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

Introduced and read first time: February 4, 2005

Rules suspended

Assigned to: Finance

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A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance - Mothers and Newborn Child Coverage - High-Deductible**  
3 **Health Plans**

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)

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

17 **Article - Insurance**

18 15-812.

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

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

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

1 (b) This section applies to:

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

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

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

10 (1) 48 hours of inpatient hospitalization care after an uncomplicated  
11 vaginal delivery; and

12 (2) 96 hours of inpatient hospitalization care after an uncomplicated  
13 cesarean section.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

13           (2)     IF AN INSURED OR ENROLLEE IS COVERED UNDER A  
14 HIGH-DEDUCTIBLE HEALTH PLAN, AN ENTITY SUBJECT TO THIS SECTION MAY  
15 REQUIRE THAT THE COVERAGE REQUIRED UNDER SUBSECTION (E)(1) AND (2) OF  
16 THIS SECTION BE SUBJECT TO THE DEDUCTIBLE OF THE HIGH-DEDUCTIBLE  
17 HEALTH PLAN.

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

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