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COMMISSIONER, INSURANCE

Bulletin 96-02

To: **Commercial Health Insurers, Blue Cross and Blue Shield of Massachusetts (BCBSMA), Health Maintenance Organizations (HMOs)**

From: **Commissioner Linda Ruthardt**

RE: **New Requirements for Coverage of Childbirth and Postpartum Care Benefits**

Date: **February 20, 1996**

The purpose of this Bulletin is to inform carriers of the enactment of St. 1995, c. 218 (Chapter 218), which is entitled An Act Further Defining Childbirth and Postpartum Care Benefits. Chapter 218, in part, amends the various Massachusetts maternity mandated benefit statutes: Section 4 of Chapter 218 amends M.G.L. c. 175 § 47F; Section 5 amends M.G.L. c. 176A § 8H; Section 6 amends M.G.L. c. 176B § 4H; Section 7 amends M.G.L. c. 176G § 4; and Section 8 adds M.G.L. c. 176G § 4I.

Please refer to the statutes cited above for a complete description of the new maternity mandated provisions. The effective date of Chapter 218 is February 19, 1996. Therefore, ***all*** policies, certificates, evidences of coverage and contracts must provide coverage for the benefits ***as of*** February 19, 1996 and must be amended according to the statutes. ***Also, policyholders, subscribers and members must be informed that these benefits are available as of February 19, 1996.*** Please note that self-funded single employer health plans and Taft Hartley Trusts qualified under the Federal Employee Retirement Income Security Act of 1974 (ERISA) and which are exempt from state mandated benefit laws pursuant to ERISA, are not required to offer the benefits mandated by Chapter 218. Also note that Section 1 of Chapter 218 requires the Group Insurance Commission to provide coverage for the benefits.

In addition to the currently existing mandated maternity benefits, Chapter 218 requires, among other new requirements, that coverage shall be provided for a minimum of forty-eight hours of in-patient care following a vaginal delivery and a minimum of ninety-six hours of in-patient care following a caesarean section for ***a mother and her newly born child.*** Any decision to shorten such minimum coverages required for a mother and her newly born child shall be made by the attending physician in consultation with the mother. Such decision shall be made in accordance with regulations promulgated by the Department of Public Health which may be found at 105 CMR 130.660 *et seq*. These regulations set forth more specific requirements regarding post-delivery care and an appeal process by which insureds may appeal a denial of benefits.

Any questions regarding this Bulletin and Chapter 218 that do not relate to the Department of Public Health regulations should be directed to Caroline E. DeStefano, Assistant General Counsel, Division of Insurance at (617) 521-7364.

Any questions regarding the Department of Public Health regulations should be directed to the Department of Public Health, Bureau of Family and Community Health, at (617) 624-6095.