

The House Committee on Insurance offers the following substitute to HB 525:

A BILL TO BE ENTITLED  
AN ACT

1 To amend Code Section 33-24-58.2 of the Official Code of Georgia Annotated, relating to  
2 health benefit policy coverage for certain maternity benefits, so as to change the provisions  
3 regarding required notices; to provide expectant mothers with certain rights to treatment; to  
4 repeal conflicting laws; and for other purposes.

5 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

6 SECTION 1.

7 Code Section 33-24-58.2 of the Official Code of Georgia Annotated, relating to health  
8 benefit policy coverage for certain maternity benefits, is amended by striking subsections (f)  
9 and (g) thereof and inserting in their place new subsections (f), (g), and (h) to read as  
10 follows:

11 "(f) An expectant mother shall have the right to request that the obstetrician who has  
12 diagnosed the pregnancy personally provide all prenatal and maternity care including  
13 delivery and postnatal care. In addition, if such obstetrician cannot or will not personally  
14 provide such care, then he or she must obtain the written consent of the expectant mother  
15 and the expectant mother's insurer.

16 ~~(f)(g)~~ Every insurer shall provide notice to policyholders regarding the coverage required  
17 by this Code section ~~and any rules and regulations promulgated by the Commissioner~~  
18 ~~relating to this Code section~~ which shall include specifically the expectant mother's rights  
19 under subsection (f) of this Code section. The notice shall be in writing and prominently  
20 positioned in any of the following literature:

- 21 (1) The next mailing to the policyholder;
- 22 (2) The yearly informational packets sent to the policyholder; or
- 23 (3) Other literature mailed before January 1, 1997.

24 In addition to such notice, the insurer shall also provide a notice to the expectant mother  
25 within 30 days following the date the insurer first learns that the expectant mother covered  
26 by the health benefit policy is pregnant in substantially the following form:

NOTICE

The Newborn Baby and Mother Protection Act (Code Section 33-24-58.2 of the O.C.G.A.) requires that health benefit policies which provide maternity benefits must provide coverage for a minimum of 48 hours of inpatient care following a normal vaginal delivery and a minimum of 96 hours of inpatient care following a cesarean section for a mother and her newborn child. The care must be provided in a licensed health care facility. A decision to shorten the length of stay may be made only by the attending health care provider after conferring with the mother. If the stay is shortened, coverage must be provided for up to two follow-up visits with specified health care providers with the first visit being within 48 hours after discharge. After conferring with the mother, the health care provider must determine whether the initial visit will be conducted at home or at the office and whether a second visit is appropriate. Specified services are required to be provided at such visits.

~~(g)~~(h) No insurer covered under this Code section shall deselect, terminate the services of, require additional utilization review, reduce capitation payment, or otherwise penalize an attending physician or other health care provider who orders care consistent with the provisions of this Code section. For purposes of this subsection, health care provider shall be defined to include the attending physician, certified nurse midwife, and hospital."

**SECTION 2.**

All laws and parts of laws in conflict with this Act are repealed.