STATEMENT
OF
THE HONORABLE JOHN D. DINGELL
ON
INTRODUCING THE MINIMUM OBSTETRICAL MEDICAL
SECURITY ACT OF 1996

I am pleased today to introduce the MOMS Act, the "Minimum Obstetrical Medical Security Act of 1996."

The legislation would guarantee that insurers provide coverage for new mothers and their newborn children to remain in the hospital for a minimum of 48 hours after a normal delivery and 96 hours after a Caesarean section, unless the attending provider and the mother together decide that this is not the best course of action.

This bill responds to the concerns of pregnant women and their physicians in my district who have become increasingly concerned about the risks involved for mothers and their children when they are sent home from the hospital too soon. This is happening more and more frequently because insurance companies are deciding that an early hospital discharge is in their best interest - even if both the doctor and the new mother believe that the longer stay is medically appropriate. Length of stay for new mothers and their babies ought not to be based on the financial concerns of an insurer, but on the health and welfare of the new mother and her new baby. Studies have shown that early release of infants can result in feeding problems, respiratory difficulties, mental retardation, brain damage, and infections of the ears, eyes, and navel cords. Premature hospital discharge also puts mothers at risk for hemorrhaging, infected episiotomies, urinary tract infections, and exhaustion.

The American Medical Association has urged hospitals and insurance companies to allow the discharge of mothers and infants to be determined by the clinical judgment of attending physicians, not by economic considerations. Over 80,000 physicians in the American College of Obstetrics and Gynecologists and the American Academy of Pediatricians have endorsed legislative measures addressing these same concerns.

This bill would prevent insurance company policies that result in the premature hospital discharge of mothers and their newborns. The increasing reluctance of some insurance plans to adequately cover obstetric hospital stays in accordance with current medical society guidelines has, and will continue to have, serious implications for the health and well-being of many mothers and newborns.

The bill does not preempt responsible state legislation that either meets or exceeds the minimum requirements of this bill or guidelines established by the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, or other medical professional associations. I commend this legislation to my colleagues and urge its passage.

THE MINIMUM OBSTETRICAL MEDICAL SECURITY ACT OF 1996

Introduced by Congressman John Dingell

This bill would require health insurers to cover the costs of mothers and their newborns remaining in the hospital for a minimum of 48 hours after a normal vaginal delivery and 96 hours after a Caesarean section unless the attending health care provider, in consultation with the mother, decides that it is medically appropriate to discharge the mother sooner. The bill provides that the attending health care provider does not need to obtain authorization from a health insurer to ensure coverage for this length of hospital stay.

If the attending health care provider, in consultation with the mother, determines that an earlier discharge is the best course of action, then follow-up care must be covered by the insurer. Such follow-up care must occur within 72 hours after discharge so that the infant and the mother can be observed and monitored during this vulnerable time. The follow-up care may be provided in the home.

Attending health care providers are defined to include obstetricians-gynecologists, pediatricians, family physicians, osteopathic physicians, other physicians, nurse practitioners, nurses, nurse midwives, and, where appropriate, physician assistants.

This bill does not preempt state legislation on early discharge so long as either the minimum requirement of 48or 96 hours for inpatient stay is met or state legislation relating to this matter meets guidelines established by the American College of Obstetricians and Gynecologists (ACOG), the American Academy of Pediatrics (AAP), or other appropriate medical professional associations. States must require follow-up care at least consistent with this bill.

Section-by-Section Analysis

Section 1. Short Title. The act is named the "Minimum Obstetrical Medical Security Act of 1996", or MOMS Act.

Section 2. Findings. The findings section states that: (1) the length of post-delivery inpatient care should be based on unique characteristics of each mother and her newborn child, and (2) the decision to discharge a mother and newborn from the hospital should be made by the attending provider in consultation with the mother.

Section 3. Required Coverage for Minimum Hospital Stay Following Birth. This section requires health plans that provide maternity benefits, including benefits for childbirth, to provide coverage to mothers and their newborns for at least 48 hours of inpatient stay following a normal vaginal delivery and at least 96 hours following a caesarean section without requiring the attending provider to obtain authorization from the health plan. Health plans are not required to provide coverage for the 48 or 96 hour period if two conditions are met: (1) the attending provider, in consultation with the mother, decides to discharge the mother earlier, and (2) the health plan provides coverage for post-delivery follow-up care.

Section 4. Post-Delivery Follow-up Care. Where a mother and newborn are discharged from the hospital prior to 48 hours following a normal vaginal delivery or 96 hours following a caesarean section, health plans are required to provide post-delivery follow-up care not more than 72 hours following the discharge. Such care is to be provided by a registered nurse, physician, osteopathic physician, nurse practitioner, nurse midwife, or physician assistant experienced in maternal and child health. Care may be provided at home, hospital, doctor's office, birthing center, intermediate care facility, federally qualified health center, State health department maternity clinic, or other setting determined appropriate by the attending provider and the mother; mothers must be given the option of receiving care in the home.

Section 5. Prohibitions. Health plans are prohibited from: (1) denying enrollment, renewal, or continued coverage to mothers and newborns based on compliance with this Act; (2) providing monetary payments or rebates to mothers to encourage them to request fewer than 48/96 hours of stay; (3) penalizing doctors because they comply with the Act; or (4) providing incentives to doctors to induce them to provide treatment in a manner inconsistent with the Act.

Section 6. Notice. Insurers and employer-sponsored plans are required to notify plan participants and policy holders of the coverage required by this Act.

Section 7. Applicability. This section, which works in conjunction with Section 8 on "Enforcement," clarifies that States have primary responsibility for enforcing the requirements of this Act with respect to insurers and HMOs -- as they do under current law -- that the Secretary of Labor has sole responsibility for ensuring that the requirements of the Act are met by employer-sponsored ERISA plans, and that nothing in this Act should be construed to affect or modify the preemption provisions of ERISA.

Section 8. Enforcement. This section specifies that States enforce the requirements of the Act with respect to insurers and HMOs, and they may apply whatever penalties for non-compliance they wish. Employer-sponsored plans may be subject to civil enforcement penalties contained in sections 502, 504, 506, and 510 of ERISA. If a State fails to "substantially" enforce the requirements of the Act, the Secretary of HHS will enforce the requirements with respect to insurers and HMOs using penalties similar to the sanctions provided under ERISA. This construct is necessary to ensure enforcement.

Section 9. Definitions. This section defines the terms "attending provider," "beneficiary," "employee health benefit plan," "group purchaser," "health plan," "health plan issuer," "participant," and "secretary."

Section 10. Preemption. The Act does not preempt State laws that (1) provide greater protection to patients and policyholders; (2) require health plans to provide coverage for at least 48/96 hours; (3) require health plans to provide coverage in accordance with guidelines established by the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, or other appropriate professional medical associations; or (4) leave decisions about length of stay entirely to the doctor in consultation with the mother. With regard to follow-up care, the Act does not preempt State laws providing greater protection to patients and policyholders or providing an option of timely follow-up care in the home.

Section 11. Effective Date. The Act is effective on the first day of the plan year or contract year beginning on or after January 1, 1997.

1 of 4 items CQ's WASHINGTON ALERT 05/08/96

*** COSPONSOR REPORT -- CURRENT COSPONSORS IN ALPHABETICAL ORDER ***

MEASURE: S969

SPONSOR: Bradley (D-NJ)

BRIEF TITLE: New Borns' and Mothers' Health Protection Act of 1995.

INTRODUCED: 06/27/95

COSPONSORS: 36 (Dems: 23 Reps: 13 Ind: 0)

CURRENT COSPONSORS:

Biden (D-DE)	Grassley (R-IA)	Moseley-Braun (D-IL)
Boxer (D-CA)	Helms (R-NC)	Murray (D-WA)
Bryan (D-NV)	Inouye (D-HI)	Pell (D-RI)
Campbell (R-CO)	Kassebaum (R-KS)	Reid, H. (D-NV)
D'Amato (R-NY)	Kennedy, E. (D-MA)	Robb (D-VA)
DeWine (R-OH)	Kerrey, R. (D-NE)	Rockefeller (D-WV)
Domenici (R-NM)	Kerry, J. (D-MA)	Sarbanes (D-MD)
Feinstein (D-CA)	Lautenberg (D-NJ)	Simon (D-IL)
Ford, W.H. (D-KY)	Leahy (D-VT)	Simpson (R-WY)
Frist (R-TN)	Levin, C. (D-MI)	Snowe (R-ME)
Glenn (D-OH)	McConnell (R-KY)	Stevens (R-AK)
Grams, R. (R-MN)	Mikulski (D-MD)	Wellstone (D-MN)

2 of 4 items CQ's WASHINGTON ALERT 05/08/96

*** COSPONSOR REPORT -- CURRENT COSPONSORS IN ALPHABETICAL ORDER ***

MEASURE: HR1948

SPONSOR: Miller (D-CA)

BRIEF TITLE: New Borns' and Mothers' Health Protection Act of 1995.

