

By: Kirby

To: Insurance

SENATE BILL NO. 2565

1 AN ACT TO PROVIDE HEALTH INSURANCE REQUIREMENTS FOR MINIMUM
2 HOSPITAL STAY BENEFITS FOLLOWING CHILDBIRTH; TO PROVIDE
3 EXCEPTIONS; TO REQUIRE HEALTH INSURANCE ISSUERS TO PROVIDE NOTICE
4 REGARDING THE REQUIRED COVERAGE; AND FOR RELATED PURPOSES.

5 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

6 SECTION 1. The following section shall be codified in
7 Chapter 9 of Title 83, Mississippi Code of 1972:

8 (1) As used in this section, the term "health insurance
9 issuer" means any insurance company, hospital or medical service
10 plan or any entity defined in Section 83-41-303(n), which offers
11 group or individual health insurance coverage in the State of
12 Mississippi.

13 (2) A health insurance issuer shall not, except as provided
14 in subsection (3) of this section:

15 (a) Restrict benefits for any hospital length of stay
16 in connection with childbirth for the mother or newborn child
17 following a normal vaginal delivery to less than forty-eight (48)
18 hours; or

19 (b) Restrict benefits for any hospital length of stay
20 in connection with childbirth for the mother or newborn child
21 following a Cesarean section to less than ninety-six (96) hours;
22 or

23 (c) Require that a provider obtain authorization from
24 the health insurance issuer for prescribing any length of stay
25 required in this subsection (2).

26 (3) This section shall not apply in connection with any
27 health insurance issuer in any case in which the decision to

28 discharge the mother or her newborn child before the expiration of
29 the minimum length of stay otherwise required under subsection (2)
30 of this section is made by an attending provider in consultation
31 with the mother.

32 (4) A health insurance issuer offering group or individual
33 health insurance coverage in connection with a group or individual
34 health plan shall not:

35 (a) Deny to the mother or her newborn child
36 eligibility, or continued eligibility, to enroll or to renew
37 coverage under the terms of the plan solely for the purpose of
38 avoiding the requirements of this section;

39 (b) Provide monetary payments or rebates to mothers to
40 encourage such mothers to accept less than the minimum protections
41 available under this section;

42 (c) Penalize or otherwise reduce or limit the
43 reimbursement of an attending provider because such provider
44 provided care to an insured or enrollee in accordance with this
45 section;

46 (d) Provide incentives, monetary or otherwise, to an
47 attending provider to induce such provider to provide care to an
48 insured or enrollee in a manner inconsistent with this section; or

49 (e) Subject to subsection (7) of this section, restrict
50 benefits for any portion of a period within a hospital length of
51 stay required under subsection (2) of this section in a manner
52 which is less favorable than the benefits provided for any
53 preceding portion of such stay.

54 (5) Nothing in this section shall be construed to require a
55 mother who is an insured or enrollee:

56 (a) To give birth in a hospital; or

57 (b) To stay in the hospital for a fixed period of time
58 following the birth of her child.

59 (6) This section shall not apply with respect to any group
60 or individual health insurance coverage offered by a health
61 insurance issuer which does not provide benefits for hospital
62 lengths of stay in connection with childbirth for a mother or her
63 newborn child.

64 (7) Nothing in this section shall be construed as preventing

65 a health insurance issuer from imposing deductibles, coinsurance
66 or other cost-sharing in relation to benefits for hospital lengths
67 of stay in connection with childbirth for a mother or newborn
68 child under group or individual health insurance coverage, except
69 that such coinsurance or other cost-sharing for any portion of a
70 period within a hospital length of stay required under subsection
71 (2) of this section may not be greater than such coinsurance or
72 cost-sharing for any preceding portion of such stay.

73 (8) A health insurance issuer providing health insurance
74 coverage in connection with a group or individual health plan
75 shall provide notice to the named insured in the case of an
76 individual policy, and to each certificate holder in the case of a
77 group policy, regarding the coverage required by this section.
78 Such notice shall be in writing and prominently positioned in any
79 literature or correspondence made available or distributed by the
80 health insurance issuer and shall be transmitted to the named
81 insured or certificate holder not later than July 1, 2000. The
82 notice prescribed by this subsection shall be filed with and
83 approved by the Commissioner of Insurance before distribution by
84 the health insurance issuer.

85 (9) Nothing in this section shall be construed to prevent a
86 health insurance issuer offering group or individual health
87 insurance coverage from negotiating the level and type of
88 reimbursement with a provider for care provided in accordance with
89 this section.

90 SECTION 2. This act shall take effect and be in force from
91 and after its passage.