

HOUSE**AMENDMENT NO. ____****Offered by****of**

1 AMEND House Committee Substitute for House Bill No. 1890, Page 1,
 2 In the Title, Lines 2 and 3, by deleting all of said lines and
 3 inserting in lieu thereof the following:

4 "To repeal section 376.1210, RSMo, and to enact in lieu
 5 thereof three new sections relating to health insurance
 6 coverage."; and

7 Further amend said bill, Page 1, Section A, Lines 1 and 2,
 8 by deleting all of said lines and inserting in lieu thereof the
 9 following:

10 "Section A. Section 376.1210, RSMo, is repealed and three
 11 new sections enacted in lieu thereof, to be known as sections
 12 376.1192, 376.1210, and 376.1226, to read as follows:"; and

13 Further amend said bill, Page 3, Section 376.1192, Line 58,
 14 by inserting after all of said line the following:

15 "376.1210. 1. Each entity offering individual and group
 16 health insurance policies providing coverage on an
 17 expense-incurred basis, individual and group service or indemnity
 18 type contracts issued by a nonprofit corporation, individual and
 19 group service contracts issued by a health maintenance
 20 organization, all self-insured group arrangements to the extent
 21 not preempted by federal law, and all managed health care
 22 delivery entities of any type or description, that are delivered,
 23 issued for delivery, continued or renewed in this state on or
 24 after January 1, 1997, and providing for maternity benefits,
 25 shall provide coverage for a minimum of forty-eight hours of
 26 inpatient care following a vaginal delivery and a minimum of
 27 ninety-six hours of inpatient care following a cesarean section
 28 for a mother and her newly born child in a hospital as defined in
 29 section 197.020 or any other health care facility licensed to

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1 provide obstetrical care under the provisions of chapter 197.

2 2. Notwithstanding the provisions of subsection 1 of this
3 section, any entity offering individual and group health
4 insurance policies providing coverage on an expense-incurred
5 basis, individual and group service or indemnity type contracts
6 issued by a nonprofit corporation, individual and group service
7 contracts issued by a health maintenance organization, all
8 self-insured group arrangements to the extent not preempted by
9 federal law, and all managed health care delivery entities of any
10 type or description that are delivered, issued for delivery,
11 continued or renewed in this state on or after January 1, 1997,
12 and providing for maternity benefits, may authorize a shorter
13 length of hospital stay for services related to maternity and
14 newborn care if:

15 (1) A shorter hospital stay meets with the approval of the
16 attending physician after consulting with the mother. The
17 physician's approval to discharge shall be made in accordance
18 with the most current version of the "Guidelines for Perinatal
19 Care" prepared by the American Academy of Pediatrics and the
20 American College of Obstetricians and Gynecologists, or similar
21 guidelines prepared by another nationally recognized medical
22 organization; and

23 (2) The entity providing the individual or group health
24 insurance policy provides coverage for post-discharge care to the
25 mother and her newborn.

26 3. Post-discharge care shall consist of a minimum of two
27 visits at least one of which shall be in the home, in accordance
28 with accepted maternal and neonatal physical assessments, by a
29 registered professional nurse with experience in maternal and
30 child health nursing or a physician. The location and schedule of
31 the post-discharge visits shall be determined by the attending
32 physician. Services provided by the registered professional
33 nurse or physician shall include, but not be limited to, physical
34 assessment of the newborn and mother, parent education,
35 assistance and training in breast or bottle feeding, education
36 and services for complete childhood immunizations, the
37 performance of any necessary and appropriate clinical tests and

1 submission of a metabolic specimen satisfactory to the state
2 laboratory. Such services shall be in accordance with the
3 medical criteria outlined in the most current version of the
4 "Guidelines for Perinatal Care" prepared by the American Academy
5 of Pediatrics and the American College of Obstetricians and
6 Gynecologists, or similar guidelines prepared by another
7 nationally recognized medical organization. Any abnormality, in
8 the condition of the mother or the child, observed by the nurse
9 shall be reported to the attending physician as medically
10 appropriate.

11 4. For the purposes of this section, "attending physician"
12 shall include the attending obstetrician, pediatrician, or other
13 physician attending the mother or newly born child.

14 5. Each entity offering individual and group health
15 insurance policies providing coverage on an expense-incurred
16 basis, individual and group service or indemnity type contracts
17 issued by a nonprofit corporation, individual and group service
18 contracts issued by a health maintenance organization, all
19 self-insured group arrangements to the extent not preempted by
20 federal law and all managed health care delivery entities of any
21 type or description shall provide notice to policyholders,
22 insured persons and participants regarding the coverage required
23 by this section. Such notice shall be in writing and prominently
24 positioned in the policy, certificate of coverage or summary plan
25 description.

26 6. Such health care service shall not be subject to any
27 greater deductible or co-payment than other similar health care
28 services provided by the policy, contract or plan.

29 7. No insurer may provide financial disincentives to, or
30 deselect, terminate the services of, require additional
31 documentation from, require additional utilization review, or
32 reduce payments to, or otherwise penalize the attending physician
33 in retaliation solely for ordering care consistent with the
34 provisions of this section.

35 8. No insurer shall require any waiting period after the
36 effective date of the policy or plan before coverage under this
37 section shall be available. Coverage under this section shall be

1 available immediately from the effective date of the plan or
2 policy.

3 9. The department of insurance, financial institutions and
4 professional registration shall adopt rules and regulations to
5 implement and enforce the provisions of this section. No rule or
6 portion of a rule promulgated pursuant to this section shall
7 become effective unless it has been promulgated pursuant to the
8 provisions of section 536.024."; and

9 Further amend said title, enacting clause and intersectional
10 references accordingly.