

17: 48-6l

LEGISLATIVE HISTORY CHECKLIST
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(Maternity--48 hours)

NJSA: 17:48-6l

LAWS OF: 1995 CHAPTER: 138

BILL NO: A2224

SPONSOR(S): Doria and others

DATE INTRODUCED: September 29, 1994

COMMITTEE: ASSEMBLY: Insurance

SENATE: Health

AMENDED DURING PASSAGE: Yes Amendments during passage
Fifth reprint enacted denoted by superscript numbers

DATE OF PASSAGE: ASSEMBLY: May 22, 1995

SENATE: June 12, 1995

DATE OF APPROVAL: June 28, 1995

FOLLOWING STATEMENTS ARE ATTACHED IF AVAILABLE:

SPONSOR STATEMENT: Yes

COMMITTEE STATEMENT: ASSEMBLY: Yes

SENATE: Yes

FISCAL NOTE: No

VETO MESSAGE: No

MESSAGE ON SIGNING: Yes

FOLLOWING WERE PRINTED:

REPORTS: No

HEARINGS: Yes

See newspaper clippings--attached:

"Whitman signs bill guaranteeing 48-hour maternity stays," 6-25-95, Atlantic City Press.

"State delivers protection for new mothers," 6-26-95, Asbury Park Press.

"More time for moms, infants," 6-29-95, Courier-News.

"New mothers gain 2nd day in hospital," 6-29-95, New York Times.

974.90 New Jersey. Legislature. Assembly. Advisory Council on Women.
H434 Meeting on "Women's health issues: held 5-15-95. Teaneck, NJ,
1995 1995.

[see vol. 2]

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§1 C.17:48-6l
§2 C.17:48A-7k
§3 C.17:48E-35.9
§4 C.17B:26-2.1k
§5 C.17B:27A-7.1
§6 C.17B:27A-19.2
§7 C.17B:27-46.1k
§8 C.26:2J-4.9
§9 T & E

P.L.1995, CHAPTER 138, approved June 28, 1995
1994 Assembly No. 2224 (Fifth Reprint)

1 AN ACT concerning certain health insurance benefits following
2 the birth of a child and supplementing P.L.1938, c.366
3 (C.17:48-1 et seq.), P.L.1940, c.74 (C.17:48A-1 et seq.),
4 P.L.1985, c.236 (C.17:48E-1 et seq.), Chapters 26, 27 and 27A
5 of Title 17B of the New Jersey Statutes and P.L.1973, c.337
6 (C.26:2J-1 et seq.).
7

8 BE IT ENACTED by the Senate and General Assembly of the
9 State of New Jersey:

10 1. 1a.¹ Every individual or group contract that provides
11 maternity benefits and is delivered, issued, executed or renewed
12 in this State pursuant to P.L.1938, c.366 (C.17:48-1 et seq.) or
13 approved for issuance or renewal in this State by the
14 Commissioner of Insurance on or after the effective date of this
15 act shall provide coverage for a minimum of 48 hours of
16 in-patient care following 3a vaginal³ delivery³ and a minimum of
17 96 hours of in-patient care following a cesarean section³ for a
18 mother and her newly born child in a health care facility licensed
19 pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.). The provisions
20 of this section shall apply to all contracts in which the hospital
21 service corporation has reserved the right to change the premium.

22 1b. Notwithstanding the provisions of subsection a. of this
23 section, a hospital service corporation contract that provides
24 coverage for post-delivery care to a mother and her newly born
25 child in the home shall not be required to provide for a minimum
26 of 48 hours⁴ and 96 hours, respectively,⁴ of in-patient care unless
27 such⁴ in-patient⁴ care is determined to be medically necessary
28 by the attending physician⁴ or is requested by the mother^{4,1}.
29 ⁴For the purposes of this section, attending physician shall
30 include the attending obstetrician, pediatrician or other physician
31 attending the mother or newly born child.⁴

32 ⁴2c. Post-delivery care shall consist of a minimum of three
33 home visits, in accordance with accepted maternal and neonatal
34 physical assessments, by a registered professional nurse with at
35 least three years experience in community maternal and child
36 health nursing. Services provided by the registered professional
37 nurse shall include, but not be limited to, parent education,
38 assistance and training in breast or bottle feeding, and the
39 performance of any necessary and appropriate clinical tests. The
40 home visits shall be conducted within 24 hours; within 25 to 48

EXPLANATION--Matter enclosed in bold-faced brackets [thus] in the
above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.

