

Fifty-fifth
Legislative Assembly
of North Dakota

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 maintenance
9 organization may not deliver, issue, execute, or renew any health insurance policy,
10 health service contract, or evidence of coverage that provides maternity benefits on
11 an individual, group, blanket, franchise, or association basis unless the policy,
12 contract, or evidence of coverage provides benefits, of the same type offered under
13 the policy or contract for illnesses, for health services to any person covered under
14 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.

- 1 2. Coverage is not required for postdelivery inpatient care for a covered mother and
2 her newborn child during the entire minimum time period required under
3 subdivision a of subsection 1 if:
 - 4 a. The attending physician or health care provider, in consultation with the
5 mother, decides to discharge the mother and her newborn child early; and
 - 6 b. The mother and her newborn child meet the minimum medical criteria for
7 discharge as recommended in the "Guidelines for Perinatal Care" prepared by
8 the American college of obstetricians and gynecologists and the American
9 academy of pediatrics.
- 10 3. If a mother and her newborn child meet the requirements listed in subdivisions a
11 and b of subsection 2 and are discharged from the inpatient setting before the
12 expiration of forty-eight hours in the case of a normal vaginal delivery or ninety-six
13 hours in the care of a caesarean section, the health plan or employee health
14 benefit plan must provide coverage for a postdelivery care visit within a
15 ninety-six-hour period immediately following discharge. The postdelivery care
16 must be provided in the form of a visit to the health unit or a home visit by a
17 registered nurse, nurse practitioner, nurse midwife, physician assistant, or
18 physician experienced in maternal and child health. The services provided during
19 the visit may include parenting education, assistance and training in breast-feeding
20 and bottle-feeding, and any necessary and appropriate clinical test.
- 21 4. A person covered under this section is not required to give birth in a hospital or
22 stay in a hospital for a fixed period of time following the birth of her child.
- 23 5. An insurance company, nonprofit health service corporation, health maintenance
24 organization, or provider may not:
 - 25 a. Provide monetary incentives to any insured person to request less than the
26 minimum coverage required under this section;
 - 27 b. Penalize an attending physician or health care provider for recommending or
28 providing care that is covered under this section; or
 - 29 c. Waive any deductible, coinsurance, or copayment requirement for providing
30 the minimum coverage required under this section.

1 6. The coverage required under subsection 1 may not exceed policy aggregate limits
2 for this coverage.

3 **SECTION 2. NOTIFICATION OF COVERAGE.** Before February 1, 1998, every
4 insurance company, nonprofit health service corporation, and health maintenance organization
5 subject to this Act shall provide written notice of coverage under section 1 of this Act to every
6 policyholder or certificate holder.