

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

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.

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 “Mothers’ and Infants’
5 Good Health Act of 1995”.

6 **SEC. 2. REQUIRED COVERAGE FOR CHILD BIRTH.**

7 (a) IN GENERAL.—A health plan that provides ma-
8 ternity benefits that include benefits for child birth shall
9 ensure that—

1 (1) in the case of delivery in a hospital or other
2 inpatient setting, coverage is provided for a mini-
3 mum of 48 hours of inpatient care following a vagi-
4 nal delivery and a minimum of 96 hours of inpatient
5 care following a caesarean section for a mother and
6 her newly born child in a health care facility; and

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

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

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

22 (d) NOTICE.—A health plan shall provide notice to
23 each enrollee under such plan regarding the coverage re-
24 quired by this section in accordance with regulations pro-
25 mulgated by the Secretary of Health and Human Services,

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

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

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

10 (3) not later than January 1, 1996,

11 whichever is earliest.

12 (e) ENFORCEMENT.—

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

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

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

1 under this subsection in the same manner as they
2 apply to a penalty or proceeding under section
3 1128A(a) of such Act.

4 (f) HEALTH PLAN.—

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

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

10 (A) Coverage only for accidental death or
11 dismemberment.

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

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

19 (D) Coverage issued as a supplement to li-
20 ability insurance.

21 (E) Worker’s compensation or similar in-
22 surance.

23 (F) Automobile medical-payment insur-
24 ance.

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

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

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

14 (A) a specified disease or illness, or

15 (B) period of hospitalization,

16 without regard to the costs incurred or services ren-
17 dered during the period to which the payments re-
18 late.

19 **SEC. 3. EFFECTIVE DATE.**

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

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