Matter enclosed in superscript numerals has been adopted as follows:

¹ Assembly AIN committee amendments adopted March 23, 1995.

² Assembly floor amendments adopted May 1, 1995.

³ Assembly floor amendments adopted May 22, 1995.

⁴ Senate SHH committee amendments adopted June 1, 1995.

⁵ Assembly floor amendments adopted June 12, 1995.

1 hours; and within 96 to 120 hours following the discharge of the
2 mother and her newly born child.

3 d. The Commissioner of Insurance shall adopt regulations
4 pursuant to the "Administrative Procedure Act," P.L.1968, c.410
5 (C.52:14B-1 et seq.) to implement the provisions of this section.²

6 ³e. For the purposes of this section, the term "medically
7 necessary" shall be defined by the Commissioner of Health in
8 consultation with the Commissioner of Insurance pursuant to the
9 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
10 seq.).³⁴

11 ⁵c. Every hospital service corporation shall provide notice to
12 policyholders regarding the coverage required by this section in
13 accordance with this subsection and regulations promulgated by
14 the Commissioner of Health pursuant to the "Administrative
15 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.). The notice
16 shall be in writing and prominently positioned in any literature or
17 correspondence and shall be transmitted at the earliest of: (1) the
18 next mailing to the policyholder; (2) the yearly informational
19 packet sent to the policyholder; or (3) January 1, 1996.⁵

20 2. ¹a.¹ Every individual or group contract that provides
21 maternity benefits and is delivered, issued, executed or renewed
22 in this State pursuant to P.L.1940, c.74 (C.17:48A-1 et seq.) or
23 approved for issuance or renewal in this State by the
24 Commissioner of Insurance on or after the effective date of this
25 act shall provide coverage for a minimum of 48 hours of
26 in-patient care following ³a vaginal³ delivery ³and a minimum of
27 96 hours of in-patient care following a cesarean section³ for a
28 mother and her newly born child in a health care facility licensed
29 pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.). The provisions
30 of this section shall apply to all contracts in which the medical
31 service corporation has reserved the right to change the premium.

32 ¹b. Notwithstanding the provisions of subsection a. of this
33 section, a medical service corporation contract that provides
34 coverage for post-delivery care to a mother and her newly born
35 child in the home shall not be required to provide for a minimum
36 of 48 hours ⁴and 96 hours, respectively, ⁴of in-patient care unless
37 such ⁴in-patient⁴ care is determined to be medically necessary
38 by the attending physician ⁴or is requested by the mother^{4,1}
39 ⁴For the purposes of this section, attending physician shall
40 include the attending obstetrician, pediatrician or other physician
41 attending the mother or newly born child.⁴

42 ⁴[²c. Post-delivery care shall consist of a minimum of three
43 home visits, in accordance with accepted maternal and neonatal
44 physical assessments, by a registered professional nurse with at
45 least three years experience in community maternal and child
46 health nursing. Services provided by the registered professional
47 shall include, but not be limited to, parent education, assistance
48 and training in breast or bottle feeding, and the performance of
49 any necessary and appropriate clinical tests. The home visits
50 shall be conducted within 24 hours; within 25 to 48 hours; and
51 within 96 to 120 hours following the discharge of the mother and
52 her newly born child.