INTRODUCED: 06/28/95

COSPONSORS: 11 (Dems: 10 Reps: 0 Ind: 1)

CURRENT COSPONSORS:

Coleman (D-TX)	Jackson-Lee, S. (D-TX)	Slaughter (D-NY)
DeLauro (D-CT)	Lofgren (D-CA)	Waxman (D-CA)
Durbin (D-IL)	Markey (D-MA)	Wynn (D-MD)
Frazer (I-VI)	Rivers (D-MI)	

Min. 48 hour inpatient stay (96 hr. for caesarean)

3 of 4 items CQ's WASHINGTON ALERT 05/08/96

*** COSPONSOR REPORT -- CURRENT COSPONSORS IN ALPHABETICAL ORDER ***

MEASURE: HR1968

SPONSOR: Solomon (R-NY)

BRIEF TITLE: Postnatal Protection Act of 1995.

INTRODUCED: 06/29/95

COSPONSORS: 11 (Dems: 1 Reps: 10 Ind: 0)

CURRENT COSPONSORS:

Dunn (R-WA)	LaTourette (R-OH)	Pryce, D. (R-OH)
Ehlers (R-MI)	McHugh (R-NY)	Torkildsen (R-MA)
Fox (R-PA)	Molinari (R-NY)	Walsh (R-NY)
Jackson-Lee, S. (D-TX)	Morella (R-MD)	

4 of 4 items CQ's WASHINGTON ALERT 05/08/96

*** COSPONSOR REPORT – CURRENT COSPONSORS IN ALPHABETICAL ORDER ***

MEASURE: HR1970

SPONSOR: Torricelli (D-NJ)

BRIEF TITLE: Mothers' and Infants' Good Health Act of 1995.

INTRODUCED: 06/29/95

COSPONSORS: 22 (Dems: 21 Reps: 0 Ind: 1)

CURRENT COSPONSORS:

Ackerman (D-NY)	Jefferson (D-LA)	Sanders (I-VT)
Brown, C. (D-FL)	Lowey (D-NY)	Serrano (D-NY)
DeFazio (D-OR)	Maloney (D-NY)	Thurman, K. (D-FL)
Engel (D-NY)	McKinney (D-GA)	Underwood (D-GU)
Green, G. (D-TX)	Nadler (D-NY)	Velazquez (D-NY)
Gutierrez (D-IL)	Pallone (D-NJ)	Woolsey (D-CA)
Hastings, A. (D-FL)	Romero-Barcelo (D-PR)	
Jackson-Lee, S. (D-TX)	Rush (D-IL)	

min. 48 hrs inpatient stay (96 hr. for caesarean)

or 48 hrs min. home care following home delivery

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE ASSISTANT SECRETARY FOR LEGISLATION

FROM:

KAREN L. POLLITZ
DEPUTY ASSISTANT SECRETARY FOR LEGISLATION
OFFICE OF HEALTH LEGISLATION
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TO:

NAME: Jen K.

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ROOM:

PHONE:

FAX: 456-2878

DATE:

PAGES:
(Including Cover)

Here are 3 house bills. I have called Bridget for her language + Colleen Meenan will get you Bradley language — along with other items you needed — shortly.

REMARKS: Do you think it would be possible for Colleen to sit in on the radio taping in light of all the work she's done on this bill? She would be thrilled. Thanks —
Karen

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104TH CONGRESS
1ST SESSION

H. R. 1948

To require that health plans provide coverage for a minimum hospital stay for a mother and child following the birth of the child, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 28, 1995

Mr. MILLER of California introduced the following bill; which was referred to the Committee on Commerce

---

A BILL

To require that health plans provide coverage for a minimum hospital stay for a mother and child following the birth of the child, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "New Borns' and Mothers' Health Protection Act of 1995".

SEC. 2. REQUIRED COVERAGE FOR MINIMUM HOSPITAL STAY FOLLOWING BIRTH.

(a) IN GENERAL.—A health plan that provides maternity benefits, including benefits for child birth, shall ensure that coverage is provided for a minimum of 48 hours

of in-patient care following a vaginal delivery and a minimum of 96 hours of in-patient care following a caesarean section for a mother and her newly born child in a health care facility.

(b) EXCEPTION.—

(1) IN GENERAL.—Notwithstanding subsection (a), a health plan that provides coverage for post-delivery care provided to a mother and her newly born child in the home shall not be required to provide coverage of in-patient care under subsection (a) unless such in-patient care is determined to be medically necessary by the attending physician or is requested by the mother.

(2) ATTENDING PHYSICIAN.—For purposes of paragraph (1), the term "attending physician" shall include the obstetrician, pediatrician, or other physician attending the mother or newly born child.

(c) PROHIBITION.—In implementing the requirements of this section, a health plan may not modify the terms and conditions of coverage based on the determination by an enrollee to request less than the minimum coverage required under subsection (a).

(d) NOTICE.—A health plan shall provide notice to each enrollee under such plan regarding the coverage required by this section in accordance with regulations pro-

mulgated by the Secretary of Health and Human Services, in consultation with the National Association of Insurance Commissioners. Such notice shall be in writing and prominently positioned in any literature or correspondence made available or distributed by the health plan and shall be transmitted—

(1) in the next mailing made by the plan to the employee;

(2) as part of the yearly informational packet sent to the enrollee; or

(3) not later than January 1, 1996;

whichever is earlier.

(e) HEALTH PLAN.—

(1) IN GENERAL.—As used in this Act, the term "health plan" means any plan or arrangement which provides, or pays the cost of, health benefits.

(2) EXCLUSIONS.—Such term does not include the following, or any combination thereof:

(A) Coverage only for accidental death or dismemberment.

(B) Coverage providing wages or payments in lieu of wages for any period during which the employee is absent from work on account of sickness or injury.

(C) A medicare supplemental policy (as defined in section 1882(g)(1) of the Social Security Act).

(D) Coverage issued as a supplement to liability insurance.

(E) Worker's compensation or similar insurance.

(F) Automobile medical-payment insurance.

(G) A long-term care policy, including a nursing home fixed indemnity policy (unless the Secretary determines that such a policy provides sufficiently comprehensive coverage of a benefit so that it should be treated as a health plan).

(H) Such other plan or arrangement as the Secretary of Health and Human Services determines is not a health plan.

(3) CERTAIN PLANS INCLUDED.—Such term includes any plan or arrangement not described in any subparagraph of paragraph (2) which provides for benefit payments, on a periodic basis, for—

(A) a specified disease or illness, or

(B) period of hospitalization,

without regard to the costs incurred or services rendered during the period to which the payments relate.

SEC. 3. EFFECTIVE DATE.

The provisions of section 2 shall apply to all health plans offered, sold, issued, or renewed after the date of enactment of this Act.

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104TH CONGRESS
1ST SESSION

H. R. 1968

To require that health plans provide coverage for a minimum hospital stay for a mother and child following the birth of the child, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 29, 1995

Mr. SOLOMON introduced the following bill; which was referred to the Committee on Commerce

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A BILL

To require that health plans provide coverage for a minimum hospital stay for a mother and child following the birth of the child, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Postnatal Protection Act of 1995".

SEC. 2. REQUIRED COVERAGE FOR MINIMUM HOSPITAL STAY FOLLOWING BIRTH.

(a) IN GENERAL.—A health plan that provides maternity benefits, including benefits for child birth, shall ensure that coverage is provided for a minimum of 48 hours

of in-patient care following a vaginal delivery and a minimum of 96 hours of in-patient care following a caesarean section for a mother and her newly born child in a health care facility.

(b) EXCEPTION.—

(1) IN GENERAL.—Notwithstanding subsection (a), a health plan that provides coverage for post-delivery care provided to a mother and her newly born child in the home shall not be required to provide coverage of in-patient care under subsection (a) unless such in-patient care is determined to be medically necessary by the attending physician or is requested by the mother.

(2) ATTENDING PHYSICIAN.—For purposes of paragraph (1), the term "attending physician" shall include the obstetrician, pediatrician, or other physician attending the mother or newly born child.

(c) PROHIBITION.—In implementing the requirements of this section, a health plan may not modify the terms and conditions of coverage based on the determination by an enrollee to request less than the minimum coverage required under subsection (a).

(d) NOTICE.—A health plan shall provide notice to each enrollee under such plan regarding the coverage required by this section in accordance with regulations pro-

mulgated by the Secretary of Health and Human Services, in consultation with the National Association of Insurance Commissioners. Such notice shall be in writing and prominently positioned in any literature or correspondence made available or distributed by the health plan and shall be transmitted—

(1) in the next mailing made by the plan to the employee;

(2) as part of the yearly informational packet sent to the enrollee; or

(3) not later than January 1, 1996;

whichever is earlier.

(e) HEALTH PLAN.—

(1) IN GENERAL.—As used in this Act, the term "health plan" means any plan or arrangement which provides, or pays the cost of, health benefits.

(2) EXCLUSIONS.—Such term does not include the following, or any combination thereof:

(A) Coverage only for accidental death or dismemberment.

(B) Coverage providing wages or payments in lieu of wages for any period during which the employee is absent from work on account of sickness or injury.

(C) A medicare supplemental policy (as defined in section 1882(g)(1) of the Social Security Act).

(D) Coverage issued as a supplement to liability insurance.

(E) Worker's compensation or similar insurance.

(F) Automobile medical-payment insurance.

(G) A long-term care policy, including a nursing home fixed indemnity policy (unless the Secretary determines that such a policy provides sufficiently comprehensive coverage of a benefit so that it should be treated as a health plan).

