SECOND REGULAR SESSION

SENATE BILL NO. 559

97TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR SIFTON.

Pre-filed December 1, 2013, and ordered printed.

4291S.01I

TERRY L. SPIELER, Secretary.

AN ACT

To repeal section 376.1210, RSMo, and to enact in lieu thereof one new section relating to maternity health insurance coverage.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Section 376.1210, RSMo, is repealed and one new section 2 enacted in lieu thereof, to be known as section 376.1210, to read as follows:

376.1210. 1. Each entity offering individual and group health insurance

2 policies providing coverage on an expense-incurred basis, individual and group

service or indemnity type contracts issued by a nonprofit corporation, individual

4 and group service contracts issued by a health maintenance organization, all

5 self-insured group arrangements to the extent not preempted by federal law, and

3 all managed health care delivery entities of any type or description, that are

delivered, issued for delivery, continued or renewed in this state on or after

8 January 1, 1997, and providing for maternity benefits, shall provide coverage for

9 a minimum of forty-eight hours of inpatient care following a vaginal delivery and

10 a minimum of ninety-six hours of inpatient care following a cesarean section for

11 a mother and her newly born child in a hospital as defined in section 197.020 or

12 any other health care facility licensed to provide obstetrical care under the

13 provisions of chapter 197.

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2. Notwithstanding the provisions of subsection 1 of this section, any entity offering individual and group health insurance policies providing coverage

on an expense-incurred basis, individual and group service or indemnity type

 $17 \quad contracts is sued by a nonprofit corporation, individual and group service contracts \\$

18 issued by a health maintenance organization, all self-insured group arrangements

19 to the extent not preempted by federal law, and all managed health care delivery

20 entities of any type or description that are delivered, issued for delivery,

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21 continued or renewed in this state on or after January 1, 1997, and providing for 22 maternity benefits, may authorize a shorter length of hospital stay for services 23 related to maternity and newborn care if:

- (1) A shorter hospital stay meets with the approval of the attending physician after consulting with the mother. The physician's approval to discharge shall be made in accordance with the most current version of the "Guidelines for Perinatal Care" prepared by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, or similar guidelines prepared by another nationally recognized medical organization; and
- (2) The entity providing the individual or group health insurance policy provides coverage for post-discharge care to the mother and her newborn.
- 3. Post-discharge care shall consist of a minimum of two visits at least one of which shall be in the home, in accordance with accepted maternal and neonatal physical assessments, by a registered professional nurse with experience in maternal and child health nursing or a physician. The location and schedule of the post-discharge visits shall be determined by the attending physician. Services provided by the registered professional nurse or physician shall include, but not be limited to, physical assessment of the newborn and mother, parent education, assistance and training in breast or bottle feeding, education and services for complete childhood immunizations, the performance of any necessary and appropriate clinical tests and submission of a metabolic specimen satisfactory to the state laboratory. Such services shall be in accordance with the medical criteria outlined in the most current version of the "Guidelines for Perinatal Care" prepared by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists, or similar guidelines prepared by another nationally recognized medical organization. Any abnormality, in the condition of the mother or the child, observed by the nurse shall be reported to the attending physician as medically appropriate.
- 4. For the purposes of this section, "attending physician" shall include the attending obstetrician, pediatrician, or other physician attending the mother or newly born child.
- 5. Each entity offering individual and group health insurance policies providing coverage on an expense-incurred basis, individual and group service or indemnity type contracts issued by a nonprofit corporation, individual and group service contracts issued by a health maintenance organization, all self-insured group arrangements to the extent not preempted by federal law and all managed

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57 health care delivery entities of any type or description shall provide notice to policyholders, insured persons and participants regarding the coverage required 58 by this section. Such notice shall be in writing and prominently positioned in the 59 policy, certificate of coverage or summary plan description. 60

- 61 6. Such health care service shall not be subject to any greater deductible 62 or co-payment than other similar health care services provided by the policy, 63 contract or plan.
- 64 7. No insurer may provide financial disincentives to, or deselect, terminate the services of, require additional documentation from, require 65 66 additional utilization review, or reduce payments to, or otherwise penalize the attending physician in retaliation solely for ordering care consistent with the 68 provisions of this section.
 - 8. No insurer shall require any waiting period after the effective date of the policy or plan before coverage under this section shall be available. Coverage under this section shall be available immediately from the effective date of the plan or policy.
- 73 9. The department of insurance, financial institutions and professional registration shall adopt rules and regulations to implement and enforce the 74provisions of this section. No rule or portion of a rule promulgated pursuant to 75this section shall become effective unless it has been promulgated pursuant to the 76 provisions of section 536.024.

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