53 d. The Commissioner of Insurance shall adopt regulations
54 pursuant to the "Administrative Procedure Act," P.L.1968, c.410

1 (C.52:14B-1 et seq.) to implement the provisions of this section.²

2 ³e. For the purposes of this section, the term "medically
3 necessary" shall be defined by the Commissioner of Health in
4 consultation with the Commissioner of Insurance pursuant to the
5 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
6 seq.).³⁴

7 ⁵c. Every medical service corporation shall provide notice to
8 policyholders regarding the coverage required by this section in
9 accordance with this subsection and regulations promulgated by
10 the Commissioner of Health pursuant to the "Administrative
11 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.). The notice
12 shall be in writing and prominently positioned in any literature or
13 correspondence and shall be transmitted at the earliest of: (1) the
14 next mailing to the policyholder; (2) the yearly informational
15 packet sent to the policyholder; or (3) January 1, 1996.⁵

16 3. ¹a.¹ Every individual or group contract that provides
17 maternity benefits and is delivered, issued, executed or renewed
18 in this State pursuant to P.L.1985, c.236 (C.17:48E-1 et seq.) or
19 approved for issuance or renewal in this State by the
20 Commissioner of Insurance on or after the effective date of this
21 act shall provide coverage for a minimum of 48 hours of
22 in-patient care following ³a vaginal³ delivery ³and a minimum of
23 96 hours of in-patient care following a cesarean section³ for a
24 mother and her newly born child in a health care facility licensed
25 pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.). The provisions
26 of this section shall apply to all contracts in which the ⁴[medical]
27 health⁴ service corporation has reserved the right to change the
28 premium.

29 ¹b. Notwithstanding the provisions of subsection a. of this
30 section, a health service corporation contract that provides
31 coverage for post-delivery care to a mother and her newly born
32 child in the home shall not be required to provide for a minimum
33 of 48 hours ⁴and 96 hours, respectively, ⁴ of in-patient care unless
34 such ⁴in-patient⁴ care is determined to be medically necessary
35 by the attending physician ⁴or is requested by the mother⁴.¹
36 ⁴For the purposes of this section, attending physician shall
37 include the attending obstetrician, pediatrician or other physician
38 attending the mother or newly born child.⁴

39 ⁴2c. Post-delivery care shall consist of a minimum of three
40 home visits, in accordance with accepted maternal and neonatal
41 physical assessments, by a registered professional nurse with at
42 least three years experience in community maternal and child
43 health nursing. Services provided by the registered professional
44 shall include, but not be limited to, parent education, assistance
45 and training in breast or bottle feeding, and the performance of
46 any necessary and appropriate clinical tests. The home visits
47 shall be conducted within 24 hours; within 25 to 48 hours; and
48 within 96 to 120 hours following the discharge of the mother and
49 her newly born child.

50 d. The Commissioner of Insurance shall adopt regulations
51 pursuant to the "Administrative Procedure Act," P.L.1968, c.410
52 (C.52:14B-1 et seq.) to implement the provisions of this section.²

53 ³e. For the purposes of this section, the term "medically
54 necessary" shall be defined by the Commissioner of Health in

1 consultation with the Commissioner of Insurance pursuant to the
2 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
3 seq.).^{3]4}

4 ⁵c. Every health service corporation shall provide notice to
5 policyholders regarding the coverage required by this section in
6 accordance with this subsection and regulations promulgated by
7 the Commissioner of Health pursuant to the "Administrative
8 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.). The notice
9 shall be in writing and prominently positioned in any literature or
10 correspondence and shall be transmitted at the earliest of: (1) the
11 next mailing to the policyholder; (2) the yearly informational
12 packet sent to the policyholder; or (3) January 1, 1996.⁵

13 4. ¹a.¹ Every policy that provides maternity benefits and is
14 delivered, issued, executed or renewed in this State pursuant to
15 [N.J.S.C.17B:26-1 et seq.] N.J.S.17B:26-1 et seq.¹, or approved
16 for issuance or renewal in this State by the Commissioner of
17 Insurance on or after the effective date of this act shall provide
18 coverage for a minimum of 48 hours of in-patient care following
19 ³a vaginal³ delivery ³and a minimum of 96 hours of in-patient
20 care following a cesarean section³ for a mother and her newly
21 born child in a health care facility licensed pursuant to P.L.1971,
22 c.136 (C.26:2H-1 et seq.). The provisions of this section shall
23 apply to all policies in which the insurer has reserved the right to
24 change the premium.