(H) Such other plan or arrangement as the Secretary of Health and Human Services determines is not a health plan.

(3) CERTAIN PLANS INCLUDED.—Such term includes any plan or arrangement not described in any subparagraph of paragraph (2) which provides for benefit payments, on a periodic basis, for -

(A) a specified disease or illness, or

(B) period of hospitalization, .

without regard to the costs incurred or services rendered during the period to which the payments relate.

SEC. 3. EFFECTIVE DATE.

The provisions of section 2 shall apply to all health plans offered, sold, issued, or renewed after the date of enactment of this Act.

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104TH CONGRESS
1ST SESSION

H. R. 1970

To require that health plans provide coverage for minimum period of time for a mother and child following the birth of the child.

IN THE HOUSE OF REPRESENTATIVES

JUNE 29, 1995

Mr. TORRICELLI (for himself, Mr. NADLER, Mr. SANDERS, Mr. DEFAZIO, and Mr. PALLONE) introduced the following bill; which was referred to the Committee on Commerce

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A BILL

To require that health plans provide coverage for minimum period of time for a mother and child following the birth of the child.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Mothers' and Infants' Good Health Act of 1995".

SEC. 2. REQUIRED COVERAGE FOR CHILD BIRTH.

(a) IN GENERAL.—A health plan that provides maternity benefits that include benefits for child birth shall ensure that—

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF THE ASSISTANT SECRETARY FOR LEGISLATION

FROM: **KAREN L. POLLITZ**
DEPUTY ASSISTANT SECRETARY FOR LEGISLATION
OFFICE OF HEALTH LEGISLATION
ROOM 405H, HHH BUILDING
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TO:

NAME: Chris Jennings / Jen Klein

OFFICE:

ROOM:

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DATE: 5-8-96

PAGES: ~~6~~ 8
(Including Cover)

also attached - state actions - see note

REMARKS: In addition to the Dingell bill (to be introduced today or tomorrow) 3 other House bills - 2 by Dems - to mandate minimum 48-hour stay for new moms. See attached. Dingell also offered his measure as an amendment to the insurance reform markup, if that helps. Thanks

1 of 4 items CQ's WASHINGTON ALERT 05/08/96

*** COSPONSOR REPORT -- CURRENT COSPONSORS IN ALPHABETICAL ORDER ***

MEASURE: S969

SPONSOR: Bradley (D-NJ)

BRIEF TITLE: New Borns' and Mothers' Health Protection Act of 1995.

INTRODUCED: 06/27/95

COSPONSORS: 36 (Dems: 23 Reps: 13 Ind: 0)

CURRENT COSPONSORS:

Biden (D-DE)	Grassley (R-IA)	Moseley-Braun (D-IL)
Boxer (D-CA)	Helms (R-NC)	Murray (D-WA)
Bryan (D-NV)	Inouye (D-HI)	Pell (D-RI)
Campbell (R-CO)	Kassebaum (R-KS)	Reid, H. (D-NV)
D'Amato (R-NY)	Kennedy, E. (D-MA)	Robb (D-VA)
DeWine (R-OH)	Kerrey, R. (D-NE)	Rockefeller (D-WV)
Domenici (R-NM)	Kerry, J. (D-MA)	Sarbanes (D-MD)
Feinstein (D-CA)	Lautenberg (D-NJ)	Simon (D-IL)
Ford, W.H. (D-KY)	Leahy (D-VT)	Simpson (R-WY)
Frist (R-TN)	Levin, C. (D-MI)	Snowe (R-ME)
Glenn (D-OH)	McConnell (R-KY)	Stevens (R-AK)
Grams, R. (R-MN)	Mikulski (D-MD)	Wellstone (D-MN)

2 of 4 items CQ's WASHINGTON ALERT 05/08/96

*** COSPONSOR REPORT -- CURRENT COSPONSORS IN ALPHABETICAL ORDER ***

MEASURE: HR1948

SPONSOR: Miller (D-CA)

BRIEF TITLE: New Borns' and Mothers' Health Protection Act of 1995.

INTRODUCED: 06/28/95

COSPONSORS: 11 (Dems: 10 Reps: 0 Ind: 1)

CURRENT COSPONSORS:

Coleman (D-TX)	Jackson-Lee, S. (D-TX)	Slaughter (D-NY)
DeLauro (D-CT)	Lofgren (D-CA)	Waxman (D-CA)
Durbin (D-IL)	Markey (D-MA)	Wynn (D-MD)
Frazer (I-VI)	Rivers (D-MI)	

Min. 48 hour inpatient stay (96 hr. for caesarean)

3 of 4 items CQ's WASHINGTON ALERT 05/08/96

*** COSPONSOR REPORT -- CURRENT COSPONSORS IN ALPHABETICAL ORDER ***

MEASURE: HR1968

SPONSOR: Solomon (R-NY)

BRIEF TITLE: Postnatal Protection Act of 1995.

INTRODUCED: 06/29/95

COSPONSORS: 11 (Dems: 1 Reps: 10 Ind: 0)

CURRENT COSPONSORS:

Dunn (R-WA)	LaTourette (R-OH)	Pryce, D. (R-OH)
Ehlers (R-MI)	McHugh (R-NY)	Torkildsen (R-MA)
Fox (R-PA)	Molinari (R-NY)	Walsh (R-NY)
Jackson-Lee, S. (D-TX)	Morella (R-MD)	

4 of 4 items CQ's WASHINGTON ALERT 05/08/96

*** COSPONSOR REPORT -- CURRENT COSPONSORS IN ALPHABETICAL ORDER ***

MEASURE: HR1970

SPONSOR: Torricelli (D-NJ)

BRIEF TITLE: Mothers' and Infants' Good Health Act of 1995.

INTRODUCED: 06/29/95

COSPONSORS: 22 (Dems: 21 Reps: 0 Ind: 1)

CURRENT COSPONSORS:

Ackerman (D-NY)	Jefferson (D-LA)	Sanders (I-VT)
Brown, C. (D-FL)	Lowey (D-NY)	Serrano (D-NY)
DeFazio (D-OR)	Maloney (D-NY)	Thurman, K. (D-FL)
Engel (D-NY)	McKinney (D-GA)	Underwood (D-GU)
Green, G. (D-TX)	Nadler (D-NY)	Velazquez (D-NY)
Gutierrez (D-IL)	Pallone (D-NJ)	Woolsey (D-CA)
Hastings, A. (D-FL)	Romero-Barcelo (D-PR)	
Jackson-Lee, S. (D-TX)	Rush (D-IL)	

min. 48 hrs inpatient stay (96 hr. for caesarean)

or 48 hrs min. home care following home delivery

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ASSISTANT SECRETARY FOR PLANNING AND EVALUATION
OFFICE OF HEALTH POLICY

PHONE: (202) 690-6870 FAX: (202) 401-7321

Date:

From: Colleen Nelson **To:** Bridget Taylor

Phone: (202) 690- _____ **Phone:** _____
(202) 690-6870
FAX: (202) 401-7321 **Fax:** 225-5288

Number of Pages (Including Cover): _____

Comments: The contact for this is Graham Newson or Todd Askew at the American Academy of Pediatrics, at 202-347-8600

INSURANCE COVERAGE FOR POST-DELIVERY CARE

STATE	BILL NUMBER	STATUS	COVERAGE REQUIRED FOR VAGINAL BIRTH/CESAREAN	COVERAGE OF POST DISCHARGE CARE	COMMENTS
MASSACHUSETTS	SB 2057 formerly SB 2000	Enacted 1995	Min. 48 hrs. inpatient care for vaginal birth, 96 hrs. cesarean. Prohibits earlier discharge unless in accordance with health dept. regulations, thus applying to ERISA plans also. Earlier discharge must be in consultation with mother.	Min. 1 home visit by RN nurse midwife/ physician. Includes: physical assessment, necessary tests, parent ed., assistance with breast/bottle feeding, referrals.	"Attending physician" defined as obstetrician, pediatrician, nurse midwife, or other physician.
MICHIGAN	HB 5108, HB 5727, HB 5728, HB 5729	In Comm	Requires HMOs to provide coverage of min. 48 hrs. inpatient care for vaginal delivery, 96 hrs. for cesarean section. Excludes policies covering home care unless mother requests inpatient care or physician determines it to be medically necessary.	Min. 3 visits by RN within 24 hrs. of discharge, between 25-48 hrs. & between 96-120 hr., including parent ed., breast or bottle feeding assistance, necessary tests.	Attending physician may be obstetrician, pediatrician, or other physician.
NESOTA	HB 2008	Enacted 1986	Requires coverage of min. 48 hrs. inpatient care for vaginal birth; 96 hrs. cesarean.	Min. 1 home visit by RN within 4 days of discharge Services to include: parent ed., assistance with breast/bottle feeding, necessary tests.	
	SB 2022	Died in Com	Min. 48 hrs. inpatient care for vaginal birth; 96 hrs. cesarean.	Not addressed.	
MISSISSIPPI	HB 1143	Died in Com	Min. 48 hrs. inpatient care for vaginal birth; 96 hrs. cesarean, excluding policies covering home visits unless provider determines inpatient care medically necessary.	Min. 3 visits by RN within 24 hrs., 25-48 hrs. and 96 to 120 hrs. after discharge	Defines provider as physician, osteopath certified nurse midwife or hospital.
MISSOURI	SB 533	House Com Replaces SB 512, SB 581	Requires coverage of min. 48 hrs. inpatient care for vaginal birth; 96 hrs. for cesarean. Permits earlier discharge if: baby meets criteria of Guidelines for Perinatal Care; physician and mother approve discharge and insurer covers one postpartum visit.	Coverage of one postpartum visit including collection of hereditary and metabolic samples for testing.	Defines "attending physician" as OB, pediatrician, or other physician.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
ASSISTANT SECRETARY FOR PLANNING AND EVALUATION
OFFICE OF HEALTH POLICY

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Date:

From: Colleen Mennan **To:** Jennifer Klein

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Fax: 456-2878

Number of Pages (Including Cover): _____

Comments: Jennifer - Here is a copy of the Bradley language. There have been a few very minor changes since this version, but ~~the~~ none were significant

O:\BAI\BAI96.206 S.L.C.

