

104TH CONGRESS  
2D SESSION

# H. R. 3101

To require health plans to provide coverage for a minimum period of time  
for a mother and child following the birth of the child.

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## IN THE HOUSE OF REPRESENTATIVES

MARCH 14, 1996

Mr. TOWNS introduced the following bill; which was referred to the Committee  
on Commerce

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## A BILL

To require health plans to provide coverage for a minimum  
period of time for a mother and child following the  
birth of the child.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Mother and Child Pro-  
5 tection Act of 1996”.

6 **SEC. 2. REQUIRED COVERAGE FOLLOWING CHILDBIRTH.**

7 (a) **COVERAGE FOR INPATIENT CARE.**—An entity  
8 that offers a health plan that provides maternity benefits,  
9 including benefits for childbirth, shall ensure that, in the  
10 case of delivery in a hospital or other inpatient setting,

1 coverage is provided for a mother and her newly born child  
2 for a minimum of 48 hours of inpatient care following a  
3 vaginal delivery and a minimum of 120 hours of inpatient  
4 care following a caesarean section. A health plan shall pro-  
5 vide coverage for additional inpatient care following a de-  
6 livery if a licensed health care practitioner who is directly  
7 involved in the inpatient care determines that it is medi-  
8 cally necessary for the mother or newly born child.

9 (b) LIMITED COVERAGE FOR OUTPATIENT CARE.—

10 An entity that offers a health plan that provides maternity  
11 benefits, including benefits for childbirth, shall ensure  
12 that, in a case in which a mother who delivers a child in  
13 a hospital or other inpatient setting elects to leave the in-  
14 patient setting before the expiration of 48 hours in the  
15 case of a vaginal delivery or 120 hours in the case of a  
16 caesarean section, coverage is provided for the mother and  
17 her newly born child for one home service visit within 24  
18 hours after the discharge.

19 (c) COVERAGE FOR OTHER MATERNITY BENE-

20 FITS.—An entity that offers a health plan that provides  
21 maternity benefits shall ensure that coverage is provided  
22 for parental education, including training in breast or bot-  
23 tle feeding, and performance of any maternal or newborn  
24 clinical assessments.

1 (d) PROHIBITION.—The Secretary of Health and  
2 Human Services shall promulgate regulations to ensure  
3 that an entity that offers a health plan does not penalize  
4 a licensed health care practitioner for administering care  
5 consistent with this section.

6 (e) NOTICE.—An entity that offers a health plan  
7 shall provide notice to each enrollee under such plan re-  
8 garding the coverage required by this section. Such notice  
9 shall be in writing and prominently positioned in any lit-  
10 erature or correspondence made available or distributed  
11 by the health plan and shall be transmitted in the next  
12 mailing of general information made by the plan to the  
13 enrollee as part of the yearly informational packet sent  
14 to the enrollee.

15 (f) REGULATIONS.—The Secretary of Health and  
16 Human Services, in consultation with the National Asso-  
17 ciation of Insurance Commissioners, shall promulgate reg-  
18 ulations to carry out this section. Such regulations shall  
19 include standards for home visits.

20 **SEC. 3. ENFORCEMENT.**

21 (a) FAILURE TO PROVIDE COVERAGE OR NOTICE.—  
22 Any entity that offers a health plan that violates the provi-  
23 sions of this Act shall be subject to a civil money penalty  
24 in an amount determined by the Secretary of Health and  
25 Human Services.

1 (b) PROCESS.—The provisions of section 1128A of  
2 the Social Security Act (42 U.S.C. 1320a–7a) (other than  
3 subsections (a) and (b)) shall apply to civil money pen-  
4 alties under this section in the same manner as they apply  
5 to a penalty or proceeding under section 1128A(a) of such  
6 Act.

7 **SEC. 4. DEFINITIONS.**

8 For purposes of this Act:

9 (1) HEALTH PLAN.—The term “health plan”  
10 means a plan that provides health insurance cov-  
11 erage.

12 (2) HEALTH INSURANCE COVERAGE.—The term  
13 “health insurance coverage” means any hospital or  
14 medical service policy or certificate, hospital or medi-  
15 cal service plan contract, or health maintenance or-  
16 ganization contract offered by an insurer.

17 (3) LICENSED HEALTH CARE PRACTITIONER.—  
18 The term “licensed health care practitioner” has the  
19 meaning given such term in section 431(6) of the  
20 Health Care Quality Improvement Act of 1986  
21 (Public Law 99–660; 42 U.S.C. 11151(6)).

1 **SEC. 5. EFFECTIVE DATE.**

2       The provisions of section 2 shall apply to all health  
3 plans offered, sold, issued, or renewed after the date of  
4 the enactment of this Act.

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