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

Introduced and read first time: February 4, 2005

Rules suspended

Assigned to: Finance

Committee Report: Favorable

Senate action: Adopted

Read second time: March 21, 2005

CHAPTER _____

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.

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

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

7 (b) This section applies to:

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

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

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

16 (1) 48 hours of inpatient hospitalization care after an uncomplicated
17 vaginal delivery; and

18 (2) 96 hours of inpatient hospitalization care after an uncomplicated
19 cesarean section.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

20 (2) IF AN INSURED OR ENROLLEE IS COVERED UNDER A
21 HIGH-DEDUCTIBLE HEALTH PLAN, AN ENTITY SUBJECT TO THIS SECTION MAY
22 REQUIRE THAT THE COVERAGE REQUIRED UNDER SUBSECTION (E)(1) AND (2) OF
23 THIS SECTION BE SUBJECT TO THE DEDUCTIBLE OF THE HIGH-DEDUCTIBLE
24 HEALTH PLAN.

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

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