25 ¹b. Notwithstanding the provisions of subsection a. of this
26 section, a policy that provides coverage for post-delivery care to
27 a mother and her newly born child in the home shall not be
28 required to provide for a minimum of 48 hours ⁴and 96 hours,
29 respectively,⁴ of in-patient care unless such ⁴in-patient⁴ care is
30 determined to be medically necessary by the attending physician
31 ⁴or is requested by the mother^{4,1} ⁴For the purposes of this
32 section, attending physician shall include the attending
33 obstetrician, pediatrician or other physician attending the mother
34 or newly born child.⁴

35 ⁴2c. Post-delivery care shall consist of a minimum of three
36 home visits, in accordance with accepted maternal and neonatal
37 physical assessments, by a registered professional nurse with at
38 least three years experience in community maternal and child
39 health nursing. Services provided by the registered professional
40 shall include, but not be limited to, parent education, assistance
41 and training in breast or bottle feeding, and the performance of
42 any necessary and appropriate clinical tests. The home visits
43 shall be conducted within 24 hours; within 25 to 48 hours; and
44 within 96 to 120 hours following the discharge of the mother and
45 her newly born child.

46 d. The Commissioner of Insurance shall adopt regulations
47 pursuant to the "Administrative Procedure Act," P.L.1968, c.410
48 (C.52:14B-1 et seq.) to implement the provisions of this section.²

49 ³e. For the purposes of this section, the term "medically
50 necessary" shall be defined by the Commissioner of Health in
51 consultation with the Commissioner of Insurance pursuant to the
52 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
53 seq.).^{3]4}

54 ⁵c. Every insurer shall provide notice to policyholders

1 regarding the coverage required by this section in accordance
2 with this subsection and regulations promulgated by the
3 Commissioner of Health pursuant to the "Administrative
4 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.). The notice
5 shall be in writing and prominently positioned in any literature or
6 correspondence and shall be transmitted at the earliest of: (1) the
7 next mailing to the policyholder; (2) the yearly informational
8 packet sent to the policyholder; or (3) January 1, 1996.⁵

9 5. ¹a. ¹ Every policy that provides maternity benefits and is
10 delivered, issued, executed or renewed in this State pursuant to
11 P.L.1992, c.161 (C.17B:27A-2 et seq.) or approved for issuance or
12 renewal in this State by the Commissioner of Insurance on or
13 after the effective date of this act shall provide benefits for a
14 minimum of 48 hours of in-patient care following ³a vaginal³
15 delivery ³and a minimum of 96 hours of in-patient care following
16 a cesarean section³ for a mother and her newly born child in a
17 health care facility licensed pursuant to P.L.1971, c.136
18 (C.26:2H-1 et seq.). The provisions of this section shall apply to
19 all policies in which the insurer has reserved the right to change
20 the premium.

21 ¹b. Notwithstanding the provisions of subsection a. of this
22 section, a policy that provides coverage for post-delivery care to
23 a mother and her newly born child in the home shall not be
24 required to provide for a minimum of 48 hours ⁴and 96 hours,
25 respectively,⁴ of in-patient care unless such ⁴in-patient⁴ care is
26 determined to be medically necessary by the attending physician
27 ⁴or is requested by the mother^{4,1} ⁴For the purposes of this
28 section, attending physician shall include the attending
29 obstetrician, pediatrician or other physician attending the mother
30 or newly born child.⁴

31 ⁴2c. Post-delivery care shall consist of a minimum of three
32 home visits, in accordance with accepted maternal and neonatal
33 physical assessments, by a registered professional nurse with at
34 least three years experience in community maternal and child
35 health nursing. Services provided by the registered professional
36 shall include, but not be limited to, parent education, assistance
37 and training in breast or bottle feeding, and the performance of
38 any necessary and appropriate clinical tests. The home visits
39 shall be conducted within 24 hours; within 25 to 48 hours; and
40 within 96 to 120 hours following the discharge of the mother and
41 her newly born child.