AMENDMENT NO. ____ Calendar No. ____

Purpose: To provide for a substitute amendment.

IN THE SENATE OF THE UNITED STATES—104th Cong., 2d Sess.

S. 969

To require that health plans provide coverage for a minimum hospital stay for a mother and child following the birth of the child, and for other purposes.

Referred to the Committee on _____
and ordered to be printed

Ordered to lie on the table and to be printed

AMENDMENT IN THE NATURE OF A SUBSTITUTE intended to be proposed by Mrs. KASSEBAUM (for herself, Mr. FRIST, Mr. DEWINE, Mr. KENNEDY, and Ms. MIKULSKI)

Viz:

Strike out all after the enacting clause and insert in lieu thereof the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Newborns' and Mothers' Health Protection Act of 1996".

SEC. 2. FINDINGS.

Congress finds that—

(1) the length of post-delivery inpatient care should be based on the unique characteristics of

each mother and her newborn child, taking into consideration the health of the mother, the health and stability of the newborn, the ability and confidence of the mother and father to care for the newborn, the adequacy of support systems at home, and the access of the mother and newborn to appropriate follow-up health care; and

(2) the timing of the discharge of a mother and her newborn child from the hospital should be made by the attending provider in consultation with the mother.

SEC. 3. REQUIRED COVERAGE FOR MINIMUM HOSPITAL STAY FOLLOWING BIRTH.

(a) IN GENERAL.—Except as provided in subsection (b), a health plan or an employee health benefit plan that provides maternity benefits, including benefits for childbirth, shall ensure that coverage is provided with respect to a mother who is a participant, beneficiary, or policyholder under such plan and her newborn child for a minimum of 48 hours of inpatient length of stay following a normal vaginal delivery, and a minimum of 96 hours of inpatient length of stay following a caesarean section, without requiring the attending provider to obtain authorization from the health plan or employee health benefit plan.

(b) EXCEPTION.—Notwithstanding subsection (a), a health plan or an employee health benefit plan shall not be required to provide coverage for post-delivery inpatient length of stay for a mother who is a participant, beneficiary, or policyholder under such plan and her newborn child for the period referred to in subsection (a) if—

(1) a decision to discharge the mother and her newborn child prior to the expiration of such period is made by the attending provider in consultation with the mother; and

(2) the health plan or employee health benefit plan provides coverage for post-delivery follow-up care as described in section 4.

SEC. 4. POST-DELIVERY FOLLOW-UP CARE.

(a) IN GENERAL.—

(1) GENERAL RULE.—In the case of a decision to discharge a mother and her newborn child from the inpatient setting prior to the expiration of 48 hours following a normal vaginal delivery or 96 hours following a caesarean section, the health plan or employee health benefit plan shall provide coverage for timely post-delivery care. Such health care shall be provided to a mother and her newborn child by a registered nurse, physician, nurse practitioner,

nurse midwife or physician assistant experienced in maternal and child health in—

(A) the home, a provider's office, a hospital, a birthing center, an intermediate care facility, a federally qualified health center, a federally qualified rural health clinic, or a State health department maternity clinic; or

(B) another setting determined appropriate under regulations promulgated by the Secretary, in consultation with the Secretary of Health and Human Services;

except that such coverage shall ensure that the mother has the option to be provided with such care in the home.

(2) CONSIDERATIONS BY SECRETARY.—In promulgating regulations under paragraph (1)(B), the Secretary shall consider telemedicine and other innovative means to provide follow-up care and shall consider care in both urban and rural settings.

(b) TIMELY CARE.—As used in subsection (a), the term "timely post-delivery care" means health care that is provided—

(1) following the discharge of a mother and her newborn child from the inpatient setting; and

(2) in a manner that meets the health care needs of the mother and her newborn child, that provides for the appropriate monitoring of the conditions of the mother and child, and that occurs not later than the 72-hour period immediately following discharge.

(c) CONSISTENCY WITH STATE LAW.—The Secretary shall, with respect to regulations promulgated under subsection (a) concerning appropriate post-delivery care settings, ensure that, to the extent practicable, such regulations are consistent with State licensing and practice laws.

SEC. 5. PROHIBITIONS.

In implementing the requirements of this Act, a health plan or an employee health benefit plan may not—

(1) deny enrollment, renewal, or continued coverage to a mother and her newborn child who are participants, beneficiaries or policyholders based on compliance with this Act;

(2) provide monetary payments or rebates to mothers to encourage such mothers to request less than the minimum coverage required under this Act;

(3) penalize or otherwise reduce or limit the reimbursement of an attending provider because such provider provided treatment in accordance with this Act; or

(4) provide incentives (monetary or otherwise) to an attending provider to induce such provider to provide treatment to an individual policyholder, participant, or beneficiary in a manner inconsistent with this Act.

SEC. 6. NOTICE.

(a) EMPLOYEE HEALTH BENEFIT PLAN.—An employee health benefit plan shall provide conspicuous notice to each participant regarding coverage required under this Act not later than 120 days after the date of enactment of this Act, and as part of its summary plan description.

(b) HEALTH PLAN.—A health plan shall provide notice to each policyholder regarding coverage required under this Act. Such notice shall be in writing, prominently positioned, and be transmitted—

(1) in a mailing made within 120 days of the date of enactment of this Act by such plan to the policyholder: and

(2) as part of the annual informational packet sent to the policyholder.

SEC. 7. APPLICABILITY.

(a) CONSTRUCTION.—

(1) IN GENERAL.—A requirement or standard imposed under this Act on a health plan shall be deemed to be a requirement or standard imposed on

the health plan issuer. Such requirements or standards shall be enforced by the State insurance commissioner for the State involved or the official or officials designated by the State to enforce the requirements of this Act. In the case of a health plan offered by a health plan issuer in connection with an employee health benefit plan, the requirements or standards imposed under this Act shall be enforced with respect to the health plan issuer by the State insurance commissioner for the State involved or the official or officials designated by the State to enforce the requirements of this Act.

(2) LIMITATION.—Except as provided in section 8(c), the Secretary shall not enforce the requirements or standards of this Act as they relate to health plan issuers or health plans. In no case shall a State enforce the requirements or standards of this Act as they relate to employee health benefit plans.

(b) RULE OF CONSTRUCTION.—Nothing in this Act shall be construed to affect or modify the provisions of section 514 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1144).

(c) RULE OF CONSTRUCTION.—Nothing in this Act shall be construed to require that a mother who is a par-

ticipant, beneficiary, or policyholder covered under this Act—

(1) give birth in a hospital; or

(2) stay in the hospital for a fixed period of time following the birth of her child.

SEC. 8. ENFORCEMENT.

(a) HEALTH PLAN ISSUERS.—Each State shall require that each health plan issued, sold, renewed, offered for sale or operated in such State by a health plan issuer meet the standards established under this Act. A State shall submit such information as required by the Secretary demonstrating effective implementation of the requirements of this Act.

(b) EMPLOYEE HEALTH BENEFIT PLANS.—With respect to employee health benefit plans, the standards established under this Act shall be enforced in the same manner as provided for under sections 502, 504, 506, and 510 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1132, 1134, 1136, and 1140). The civil penalties contained in paragraphs (1) and (2) of section 502(c) of such Act (29 U.S.C. 1132(c)(1) and (2)) shall apply to any information required by the Secretary to be disclosed and reported under this section.

(c) FAILURE TO ENFORCE.—In the case of the failure of a State to substantially enforce the standards and

requirements set forth in this Act with respect to health plans, the Secretary, in consultation with the Secretary of Health and Human Services, shall enforce the standards of this Act in such State. In the case of a State that fails to substantially enforce the standards set forth in this Act, each health plan issuer operating in such State shall be subject to civil enforcement as provided for under sections 502, 504, 506, and 510 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1132, 1134, 1136, and 1140). The civil penalties contained in paragraphs (1) and (2) of section 502(c) of such Act (29 U.S.C. 1132(c)(1) and (2)) shall apply to any information required by the Secretary to be disclosed and reported under this section.

(d) REGULATIONS.—The Secretary, in consultation with the Secretary of Health and Human Services, may promulgate such regulations as may be necessary or appropriate to carry out this Act.

SEC. 9. DEFINITIONS.

As used in this Act:

(1) ATTENDING PROVIDER.—The term "attending provider" shall include the obstetrician-gynecologists, pediatricians, family physicians, nurse practitioners, nurse midwives, or other physicians

primarily responsible for the care of a mother and her newborn child.

