

*****Adopted*****

AMENDMENT No. 1 PROPOSED TO

Senate Bill NO. 2565

By Representative(s) Committee

6 **Amend by striking all after the enacting clause and inserting**
7 **in lieu thereof the following:**

8

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

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

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

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

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

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

29 (3) This section shall not apply in connection with any
30 health insurance issuer in any case in which the decision to
31 discharge the mother or her newborn child before the expiration of
32 the minimum length of stay otherwise required under subsection (2)
33 of this section is made by an attending provider in consultation
34 with the mother.

35 (4) A health insurance issuer offering group or individual
36 health insurance coverage in connection with a group or individual
37 health plan, shall not:

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

42 (b) Provide monetary payments or rebates to mothers to
43 encourage such mothers to accept less than the minimum protections
44 available under this section;

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

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

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

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

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

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

62 (6) This section shall not apply with respect to any group
63 or individual health insurance coverage offered by a health

64insurance issuer which does not provide benefits for hospital
65lengths of stay in connection with childbirth for a mother or her
66newborn child.

67 (7) Nothing in this section shall be construed as preventing
68a health insurance issuer from imposing deductibles, coinsurance
69or other cost-sharing in relation to benefits for hospital lengths
70of stay in connection with childbirth for a mother or newborn
71child under group or individual health insurance coverage, except
72that such coinsurance or other cost-sharing for any portion of a
73period within a hospital length of stay required under subsection
74(2) of this section may not be greater than such coinsurance or
75cost-sharing for any preceding portion of such stay.

76 (8) A health insurance issuer providing health insurance
77coverage in connection with a group or individual health plan
78shall provide notice to the named insured in the case of an
79individual policy, and to each certificate holder in the case of a
80group policy, regarding the coverage required by this section.
81Such notice shall be in writing and prominently positioned in any
82literature or correspondence made available or distributed by the
83health insurance issuer and shall be transmitted to the named
84insured or certificate holder not later than July 1, 2000. The
85notice prescribed by this subsection shall be filed with and
86approved by the Commissioner of Insurance before distribution by
87the health insurance issuer.

88 (9) Nothing in this section shall be construed to prevent a
89health insurance issuer offering group or individual health
90insurance coverage from negotiating the level and type of
91reimbursement with a provider for care provided in accordance with
92this section.

93 SECTION 2. This act shall take effect and be in force from
94and after its passage.

**Further, amend by striking the title in its entirety and
inserting in lieu thereof the following:**

1 AN ACT TO PROVIDE HEALTH INSURANCE REQUIREMENTS FOR MINIMUM

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