42 d. The Commissioner of Insurance shall adopt regulations
43 pursuant to the "Administrative Procedure Act," P.L.1968, c.410
44 (C.52:14B-1 et seq.) to implement the provisions of this section.²

45 ³e. For the purposes of this section, the term "medically
46 necessary" shall be defined by the Commissioner of Health in
47 consultation with the Commissioner of Insurance pursuant to the
48 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
49 seq.).³⁴

50 ⁵c. Every insurer shall provide notice to policyholders
51 regarding the coverage required by this section in accordance
52 with this subsection and regulations promulgated by the
53 Commissioner of Health pursuant to the "Administrative
54 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.). The notice

1 shall be in writing and prominently positioned in any literature or
2 correspondence and shall be transmitted at the earliest of: (1) the
3 next mailing to the policyholder; (2) the yearly informational
4 packet sent to the policyholder; or (3) January 1, 1996.⁵

5 6. ¹a. ¹ Every policy that provides maternity benefits and is
6 delivered, issued, executed or renewed in this State pursuant to
7 P.L.1992, c.162 (C.17B:27A-17 et seq.) or approved for issuance
8 or renewal in this State by the Commissioner of Insurance on or
9 after the effective date of this act shall provide benefits for a
10 minimum of 48 hours of in-patient care following ³a vaginal³
11 delivery ³and a minimum of 96 hours of in-patient care following
12 a cesarean section³ for a mother and her newly born child in a
13 health care facility licensed pursuant to P.L.1971, c.136
14 (C.26:2H-1 et seq.). The provisions of this section shall apply to
15 all policies in which the insurer has reserved the right to change
16 the premium.

17 ¹b. Notwithstanding the provisions of subsection a. of this
18 section, a policy that provides coverage for post-delivery care to
19 a mother and her newly born child in the home shall not be
20 required to provide for a minimum of 48 hours ⁴and 96 hours,
21 respectively, ⁴ of in-patient care unless such ⁴in-patient⁴ care is
22 determined to be medically necessary by the attending physician
23 ⁴or is requested by the mother^{4.1} ⁴For the purposes of this
24 section, attending physician shall include the attending
25 obstetrician, pediatrician or other physician attending the mother
26 or newly born child.⁴

27 ⁴2c. Post-delivery care shall consist of a minimum of three
28 home visits, in accordance with accepted maternal and neonatal
29 physical assessments, by a registered professional nurse with at
30 least three years experience in community maternal and child
31 health nursing. Services provided by the registered professional
32 shall include, but not be limited to, parent education, assistance
33 and training in breast or bottle feeding, and the performance of
34 any necessary and appropriate clinical tests. The home visits
35 shall be conducted within 24 hours; within 25 to 48 hours; and
36 within 96 to 120 hours following the discharge of the mother and
37 her newly born child.

38 d. The Commissioner of Insurance shall adopt regulations
39 pursuant to the "Administrative Procedure Act," P.L.1968, c.410
40 (C.52:14B-1 et seq.) to implement the provisions of this section.²

41 ³e. For the purposes of this section, the term "medically
42 necessary" shall be defined by the Commissioner of Health in
43 consultation with the Commissioner of Insurance pursuant to the
44 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
45 seq.).³⁴