(2) BENEFICIARY.—The term "beneficiary" has the meaning given such term under section 3(8) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002(8)).

(3) EMPLOYEE HEALTH BENEFIT PLAN.—

(A) IN GENERAL.—The term "employee health benefit plan" means any employee welfare benefit plan, governmental plan, or church plan (as defined under paragraphs (1), (32), and (33) of section 3 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002 (1), (32), and (33))) that provides or pays for health benefits (such as provider and hospital benefits) for participants and beneficiaries whether—

(i) directly;

(ii) through a health plan offered by a health plan issuer as defined in paragraph (4); or

(iii) otherwise.

(B) RULE OF CONSTRUCTION.—An employee health benefit plan shall not be con-

strued to be a health plan or a health plan issuer.

(C) ARRANGEMENTS NOT INCLUDED.—Such term does not include the following, or any combination thereof:

(i) Coverage only for accident, or disability income insurance, or any combination thereof.

(ii) Medicare supplemental health insurance (as defined under section 1882(g)(1) of the Social Security Act).

(iii) Coverage issued as a supplement to liability insurance.

(iv) Liability insurance, including general liability insurance and automobile liability insurance.

(v) Workers compensation or similar insurance.

(vi) Automobile medical payment insurance.

(vii) Coverage for a specified disease or illness.

(viii) Hospital or fixed indemnity insurance.

(ix) Short-term limited duration insurance.

(x) Credit-only, dental-only, or vision-only insurance.

(xi) A health insurance policy providing benefits only for long-term care, nursing home care, home health care, community-based care, or any combination thereof.

(4) GROUP PURCHASER.—The term "group purchaser" means any person (as defined under paragraph (9) of section 3 of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002(9)) or entity that purchases or pays for health benefits (such as provider or hospital benefits) on behalf of participants or beneficiaries in connection with an employee health benefit plan.

(5) HEALTH PLAN.—

(A) IN GENERAL.—The term "health plan" means any group health plan or individual health plan.

(B) GROUP HEALTH PLAN.—The term "group health plan" means any contract, policy, certificate or other arrangement offered by a health plan issuer to a group purchaser that

provides or pays for health benefits (such as provider and hospital benefits) in connection with an employee health benefit plan.

(C) INDIVIDUAL HEALTH PLAN.—The term "individual health plan" means any contract, policy, certificate or other arrangement offered to individuals by a health plan issuer that provides or pays for health benefits (such as provider and hospital benefits) and that is not a group health plan.

(D) ARRANGEMENTS NOT INCLUDED.—Such term does not include the following, or any combination thereof:

(i) Coverage only for accident, or disability income insurance, or any combination thereof.

(ii) Medicare supplemental health insurance (as defined under section 1882(g)(1) of the Social Security Act).

(iii) Coverage issued as a supplement to liability insurance.

(iv) Liability insurance, including general liability insurance and automobile liability insurance.

(v) Workers compensation or similar insurance.

(vi) Automobile medical payment insurance.

(vii) Coverage for a specified disease or illness.

(viii) Hospital or fixed indemnity insurance.

(ix) Short-term limited duration insurance.

(x) Credit-only, dental-only, or vision-only insurance.

(xi) A health insurance policy providing benefits only for long-term care, nursing home care, home health care, community-based care, or any combination thereof.

(E) CERTAIN PLANS INCLUDED.—Such term includes any plan or arrangement not described in any clause of subparagraph (D) which provides for benefit payments, on a periodic basis, for—

(i) a specified disease or illness, or

(ii) a period of hospitalization,

without regard to the costs incurred or services rendered during the period to which the payments relate.

(6) HEALTH PLAN ISSUER.—The term "health plan issuer" means any entity that is licensed (prior to or after the date of enactment of this Act) by a State to offer a health plan.

(7) PARTICIPANT.—The term "participant" has the meaning given such term under section 3(7) of the Employee Retirement Income Security Act of 1974 (29 U.S.C. 1002(7)).

(8) SECRETARY.—The term "Secretary" unless otherwise specified means the Secretary of Labor.

SEC. 10. PREEMPTION.

(a) IN GENERAL.—The provisions of this Act shall not preempt those provisions of State law—

(1) that provide greater protections to patients or policyholders than those required in this Act;

(2) that require health plans to provide coverage for at least 48 hours of inpatient length of stay following a normal vaginal delivery, and at least 96 hours of inpatient length of stay following a caesarean section;

(3) that require health plans to provide coverage for maternity and pediatric care in accordance

with guidelines established by the American College of Obstetricians and Gynecologists, the American Academy of Pediatrics, or other established professional medical associations; or

(4) that leave decisions regarding appropriate length of stay entirely to the attending provider in consultation with the mother.

(b) FOLLOW-UP CARE.—The provisions of this Act with respect to follow-up care as described in section 4 shall not preempt those provisions of State law that provide greater protections to patients or policyholders than those required under this Act or that provide mothers and newborns with an option of timely post-discharge follow-up care in the home.

SEC. 11. EFFECTIVE DATE.

Except as otherwise provided for in this Act, the provisions of this Act shall apply as follows:

(1) With respect to health plans, such provisions shall apply to such plans on the first day of the contract year beginning on or after January 1, 1997.

(2) With respect to employee health benefit plans, such provisions shall apply to such plans on the first day of the first plan year beginning on or after January 1, 1997.

(1) in the case of delivery in a hospital or other inpatient setting, coverage is provided for a minimum of 48 hours of inpatient care following a vaginal delivery and a minimum of 96 hours of inpatient care following a caesarean section for a mother and her newly born child in a health care facility; and

(2) in the case of delivery in the home or other outpatient setting, coverage for appropriate home health care in the setting is provided for a minimum of 48 hours following delivery.

(b) TERMS OF COVERAGE.—A health plan fails to provide coverage required under subsection (a) if the plan imposes cost-sharing with respect to care described in such subsection which varies depending on the length of stay within the minimum period required under such subsection.

(c) PROHIBITION.—In implementing the requirements of this section, a health plan may not modify the terms and conditions of coverage based on the determination by an enrollee to request less than the minimum coverage required under subsection (a).

(d) NOTICE.—A health plan shall provide notice to each enrollee under such plan regarding the coverage required by this section in accordance with regulations promulgated by the Secretary of Health and Human Services,

in consultation with the National Association of Insurance Commissioners. Such notice shall be in writing and prominently positioned in any literature or correspondence made available or distributed by the health plan and shall be transmitted—

(1) in the next mailing of general information made by the plan to the enrollee,

(2) as part of the yearly informational packet sent to the enrollee, or

(3) not later than January 1, 1996,

whichever is earliest.

(e) ENFORCEMENT.—

(1) FAILURE TO PROVIDE COVERAGE.—Any health plan that violates the provisions of this section (other than subsection (d)) shall be subject to a civil money penalty in an amount determined by the Secretary of Health and Human Services.

(2) FAILURE TO PROVIDE NOTICE.—Any health plan that violates the provisions of subsection (d) shall be subject to a civil money penalty in an amount determined by the Secretary of Health and Human Services.

(3) PROCESS.—The provisions of section 1128A of the Social Security Act (other than subsections (a) and (b)) shall apply to civil money penalties

under this subsection in the same manner as they apply to a penalty or proceeding under section 1128A(a) of such Act.

(f) HEALTH PLAN.—

(1) IN GENERAL.—As used in this section, the term "health plan" means any plan or arrangement which provides, or pays the cost of, health benefits.

(2) EXCLUSIONS.—Such term does not include the following, or any combination thereof:

(A) Coverage only for accidental death or dismemberment.

(B) Coverage providing wages or payments in lieu of wages for any period during which the employee is absent from work on account of sickness or injury.

(C) A medicare supplemental policy (as defined in section 1882(g)(1) of the Social Security Act).

(D) Coverage issued as a supplement to liability insurance.

(E) Worker's compensation or similar insurance.

(F) Automobile medical-payment insurance.

(G) A long-term care policy, including a nursing home fixed indemnity policy (unless the Secretary determines that such a policy provides sufficiently comprehensive coverage of a benefit so that it should be treated as a health plan).

(H) Such other plan or arrangement as the Secretary of Health and Human Services determines is not a health plan.

(3) CERTAIN PLANS INCLUDED.—Such term includes any plan or arrangement not described in any subparagraph of paragraph (2) which provides for benefit payments, on a periodic basis, for—

(A) a specified disease or illness, or

(B) period of hospitalization,

without regard to the costs incurred or services rendered during the period to which the payments relate.

SEC. 3. EFFECTIVE DATE.

The provisions of section 2 shall apply to all health plans offered, sold, issued, or renewed after the date of the enactment of this Act.

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1ST DOCUMENT of Level 1 printed in FULL format.

THE STATE OF NEW JERSEY
BILL TEXT
STATENET

NEW JERSEY 206TH LEGISLATURE -- SECOND ANNUAL SESSION (1995)

ASSEMBLY BILL 2224

P.L.1995, CHAPTER 138, APPROVED JUNE 28, 1995
1994 ASSEMBLY NO. 2224 (FIFTH REPRINT)

1994 NJ A.B. 2224

VERSION: Enacted

VERSION-DATE: June 28, 1995

SYNOPSIS:

AN ACT concerning certain health insurance benefits following the birth of a child and supplementing P.L.1938, c.366 (C.17:48-1 et seq.), P.L.1940, c.74 (C.17:48A-1 et seq.), P.L.1985, c.236 (C.17:48E-1 et seq.), Chapters 26, 27 and 27A of Title 17B of the New Jersey Statutes and P.L.1973, c.337 (C.26:2J-1 et seq.).

