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SENATE BILL NO. 718

Offered January 8, 2020

Prefiled January 7, 2020

A *BILL to amend the Code of Virginia by adding a section numbered 38.2-3407.11:4, relating to health insurance; access for a mother to same facility as her newborn.*

Patron—McClellan

Referred to Committee on Commerce and Labor

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 38.2-3407.11:4 as follows:

§ 38.2-3407.11:4. Access for mother to same facility as her newborn.

A. Notwithstanding any provision of § 38.2-3407.11 or 38.2-3419 or any other section of this title to the contrary, each insurer proposing to issue individual or group accident and sickness insurance policies providing hospital, medical and surgical, or major medical coverage on an expense incurred basis; corporation providing individual or group accident and sickness subscription contracts; and health maintenance organization providing a health care plan for health care services, whose policies, contracts, or plans, including any certificate or evidence of coverage issued in connection with such policies, contracts, or plans, include coverage for obstetrical services, shall provide coverage for the birth mother of a newborn infant who is currently admitted to a facility for delivery-related services and whose newborn infant is receiving services at a different facility to receive such delivery-related services, if available, at the facility where the newborn infant is receiving services. Such coverage shall:

1. Not require any prior authorization determination, regardless of whether the services are provided on an in-network or out-of-network basis;

2. Be without regard to whether the health care provider furnishing the services is a participating health care provider with respect to such services;

3. If such services are provided out-of-network, not impose any administrative requirement or limitation on coverage that is more restrictive than the requirements or limitations that apply to such services provided in-network; and

4. If such services are provided out-of-network, not require any copayment amounts or coinsurance rates, or apply any deductible except to the extent such amounts, rates, or deductibles would apply to in-network services.

B. If such services are provided out-of-network, any balance payment shall be settled in the same manner as balance payments for emergency services as provided for in § 38.2-3445.

C. The requirements of this section shall apply to all health benefit plans delivered, issued for delivery, reissued, or extended in the Commonwealth on and after January 1, 2021, or at any time thereafter when any term of the health benefit plan is changed or any premium adjustment is made thereto.

D. The provisions of this section shall not apply to short-term travel, accident-only, or limited or specified disease policies; contracts designed for issuance to persons eligible for coverage under Title XVIII of the Social Security Act, known as Medicare, or any other similar coverage under state or federal governmental plans; or short-term nonrenewable policies of not more than six months' duration.

INTRODUCED

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