46 ⁵c. Every insurer shall provide notice to policyholders
47 regarding the coverage required by this section in accordance
48 with this subsection and regulations promulgated by the
49 Commissioner of Health pursuant to the "Administrative
50 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.). The notice
51 shall be in writing and prominently positioned in any literature or
52 correspondence and shall be transmitted at the earliest of: (1) the
53 next mailing to the policyholder; (2) the yearly informational
54 packet sent to the policyholder; or (3) January 1, 1996.⁵

1 7. ¹a. ¹ Every policy that provides maternity benefits and is
2 delivered, issued, executed or renewed in this State pursuant to
3 ¹[N.J.S.C.17B:27-26 et seq.] ¹N.J.S.17B:27-26 et seq. ¹, or
4 approved for issuance or renewal in this State by the
5 Commissioner of Insurance on or after the effective date of this
6 act shall provide benefits for a minimum of 48 hours of in-patient
7 care following ³a vaginal³ delivery ³and a minimum of 96 hours
8 of in-patient care following a cesarean section³ for a mother and
9 her newly born child in a health care facility licensed pursuant to
10 P.L.1971, c.136 (C.26:2H-1 et seq.). The provisions of this
11 section shall apply to all policies in which the insurer has
12 reserved the right to change the premium.

13 ¹b. Notwithstanding the provisions of subsection a. of this
14 section, a policy that provides coverage for post-delivery care to
15 a mother and her newly born child in the home shall not be
16 required to provide for a minimum of 48 hours ⁴and 96 hours,
17 respectively, ⁴of in-patient care unless such ⁴in-patient⁴ care is
18 determined to be medically necessary by the attending physician
19 ⁴or is requested by the mother^{4.1} ⁴For the purposes of this
20 section, attending physician shall include the attending
21 obstetrician, pediatrician or other physician attending the mother
22 or newly born child.⁴

23 ⁴2c. Post-delivery care shall consist of a minimum of three
24 home visits, in accordance with accepted maternal and neonatal
25 physical assessments, by a registered professional nurse with at
26 least three years experience in community maternal and child
27 health nursing. Services provided by the registered professional
28 shall include, but not be limited to, parent education, assistance
29 and training in breast or bottle feeding, and the performance of
30 any necessary and appropriate clinical tests. The home visits
31 shall be conducted within 24 hours; within 25 to 48 hours; and
32 within 96 to 120 hours following the discharge of the mother and
33 her newly born child.

34 d. The Commissioner of Insurance shall adopt regulations
35 pursuant to the "Administrative Procedure Act," P.L.1968, c.410
36 (C.52:14B-1 et seq.) to implement the provisions of this section.²

37 ³e. For the purposes of this section, the term "medically
38 necessary" shall be defined by the Commissioner of Health in
39 consultation with the Commissioner of Insurance pursuant to the
40 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
41 seq.)³⁴

42 ⁵c. Every insurer shall provide notice to policyholders
43 regarding the coverage required by this section in accordance
44 with this subsection and regulations promulgated by the
45 Commissioner of Health pursuant to the "Administrative
46 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.). The notice
47 shall be in writing and prominently positioned in any literature or
48 correspondence and shall be transmitted at the earliest of: (1) the
49 next mailing to the policyholder; (2) the yearly informational
50 packet sent to the policyholder; or (3) January 1, 1996.⁵

51 8. ¹a. ¹ Every enrollee agreement that provides maternity
52 benefits and is delivered, issued, executed or renewed in this
53 State pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.) or approved
54 for issuance or renewal in this State by the Commissioner of

1 Insurance on or after the effective date of this act shall provide
2 health care services for a minimum of 48 hours of in-patient care
3 following ³a vaginal³ delivery ³and a minimum of 96 hours of
4 in-patient care following a cesarean section³ for a mother and
5 her newly born child in a health care facility licensed pursuant to
6 P.L.1971, c.136 (C.26:2H-1 et seq.). The provisions of this
7 section shall apply to enrollee agreements in which the health
8 maintenance organization has reserved the right to change the
9 schedule of charges.