DIGEST:

Requires health insurers to provide 48 hours in-patient care or 96 hours in case of cesarean section, following delivery for mother and newly born child under certain circumstances.

NOTICE:
[A> UPPERCASE TEXT WITHIN THESE SYMBOLS IS ADDED <A]
[D> Text within these symbols is deleted <D]

TEXT: BE IT ENACTED by the Senate and General Assembly of the State of New Jersey:

1. [A> A. <A] Every individual or group contract that provides maternity benefits and is delivered, issued, executed or renewed in this State pursuant to P.L.1938, c.366 (C.17:48-1 et seq.) or approved for issuance or renewal in this State by the Commissioner of Insurance on or after the effective date of this act shall provide coverage for a minimum of 48 hours of in-patient care following [A> A VAGINAL <A] delivery [A> AND A MINIMUM OF 96 HOURS OF IN-PATIENT CARE FOLLOWING A CESAREAN SECTION <A] for a mother and her newly born child in a health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.). The provisions of this section shall apply to all contracts in which the hospital service corporation has reserved the right to change the premium.

[A> B. NOTWITHSTANDING THE PROVISIONS OF SUBSECTION A. OF THIS SECTION, A HOSPITAL SERVICE CORPORATION CONTRACT THAT PROVIDES COVERAGE FOR POST-DELIVERY CARE TO A MOTHER AND HER NEWLY BORN CHILD IN THE HOME SHALL NOT BE REQUIRED TO PROVIDE FOR A MINIMUM OF 48 HOURS AND 96 HOURS, RESPECTIVELY, OF IN-PATIENT CARE UNLESS SUCH IN-PATIENT CARE IS DETERMINED TO BE MEDICALLY NECESSARY BY THE ATTENDING PHYSICIAN OR IS REQUESTED BY THE MOTHER. FOR THE PURPOSES OF THIS SECTION, ATTENDING PHYSICIAN SHALL INCLUDE THE ATTENDING OBSTETRICIAN, PEDIATRICIAN OR OTHER PHYSICIAN ATTENDING THE MOTHER OR NEWLY BORN CHILD. <A]

[D> c. Post-delivery care shall consist of a minimum of three home visits, in accordance with accepted maternal and neonatal physical assessments, by a registered professional nurse with at least three years experience in community maternal and child health nursing. Services provided by the registered professional nurse shall include, but not be limited to, parent education, assistance and training in breast or bottle feeding, and the performance of any necessary and appropriate clinical tests. The home visits shall be conducted within 24 hours; within 25 to 48 hours; and within 96 to 120 hours following the discharge of the mother and her newly born child. <D]

[D> d. The Commissioner of Insurance shall adopt regulations pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.) to implement the provisions of this section. <D]

[D> e. For the purposes of this section, the term "medically necessary" shall be defined by the Commissioner of Health in consultation with the Commissioner of Insurance pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.). <D]

[A> C. EVERY HOSPITAL SERVICE CORPORATION SHALL PROVIDE NOTICE TO POLICYHOLDERS REGARDING THE COVERAGE REQUIRED BY THIS SECTION IN ACCORDANCE WITH THIS SUBSECTION AND REGULATIONS PROMULGATED BY THE COMMISSIONER OF HEALTH PURSUANT TO THE "ADMINISTRATIVE PROCEDURE ACT," P.L.1968, C.410 (C.52:14B-1 ET SEQ.). THE NOTICE SHALL BE IN WRITING AND PROMINENTLY POSITIONED IN ANY LITERATURE OR CORRESPONDENCE AND SHALL BE TRANSMITTED AT THE EARLIEST OF: (1) THE NEXT MAILING TO THE POLICYHOLDER; (2) THE YEARLY INFORMATIONAL PACKET SENT TO THE POLICYHOLDER; OR (3) JANUARY 1, 1996. <A]

2. [A> A. <A] Every individual or group contract that provides maternity benefits and is delivered, issued, executed or renewed in this State pursuant to P.L.1940, c.74 (C.17:48A-1 et seq.) or approved for issuance or renewal in this State by the Commissioner of Insurance on or after the effective date of this act shall provide coverage for a minimum of 48 hours of in-patient care following [A> A VAGINAL <A] delivery [A> AND A MINIMUM OF 96 HOURS OF IN-PATIENT CARE FOLLOWING A CESAREAN SECTION <A] for a mother and her newly born child in a health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.). The provisions of this section shall apply to all contracts in which the medical service corporation has reserved the right to change the premium.

[A> B. NOTWITHSTANDING THE PROVISIONS OF SUBSECTION A. OF THIS SECTION, A MEDICAL SERVICE CORPORATION CONTRACT THAT PROVIDES COVERAGE FOR POST-DELIVERY CARE TO A MOTHER AND HER NEWLY BORN CHILD IN THE HOME SHALL NOT BE REQUIRED TO PROVIDE FOR A MINIMUM OF 48 HOURS AND 96 HOURS, RESPECTIVELY, OF IN-PATIENT CARE UNLESS SUCH IN-PATIENT CARE IS DETERMINED TO BE MEDICALLY NECESSARY BY THE ATTENDING PHYSICIAN OR IS REQUESTED BY THE MOTHER. FOR THE PURPOSES OF THIS

SECTION, ATTENDING PHYSICIAN SHALL INCLUDE THE ATTENDING OBSTETRICIAN, PEDIATRICIAN OR OTHER PHYSICIAN ATTENDING THE MOTHER OR NEWLY BORN CHILD. <A]

[D> c. Post-delivery care shall consist of a minimum of three home visits, in accordance with accepted maternal and neonatal physical assessments, by a registered professional nurse with at least three years experience in community maternal and child health nursing. Services provided by the registered professional shall include, but not be limited to, parent education, assistance and training in breast or bottle feeding, and the performance of any necessary and appropriate clinical tests. The home visits shall be conducted within 24 hours; within 25 to 48 hours; and within 96 to 120 hours following the discharge of the mother and her newly born child. <D]

[D> d. The Commissioner of Insurance shall adopt regulations pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.) to implement the provisions of this section. <D]

[D> e. For the purposes of this section, the term "medically necessary" shall be defined by the Commissioner of Health in consultation with the Commissioner of Insurance pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.). <D]

[A> C. EVERY MEDICAL SERVICE CORPORATION SHALL PROVIDE NOTICE TO POLICYHOLDERS REGARDING THE COVERAGE REQUIRED BY THIS SECTION IN ACCORDANCE WITH THIS SUBSECTION AND REGULATIONS PROMULGATED BY THE COMMISSIONER OF HEALTH PURSUANT TO THE "ADMINISTRATIVE PROCEDURE ACT," P.L.1968, C.410 (C.52:14B-1 ET SEQ.). THE NOTICE SHALL BE IN WRITING AND PROMINENTLY POSITIONED IN ANY LITERATURE OR CORRESPONDENCE AND SHALL BE TRANSMITTED AT THE EARLIEST OF: (1) THE NEXT MAILING TO THE POLICYHOLDER; (2) THE YEARLY INFORMATIONAL PACKET SENT TO THE POLICYHOLDER; OR (3) JANUARY 1, 1996. <A]

3. [A> A. <A] Every individual or group contract that provides maternity benefits and is delivered, issued, executed or renewed in this State pursuant to P.L.1985, c.236 (C.17:48E-1 et seq.) or approved for issuance or renewal in this State by the Commissioner of Insurance on or after the effective date of this act shall provide coverage for a minimum of 48 hours of in-patient care following [A> A VAGINAL <A] delivery [A> AND A MINIMUM OF 96 HOURS OF IN-PATIENT CARE FOLLOWING A CESAREAN SECTION <A] for a mother and her newly born child in a health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.). The provisions of this section shall apply to all contracts in which the [D> medical <D] [A> HEALTH <A] service corporation has reserved the right to change the premium.

