

UNOFFICIAL COPY OF SENATE BILL 521
EMERGENCY BILL

C3

(51r0054)

ENROLLED BILL
-- Finance/Health and Government Operations --

Introduced by **Chairman, Finance Committee (By Request - Departmental - Insurance Administration, Maryland)**

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this
____ day of _____ at _____ o'clock, ____ M.

President.

CHAPTER _____

1 AN ACT concerning

2 **Health Insurance – ~~Mothers and Newborn Child Coverage~~ - High-Deductible**
3 **Health Plans - Prohibition on Deductible - Exception**

4 FOR the purpose of establishing an exception to a certain prohibition against certain
5 health insurance carriers imposing a deductible for certain coverage provided to
6 mothers and newborn children; authorizing certain health insurance carriers to
7 require that certain coverage be subject to the deductible of a high-deductible
8 health plan under certain circumstances; defining a certain term; making this
9 Act an emergency measure; and generally relating to health insurance.

10 BY repealing and reenacting, with amendments,
11 Article - Insurance
12 Section 15-812
13 Annotated Code of Maryland
14 (2002 Replacement Volume and 2004 Supplement)

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

3 **Article - Insurance**

4 15-812.

5 (a) (1) In this section[,] THE FOLLOWING WORDS HAVE THE MEANINGS
6 INDICATED.

7 (2) ["attending provider"] "ATTENDING PROVIDER" means an
8 obstetrician, pediatrician, other physician, certified nurse midwife, or pediatric nurse
9 practitioner attending a mother or newborn child.

10 (3) "HIGH-DEDUCTIBLE HEALTH PLAN" MEANS A HEALTH BENEFIT
11 PLAN THAT MEETS THE FEDERAL REQUIREMENTS ESTABLISHED BY § 1201 OF THE
12 MEDICARE PRESCRIPTION DRUG, IMPROVEMENT, AND MODERNIZATION ACT OF 2003.

13 (b) This section applies to:

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

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

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

22 (1) 48 hours of inpatient hospitalization care after an uncomplicated
23 vaginal delivery; and

24 (2) 96 hours of inpatient hospitalization care after an uncomplicated
25 cesarean section.

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

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

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

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

1 (2) For a mother and newborn child who remain in the hospital for at
2 least the length of time provided under subsection (c) of this section, an entity subject
3 to this section shall provide coverage for a home visit if prescribed by the attending
4 provider.

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

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

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

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

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

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

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

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

22 (g) (1) [An] EXCEPT AS PROVIDED IN PARAGRAPH (2) OF THIS SUBSECTION,
23 AN entity subject to this section may not impose a copayment or coinsurance
24 requirement or deductible for coverage required under subsection (e)(1) or (2) of this
25 section or refuse reimbursement under subsection (e)(1) of this section if the services
26 do not occur within the time specified.

27 (2) IF AN INSURED OR ENROLLEE IS COVERED UNDER A
28 HIGH-DEDUCTIBLE HEALTH PLAN, AN ENTITY SUBJECT TO THIS SECTION MAY
29 REQUIRE THAT THE COVERAGE REQUIRED UNDER SUBSECTION (E)(1) AND (2) OF
30 THIS SECTION BE SUBJECT TO THE DEDUCTIBLE OF THE HIGH-DEDUCTIBLE
31 HEALTH PLAN.

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

34 SECTION 2. AND BE IT FURTHER ENACTED, That this Act is an
35 emergency measure, is necessary for the immediate preservation of the public health
36 or safety, has been passed by a yea and nay vote supported by three-fifths of all the
37 members elected to each of the two Houses of the General Assembly, and shall take
38 effect from the date it is enacted.