10 ¹b. Notwithstanding the provisions of subsection a. of this
11 section, an enrollee agreement that provides health care services
12 for post-delivery care to a mother and her newly born child in the
13 home shall not be required to provide for a minimum of 48 hours
14 and 96 hours, respectively,⁴ of in-patient care unless such
15 in-patient⁴ care is determined to be medically necessary by the
16 attending physician⁴ or is requested by the mother^{4,1}.⁴ For the
17 purposes of this section, attending physician shall include the
18 attending obstetrician, pediatrician or other physician attending
19 the mother or newly born child.⁴

20 ⁴2c. Post-delivery care shall consist of a minimum of three
21 home visits, in accordance with accepted maternal and neonatal
22 physical assessments, by a registered professional nurse with at
23 least three years experience in community maternal and child
24 health nursing. Services provided by the registered professional
25 shall include, but not be limited to, parent education, assistance
26 and training in breast or bottle feeding, and the performance of
27 any necessary and appropriate clinical tests. The home visits
28 shall be conducted within 24 hours; within 25 to 48 hours; and
29 within 96 to 120 hours following the discharge of the mother and
30 her newly born child.

31 d. The Commissioner of Insurance shall adopt regulations
32 pursuant to the "Administrative Procedure Act," P.L.1968, c.410
33 (C.52:14B-1 et seq.) to implement the provisions of this section.²

34 ³e. For the purposes of this section, the term "medically
35 necessary" shall be defined by the Commissioner of Health in
36 consultation with the Commissioner of Insurance pursuant to the
37 "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et
38 seq.).³⁴

39 ⁵c. Every health maintenance organization shall provide notice
40 to enrollees regarding the coverage required by this section in
41 accordance with this subsection and regulations promulgated by
42 the Commissioner of Health pursuant to the "Administrative
43 Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.). The notice
44 shall be in writing and prominently positioned in any literature or
45 correspondence and shall be transmitted at the earliest of: (1) the
46 next mailing to the enrollee; (2) the yearly informational packet
47 sent to the enrollee; or (3) January 1, 1996.⁵

48 ⁵g. Within 18 months of the effective date of this act, the
49 Commissioners of Health and Insurance shall report back to the
50 Governor and the Legislature on the implementation of the
51 requirements of this act.⁵

52 ⁵[9.] ^{10.}⁵ This act shall take effect immediately.

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Requires health insurers to provide 48 hours in-patient care or 96 hours in case of cesarean section, following delivery for mother and newly born child under certain circumstances.

1 this State by the Commissioner of Insurance on or after the
2 effective date of this act shall provide coverage for a minimum
3 of 48 hours of in-patient care following delivery for a mother and
4 her newly born child in a health care facility licensed pursuant to
5 P.L.1971, c.136 (C.26:2H-1 et seq.). The provisions of this
6 section shall apply to all policies in which the insurer has
7 reserved the right to change the premium.

8 5. Every policy that provides maternity benefits and is
9 delivered, issued, executed or renewed in this State pursuant to
10 P.L.1992, c.161 (C.17B:27A-2 et seq.) or approved for issuance or
11 renewal in this State by the Commissioner of Insurance on or
12 after the effective date of this act shall provide benefits for a
13 minimum of 48 hours of in-patient care following delivery for a
14 mother and her newly born child in a health care facility licensed
15 pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.). The provisions
16 of this section shall apply to all policies in which the insurer has
17 reserved the right to change the premium.

18 6. Every policy that provides maternity benefits and is
19 delivered, issued, executed or renewed in this State pursuant to
20 P.L.1992, c.162 (C.17B:27A-17 et seq.) or approved for issuance
21 or renewal in this State by the Commissioner of Insurance on or
22 after the effective date of this act shall provide benefits for a
23 minimum of 48 hours of in-patient care following delivery for a
24 mother and her newly born child in a health care facility licensed
25 pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.). The provisions
26 of this section shall apply to all policies in which the insurer has
27 reserved the right to change the premium.

