

**FIRST ENGROSSMENT
with Conference Committee Amendments****ENGROSSED SENATE BILL NO. 2043**

Introduced by

Legislative Council

(Insurance and Health Care Committee)

(Senators Mathern, DeMers, Thane)
(Representatives Glassheim, Wald, R. Kelsch)

- 1 A BILL for an Act to create and enact a new section to chapter 26.1-36 of the North Dakota
2 Century Code, relating to health insurance coverage for mothers and newborns.

3 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

4 **SECTION 1.** A new section to chapter 26.1-36 of the North Dakota Century Code is
5 created and enacted as follows:

6 **Health insurance policy and health service contract - Postdelivery coverage for**
7 **mothers and newborns.**

- 8 1. An insurance company, nonprofit health service corporation, or health
9 maintenance organization may not deliver, issue, execute, or renew any health
10 insurance policy, health service contract, or evidence of coverage that provides
11 maternity benefits on an individual, group, blanket, franchise, or association basis
12 unless the policy, contract, or evidence of coverage provides benefits, of the same
13 type offered under the policy or contract for illnesses, for health services to any
14 person covered under the policy or contract for:
- 15 a. Inpatient care for at least forty-eight hours for a mother and her newborn child
16 following a normal vaginal delivery, and inpatient care for at least ninety-six
17 hours following a caesarean section, without requiring the attending physician
18 or health care provider to obtain authorization to care for a mother and her
19 newborn child in the inpatient setting for this period of time.
- 20 b. Inpatient care in excess of forty-eight hours following a vaginal delivery and
21 ninety-six hours following a caesarean section if the stay is determined to be
22 reasonable and medically necessary.

2. Coverage is not required for postdelivery inpatient care for a covered mother and her newborn child during the entire minimum time period required under subdivision a of subsection 1 if:
 - a. The attending physician or health care provider, in consultation with the mother, decides to discharge the mother and her newborn child early; and
 - b. The mother and her newborn child meet the minimum medical criteria for discharge as recommended in the "Guidelines for Perinatal Care" prepared by the American college of obstetricians and gynecologists and the American academy of pediatrics.
3. If a first-time mother and her newborn child meet the requirements listed in subdivisions a and b of subsection 2 and are discharged from the inpatient setting before the expiration of forty-eight hours in the case of a normal vaginal delivery or ninety-six hours in the care of a caesarean section, the health plan or employee health benefit plan must provide coverage for a postdelivery care visit within a ninety-six-hour period immediately following discharge. When the discharging facility receives a capitated payment from the health plan which is based on the minimum inpatient coverage requirements under this section, the discharging facility must provide the postdelivery care visit without further reimbursement by the health plan. The postdelivery care must be provided in the form of a visit to the health unit or a home visit by a registered nurse, nurse practitioner, nurse midwife, physician assistant, or physician experienced in maternal and child health. The services provided during the visit may include parenting education, assistance and training in breast-feeding and bottle-feeding, and any necessary and appropriate clinical test.
4. A person covered under this section is not required to give birth in a hospital or stay in a hospital for a fixed period of time following the birth of her child or participate in any postdelivery visit.
5. An insurance company, nonprofit health service corporation, health maintenance organization, or provider may not:
 - a. Provide monetary payments or rebates to any insured person to request less than the minimum coverage required under this section;

- 1 b. Penalize or otherwise reduce or limit the reimbursement of an attending
- 2 physician or health care provider for recommending or providing care that is
- 3 covered under this section;
- 4 c. Waive any deductible, coinsurance, or copayment requirement for providing
- 5 the minimum coverage required under this section;
- 6 d. Deny to the mother or newborn child eligibility or continued eligibility to enroll
- 7 or to renew coverage under the terms of the plan solely to avoid the
- 8 requirements of this section; or
- 9 e. Provide incentives, monetary or otherwise, to an attending physician or health
- 10 care provider to induce the physician or provider to provide care to an
- 11 individual participant or beneficiary in a manner inconsistent with this section.
- 12 6. The coverage required under subsection 1 may not exceed policy aggregate limits
- 13 for this coverage.
- 14 7. This section does not prevent an insurance company, nonprofit health service
- 15 corporation, or health maintenance organization from imposing deductibles,
- 16 coinsurance, or other cost sharing in relation to benefits for hospital lengths of stay
- 17 relating to childbirth for a mother or newborn child under the plan.

18 **SECTION 2. NOTIFICATION OF COVERAGE.** Before February 1, 1998, every

19 insurance company, nonprofit health service corporation, and health maintenance organization

20 subject to this Act shall provide written notice of a material change in coverage under section 1

21 of this Act to every policyholder or certificate holder affected by the change.