[A> B. NOTWITHSTANDING THE PROVISIONS OF SUBSECTION A. OF THIS SECTION, A HEALTH SERVICE CORPORATION CONTRACT THAT PROVIDES COVERAGE FOR POST-DELIVERY CARE TO A MOTHER AND HER NEWLY BORN CHILD IN THE HOME SHALL NOT BE REQUIRED TO PROVIDE FOR A MINIMUM OF 48 HOURS AND 96 HOURS, RESPECTIVELY, OF IN-PATIENT CARE UNLESS SUCH IN-PATIENT CARE IS DETERMINED TO BE MEDICALLY NECESSARY BY THE ATTENDING PHYSICIAN OR IS REQUESTED BY THE MOTHER. FOR THE PURPOSES OF THIS SECTION, ATTENDING PHYSICIAN SHALL INCLUDE THE ATTENDING OBSTETRICIAN, PEDIATRICIAN OR OTHER PHYSICIAN ATTENDING THE MOTHER OR NEWLY BORN CHILD. <A]

[D> c. Post-delivery care shall consist of a minimum of three home visits, in accordance with accepted maternal and neonatal physical assessments, by a registered professional nurse with at least three years experience in community

maternal and child health nursing. Services provided by the registered professional shall include, but not be limited to, parent education, assistance and training in breast or bottle feeding, and the performance of any necessary and appropriate clinical tests. The home visits shall be conducted within 24 hours; within 25 to 48 hours; and within 96 to 120 hours following the discharge of the mother and her newly born child. <D]

[D> d. The Commissioner of Insurance shall adopt regulations pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.) to implement the provisions of this section. <D]

[D> e. For the purposes of this section, the term "medically necessary" shall be defined by the Commissioner of Health in consultation with the Commissioner of Insurance pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.). <D]

[A> C. EVERY HEALTH SERVICE CORPORATION SHALL PROVIDE NOTICE TO POLICYHOLDERS REGARDING THE COVERAGE REQUIRED BY THIS SECTION IN ACCORDANCE WITH THIS SUBSECTION AND REGULATIONS PROMULGATED BY THE COMMISSIONER OF HEALTH PURSUANT TO THE "ADMINISTRATIVE PROCEDURE ACT," P.L.1968, C.410 (C.52:14B-1 ET SEQ.). THE NOTICE SHALL BE IN WRITING AND PROMINENTLY POSITIONED IN ANY LITERATURE OR CORRESPONDENCE AND SHALL BE TRANSMITTED AT THE EARLIEST OF: (1) THE NEXT MAILING TO THE POLICYHOLDER; (2) THE YEARLY INFORMATIONAL PACKET SENT TO THE POLICYHOLDER; OR (3) JANUARY 1, 1996. <A]

4. [A> A. <A] Every policy that provides maternity benefits and is delivered, issued, executed or renewed in this State pursuant to [D> N.J.S.C.17B:26-1 et seq. <D] [A> N.J.S.17B:26-1 ET SEQ. <A] , or approved for issuance or renewal in this State by the Commissioner of Insurance on or after the effective date of this act shall provide coverage for a minimum of 48 hours of in-patient care following [A> A VAGINAL <A] delivery [A> AND A MINIMUM OF 96 HOURS OF IN-PATIENT CARE FOLLOWING A CESAREAN SECTION <A] for a mother and her newly born child in a health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.). The provisions of this section shall apply to all policies in which the insurer has reserved the right to change the premium.

[A> B. NOTWITHSTANDING THE PROVISIONS OF SUBSECTION A. OF THIS SECTION, A POLICY THAT PROVIDES COVERAGE FOR POST-DELIVERY CARE TO A MOTHER AND HER NEWLY BORN CHILD IN THE HOME SHALL NOT BE REQUIRED TO PROVIDE FOR A MINIMUM OF 48 HOURS AND 96 HOURS, RESPECTIVELY, OF IN-PATIENT CARE UNLESS SUCH IN-PATIENT CARE IS DETERMINED TO BE MEDICALLY NECESSARY BY THE ATTENDING PHYSICIAN OR IS REQUESTED BY THE MOTHER. FOR THE PURPOSES OF THIS SECTION, ATTENDING PHYSICIAN SHALL INCLUDE THE ATTENDING OBSTETRICIAN, PEDIATRICIAN OR OTHER PHYSICIAN ATTENDING THE MOTHER OR NEWLY BORN CHILD. <A]

[D> c. Post-delivery care shall consist of a minimum of three home visits, in accordance with accepted maternal and neonatal physical assessments, by a registered professional nurse with at least three years experience in community maternal and child health nursing. Services provided by the registered professional shall include, but not be limited to, parent education, assistance and training in breast or bottle feeding, and the performance of any necessary and appropriate clinical tests. The home visits shall be conducted within 24 hours; within 25 to 48 hours; and within 96 to 120 hours following the discharge of the mother and her newly born child. <D]

[D> d. The Commissioner of Insurance shall adopt regulations pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.) to implement the provisions of this section. <D]

[D> e. For the purposes of this section, the term "medically necessary" shall be defined by the Commissioner of Health in consultation with the Commissioner of Insurance pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.). <D]

[A> C. EVERY INSURER SHALL PROVIDE NOTICE TO POLICYHOLDERS REGARDING THE COVERAGE REQUIRED BY THIS SECTION IN ACCORDANCE WITH THIS SUBSECTION AND REGULATIONS PROMULGATED BY THE COMMISSIONER OF HEALTH PURSUANT TO THE "ADMINISTRATIVE PROCEDURE ACT," P.L.1968, C.410 (C.52:14B-1 ET SEQ.). THE NOTICE SHALL BE IN WRITING AND PROMINENTLY POSITIONED IN ANY LITERATURE OR CORRESPONDENCE AND SHALL BE TRANSMITTED AT THE EARLIEST OF: (1) THE NEXT MAILING TO THE POLICYHOLDER; (2) THE YEARLY INFORMATIONAL PACKET SENT TO THE POLICYHOLDER; OR (3) JANUARY 1, 1996. <A]

5. [A> A. <A] Every policy that provides maternity benefits and is delivered, issued, executed or renewed in this State pursuant to P.L.1992, c.161 (C.17B:27A-2 et seq.) or approved for issuance or renewal in this State by the Commissioner of Insurance on or after the effective date of this act shall provide benefits for a minimum of 48 hours of in-patient care following [A> A VAGINAL <A] delivery [A> AND A MINIMUM OF 96 HOURS OF IN-PATIENT CARE FOLLOWING A CESAREAN SECTION <A] for a mother and her newly born child in a health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.). The provisions of this section shall apply to all policies in which the insurer has reserved the right to change the premium.

[A> B. NOTWITHSTANDING THE PROVISIONS OF SUBSECTION A. OF THIS SECTION, A POLICY THAT PROVIDES COVERAGE FOR POST-DELIVERY CARE TO A MOTHER AND HER NEWLY BORN CHILD IN THE HOME SHALL NOT BE REQUIRED TO PROVIDE FOR A MINIMUM OF 48 HOURS AND 96 HOURS, RESPECTIVELY, OF IN-PATIENT CARE UNLESS SUCH IN-PATIENT CARE IS DETERMINED TO BE MEDICALLY NECESSARY BY THE ATTENDING PHYSICIAN OR IS REQUESTED BY THE MOTHER. FOR THE PURPOSES OF THIS SECTION, ATTENDING PHYSICIAN SHALL INCLUDE THE ATTENDING OBSTETRICIAN, PEDIATRICIAN OR OTHER PHYSICIAN ATTENDING THE MOTHER OR NEWLY BORN CHILD. <A]

[D> c. Post-delivery care shall consist of a minimum of three home visits, in accordance with accepted maternal and neonatal physical assessments, by a registered professional nurse with at least three years experience in community maternal and child health nursing. Services provided by the registered professional shall include, but not be limited to, parent education, assistance and training in breast or bottle feeding, and the performance of any necessary and appropriate clinical tests. The home visits shall be conducted within 24 hours; within 25 to 48 hours; and within 96 to 120 hours following the discharge of the mother and her newly born child. <D]

[D> d. The Commissioner of Insurance shall adopt regulations pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.) to implement the provisions of this section. <D]

[D> e. For the purposes of this section, the term "medically necessary" shall be defined by the Commissioner of Health in consultation with the

Commissioner of Insurance pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.). <D]

[A> C. EVERY INSURER SHALL PROVIDE NOTICE TO POLICYHOLDERS REGARDING THE COVERAGE REQUIRED BY THIS SECTION IN ACCORDANCE WITH THIS SUBSECTION AND REGULATIONS PROMULGATED BY THE COMMISSIONER OF HEALTH PURSUANT TO THE "ADMINISTRATIVE PROCEDURE ACT," P.L.1968, C.410 (C.52:14B-1 ET SEQ.). THE NOTICE SHALL BE IN WRITING AND PROMINENTLY POSITIONED IN ANY LITERATURE OR CORRESPONDENCE AND SHALL BE TRANSMITTED AT THE EARLIEST OF: (1) THE NEXT MAILING TO THE POLICYHOLDER; (2) THE YEARLY INFORMATIONAL PACKET SENT TO THE POLICYHOLDER; OR (3) JANUARY 1, 1996. <A]

6. [A> A. <A] Every policy that provides maternity benefits and is delivered, issued, executed or renewed in this State pursuant to P.L.1992, c.162 (C.17B:27A-17 et seq.) or approved for issuance or renewal in this State by the Commissioner of Insurance on or after the effective date of this act shall provide benefits for a minimum of 48 hours of in-patient care following [A> A VAGINAL <A] delivery [A> AND A MINIMUM OF 96 HOURS OF IN-PATIENT CARE FOLLOWING A CESAREAN SECTION <A] for a mother and her newly born child in a health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.). The provisions of this section shall apply to all policies in which the insurer has reserved the right to change the premium.

