS
35 SUBSECTION SHALL INCLUDE AUTHORIZATION FOR A HOME VISIT, TO BE
36 ARRANGED BY THE MOTHER AND AN ATTENDING PROVIDER, WITHIN THE FIRST 7
37 DAYS AFTER DISCHARGE.

1 (6) AUTHORIZATION REQUIRED UNDER PARAGRAPH (3) OF THIS
2 SUBSECTION SHALL INCLUDE AUTHORIZATION FOR:

3 (I) A HOME VISIT WITHIN THE FIRST 24 HOURS AFTER
4 DISCHARGE; AND

5 (II) A HOME VISIT, TO BE ARRANGED BY THE MOTHER AND AN
6 ATTENDING PROVIDER, WITHIN THE FIRST 7 DAYS AFTER DISCHARGE.

7 (E) THE PRIVATE REVIEW AGENT OR HEALTH MAINTENANCE
8 ORGANIZATION MAY NOT REQUIRE ADDITIONAL DOCUMENTATION FROM,
9 REQUIRE ADDITIONAL UTILIZATION REVIEW OF, OR OTHERWISE PROVIDE
10 FINANCIAL DISINCENTIVES FOR AN ATTENDING PROVIDER WHO ORDERS CARE
11 CONSISTENT WITH THE TERMS OF THIS SECTION.

12 SECTION 2. AND BE IT FURTHER ENACTED, That, in addition to the
13 requirements of Article 48A, § 490FF(e)(2) of the Code as enacted by this Act, an
14 insurer, nonprofit health service plan, or health maintenance organization subject to the
15 requirements of Article 48A, § 490FF(e) shall send to insureds or enrollees the notice
16 required under Article 48A, § 490FF(e)(1) of the Code as enacted by this Act by January
17 1, 1997.

18 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect
19 July 1, 1996.