

104<sup>TH</sup> CONGRESS  
1<sup>ST</sup> 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.

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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.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Postnatal Protection  
5 Act of 1995”.

6 **SEC. 2. REQUIRED COVERAGE FOR MINIMUM HOSPITAL**  
7 **STAY FOLLOWING BIRTH.**

8 (a) IN GENERAL.—A health plan that provides ma-  
9 ternity benefits, including benefits for child birth, shall en-  
10 sure that coverage is provided for a minimum of 48 hours

1 of in-patient care following a vaginal delivery and a mini-  
2 mum of 96 hours of in-patient care following a caesarean  
3 section for a mother and her newly born child in a health  
4 care facility.

5 (b) EXCEPTION.—

6 (1) IN GENERAL.—Notwithstanding subsection  
7 (a), a health plan that provides coverage for post-de-  
8 livery care provided to a mother and her newly born  
9 child in the home shall not be required to provide  
10 coverage of in-patient care under subsection (a) un-  
11 less such in-patient care is determined to be medi-  
12 cally necessary by the attending physician or is re-  
13 quested by the mother.

14 (2) ATTENDING PHYSICIAN.—For purposes of  
15 paragraph (1), the term “attending physician” shall  
16 include the obstetrician, pediatrician, or other physi-  
17 cian attending the mother or newly born child.

18 (c) PROHIBITION.—In implementing the require-  
19 ments of this section, a health plan may not modify the  
20 terms and conditions of coverage based on the determina-  
21 tion by an enrollee to request less than the minimum cov-  
22 erage required under subsection (a).

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

1 mulgated by the Secretary of Health and Human Services,  
2 in consultation with the National Association of Insurance  
3 Commissioners. Such notice shall be in writing and promi-  
4 nently positioned in any literature or correspondence made  
5 available or distributed by the health plan and shall be  
6 transmitted—

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

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

11 (3) not later than January 1, 1996;

12 whichever is earlier.

13 (e) HEALTH PLAN.—

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

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

19 (A) Coverage only for accidental death or  
20 dismemberment.

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

1 (C) A medicare supplemental policy (as de-  
2 fined in section 1882(g)(1) of the Social Secu-  
3 rity Act).

4 (D) Coverage issued as a supplement to li-  
5 ability insurance.

6 (E) Worker's compensation or similar in-  
7 surance.

8 (F) Automobile medical-payment insur-  
9 ance.

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

16 (H) Such other plan or arrangement as the  
17 Secretary of Health and Human Services deter-  
18 mines is not a health plan.

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

23 (A) a specified disease or illness, or

24 (B) period of hospitalization,

1 without regard to the costs incurred or services ren-  
2 dered during the period to which the payments re-  
3 late.

4 **SEC. 3. EFFECTIVE DATE.**

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

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