[A> B. NOTWITHSTANDING THE PROVISIONS OF SUBSECTION A. OF THIS SECTION, A POLICY THAT PROVIDES COVERAGE FOR POST-DELIVERY CARE TO A MOTHER AND HER NEWLY BORN CHILD IN THE HOME SHALL NOT BE REQUIRED TO PROVIDE FOR A MINIMUM OF 48 HOURS AND 96 HOURS, RESPECTIVELY, OF IN-PATIENT CARE UNLESS SUCH IN-PATIENT CARE IS DETERMINED TO BE MEDICALLY NECESSARY BY THE ATTENDING PHYSICIAN OR IS REQUESTED BY THE MOTHER. FOR THE PURPOSES OF THIS SECTION, ATTENDING PHYSICIAN SHALL INCLUDE THE ATTENDING OBSTETRICIAN, PEDIATRICIAN OR OTHER PHYSICIAN ATTENDING THE MOTHER OR NEWLY BORN CHILD. <A]

[D> c. Post-delivery care shall consist of a minimum of three home visits, in accordance with accepted maternal and neonatal physical assessments, by a registered professional nurse with at least three years experience in community maternal and child health nursing. Services provided by the registered professional shall include, but not be limited to, parent education, assistance and training in breast or bottle feeding, and the performance of any necessary and appropriate clinical tests. The home visits shall be conducted within 24 hours; within 25 to 48 hours; and within 96 to 120 hours following the discharge of the mother and her newly born child. <D]

[D> d. The Commissioner of Insurance shall adopt regulations pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.) to implement the provisions of this section. <D]

[D> e. For the purposes of this section, the term "medically necessary" shall be defined by the Commissioner of Health in consultation with the Commissioner of Insurance pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.). <D]

[A> C. EVERY INSURER SHALL PROVIDE NOTICE TO POLICYHOLDERS REGARDING THE COVERAGE REQUIRED BY THIS SECTION IN ACCORDANCE WITH THIS SUBSECTION AND REGULATIONS PROMULGATED BY THE COMMISSIONER OF HEALTH PURSUANT TO THE

"ADMINISTRATIVE PROCEDURE ACT," P.L.1968, C.410 (C.52:14B-1 ET SEQ.). THE NOTICE SHALL BE IN WRITING AND PROMINENTLY POSITIONED IN ANY LITERATURE OR CORRESPONDENCE AND SHALL BE TRANSMITTED AT THE EARLIEST OF: (1) THE NEXT MAILING TO THE POLICYHOLDER; (2) THE YEARLY INFORMATIONAL PACKET SENT TO THE POLICYHOLDER; OR (3) JANUARY 1, 1996. <A]

7. [A> A. <A] Every policy that provides maternity benefits and is delivered, issued, executed or renewed in this State pursuant to [D> N.J.S.C.17B:27-26 et seq. <D] [A> N.J.S.17B:27-26 ET SEQ. <A] , or approved for issuance or renewal in this State by the Commissioner of Insurance on or after the effective date of this act shall provide benefits for a minimum of 48 hours of in-patient care following [A> A VAGINAL <A] delivery [A> AND A MINIMUM OF 96 HOURS OF IN-PATIENT CARE FOLLOWING A CESAREAN SECTION <A] for a mother and her newly born child in a health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.). The provisions of this section shall apply to all policies in which the insurer has reserved the right to change the premium.

[A> B. NOTWITHSTANDING THE PROVISIONS OF SUBSECTION A. OF THIS SECTION, A POLICY THAT PROVIDES COVERAGE FOR POST-DELIVERY CARE TO A MOTHER AND HER NEWLY BORN CHILD IN THE HOME SHALL NOT BE REQUIRED TO PROVIDE FOR A MINIMUM OF 48 HOURS AND 96 HOURS, RESPECTIVELY, OF IN-PATIENT CARE UNLESS SUCH IN-PATIENT CARE IS DETERMINED TO BE MEDICALLY NECESSARY BY THE ATTENDING PHYSICIAN OR IS REQUESTED BY THE MOTHER. FOR THE PURPOSES OF THIS SECTION, ATTENDING PHYSICIAN SHALL INCLUDE THE ATTENDING OBSTETRICIAN, PEDIATRICIAN OR OTHER PHYSICIAN ATTENDING THE MOTHER OR NEWLY BORN CHILD. <A]

[D> c. Post-delivery care shall consist of a minimum of three home visits, in accordance with accepted maternal and neonatal physical assessments, by a registered professional nurse with at least three years experience in community maternal and child health nursing. Services provided by the registered professional shall include, but not be limited to, parent education, assistance and training in breast or bottle feeding, and the performance of any necessary and appropriate clinical tests. The home visits shall be conducted within 24 hours; within 25 to 48 hours; and within 96 to 120 hours following the discharge of the mother and her newly born child. <D]

[D> d. The Commissioner of Insurance shall adopt regulations pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.) to implement the provisions of this section. <D]

[D> e. For the purposes of this section, the term "medically necessary" shall be defined by the Commissioner of Health in consultation with the Commissioner of Insurance pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.). <D]

[A> C. EVERY INSURER SHALL PROVIDE NOTICE TO POLICYHOLDERS REGARDING THE COVERAGE REQUIRED BY THIS SECTION IN ACCORDANCE WITH THIS SUBSECTION AND REGULATIONS PROMULGATED BY THE COMMISSIONER OF HEALTH PURSUANT TO THE "ADMINISTRATIVE PROCEDURE ACT," P.L.1968, C.410 (C.52:14B-1 ET SEQ.). THE NOTICE SHALL BE IN WRITING AND PROMINENTLY POSITIONED IN ANY LITERATURE OR CORRESPONDENCE AND SHALL BE TRANSMITTED AT THE EARLIEST OF: (1) THE NEXT MAILING TO THE POLICYHOLDER; (2) THE YEARLY INFORMATIONAL PACKET SENT TO THE POLICYHOLDER; OR (3) JANUARY 1, 1996. <A]

8. [A> A. <A] Every enrollee agreement that provides maternity benefits and

is delivered, issued, executed or renewed in this State pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.) or approved for issuance or renewal in this State by the Commissioner of Insurance on or after the effective date of this act shall provide health care services for a minimum of 48 hours of in-patient care following [A> A VAGINAL <A] delivery [A> AND A MINIMUM OF 96 HOURS OF IN-PATIENT CARE FOLLOWING A CESAREAN SECTION <A] for a mother and her newly born child in a health care facility licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.). The provisions of this section shall apply to enrollee agreements in which the health maintenance organization has reserved the right to change the schedule of charges.

[A> B. NOTWITHSTANDING THE PROVISIONS OF SUBSECTION A. OF THIS SECTION, AN ENROLLEE AGREEMENT THAT PROVIDES HEALTH CARE SERVICES FOR POST-DELIVERY CARE TO A MOTHER AND HER NEWLY BORN CHILD IN THE HOME SHALL NOT BE REQUIRED TO PROVIDE FOR A MINIMUM OF 48 HOURS AND 96 HOURS, RESPECTIVELY, OF IN-PATIENT CARE UNLESS SUCH IN-PATIENT CARE IS DETERMINED TO BE MEDICALLY NECESSARY BY THE ATTENDING PHYSICIAN OR IS REQUESTED BY THE MOTHER. FOR THE PURPOSES OF THIS SECTION, ATTENDING PHYSICIAN SHALL INCLUDE THE ATTENDING OBSTETRICIAN, PEDIATRICIAN OR OTHER PHYSICIAN ATTENDING THE MOTHER OR NEWLY BORN CHILD. <A]

[D> c. Post-delivery care shall consist of a minimum of three home visits, in accordance with accepted maternal and neonatal physical assessments, by a registered professional nurse with at least three years experience in community maternal and child health nursing. Services provided by the registered professional shall include, but not be limited to, parent education, assistance and training in breast or bottle feeding, and the performance of any necessary and appropriate clinical tests. The home visits shall be conducted within 24 hours; within 25 to 48 hours; and within 96 to 120 hours following the discharge of the mother and her newly born child. <D]

[D> d. The Commissioner of Insurance shall adopt regulations pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.) to implement the provisions of this section. <D]

[D> e. For the purposes of this section, the term "medically necessary" shall be defined by the Commissioner of Health in consultation with the Commissioner of Insurance pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.). <D]

[A> C. EVERY HEALTH MAINTENANCE ORGANIZATION SHALL PROVIDE NOTICE TO ENROLLEES REGARDING THE COVERAGE REQUIRED BY THIS SECTION IN ACCORDANCE WITH THIS SUBSECTION AND REGULATIONS PROMULGATED BY THE COMMISSIONER OF HEALTH PURSUANT TO THE "ADMINISTRATIVE PROCEDURE ACT," P.L.1968, C.410 (C.52:14B-1 ET SEQ.). THE NOTICE SHALL BE IN WRITING AND PROMINENTLY POSITIONED IN ANY LITERATURE OR CORRESPONDENCE AND SHALL BE TRANSMITTED AT THE EARLIEST OF: (1) THE NEXT MAILING TO THE ENROLLEE; (2) THE YEARLY INFORMATIONAL PACKET SENT TO THE ENROLLEE; OR (3) JANUARY 1, 1996. <A]

[A> 9. WITHIN 18 MONTHS OF THE EFFECTIVE DATE OF THIS ACT, THE COMMISSIONERS OF HEALTH AND INSURANCE SHALL REPORT BACK TO THE GOVERNOR AND THE LEGISLATURE ON THE IMPLEMENTATION OF THE REQUIREMENTS OF THIS ACT. <A]

[D> 9. <D] [A> 10. <A] This act shall take effect immediately.

SPONSOR:
Doria