28 7. Every policy that provides maternity benefits and is
29 delivered, issued, executed or renewed in this State pursuant to
30 N.J.S. C.17B:27-26 et seq., or approved for issuance or renewal in
31 this State by the Commissioner of Insurance on or after the
32 effective date of this act shall provide benefits for a minimum of
33 48 hours of in-patient care following delivery for a mother and
34 her newly born child in a health care facility licensed pursuant to
35 P.L.1971, c.136 (C.26:2H-1 et seq.). The provisions of this
36 section shall apply to all policies in which the insurer has
37 reserved the right to change the premium.

38 8. Every enrollee agreement that provides maternity benefits
39 and is delivered, issued, executed or renewed in this State
40 pursuant to P.L.1973, c.337 (C.26:2J-1 et seq.) or approved for
41 issuance or renewal in this State by the Commissioner of
42 Insurance on or after the effective date of this act shall provide
43 health care services for a minimum of 48 hours of in-patient care
44 following delivery for a mother and her newly born child in a
45 health care facility licensed pursuant to P.L.1971, c.136
46 (C.26:2H-1 et seq.). The provisions of this section shall apply to
47 enrollee agreements in which the health maintenance
48 organization has reserved the right to change the schedule of
49 charges.

50 9. This act shall take effect immediately.

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53 STATEMENT

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55 This bill requires insurers, including hospital service

1 corporations, medical service corporations, health service
2 corporations, commercial insurers and health maintenance
3 organizations. to provide a minimum of 48 hours of in-patient
4 care following delivery for a mother and her newly born child in a
5 licensed health care facility.

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10 Requires health insurers to provide 48 hours in-patient care
11 following delivery for mother and newly born child in licensed
12 health care facility.

ASSEMBLY INSURANCE COMMITTEE

STATEMENT TO

ASSEMBLY, No. 2224

with committee amendments

STATE OF NEW JERSEY

DATED: MARCH 23, 1995

The Assembly Insurance Committee reports favorably and with committee amendments, Assembly, No. 2224.

As amended by the committee, this bill requires insurers, including hospital service corporations, medical service corporations, health service corporations, commercial insurers and health maintenance organizations, to provide a minimum of 48 hours of in-patient care following delivery for a mother and her newly born child in a licensed health care facility.

The committee amended the bill to provide that if an insurer provides benefits for in-home post-delivery care, the 48 hour in-patient requirement would not apply, unless such care is determined to be medically necessary, by the attending physician.

SENATE HEALTH COMMITTEE

STATEMENT TO

[THIRD REPRINT]

ASSEMBLY, No. 2224

with committee amendments

STATE OF NEW JERSEY

DATED: JUNE 1, 1995

The Senate Health Committee favorably reports Assembly Bill No. 2224 (3R) with committee amendments.

As amended by committee, this bill requires insurers, including hospital service corporations, medical service corporations, health service corporations, commercial insurers and health maintenance organizations, to provide a minimum of 48 hours of in-patient care following a vaginal delivery and 96 hours of in-patient care following a cesarean section for a mother and her newly born child in a licensed health care facility.

The bill exempts insurers that provide benefits for in-home post-delivery care from these requirements, unless such care is determined to be medically necessary by the attending physician or the mother requests such care.

The committee amended the bill to make it identical to Senate Bill No. 1963 (SCA) (Matheussen/Ciesla). Amendments specify that the provision in the bill which exempts insurers who provide post-delivery care from the 48 and 96-hour in-patient requirement, shall not apply if the mother of the newly born child requests the in-patient care. Amendments also clarify that attending physician includes the attending obstetrician, pediatrician or other physician attending the mother or newly born child. The amendments delete: the specific requirements concerning post-delivery care; the requirement that the Commissioner of Health, in consultation with the Commissioner of Insurance, define the term "medically necessary," by regulation; and the requirement that the Commissioner of Insurance establish regulations to implement the provisions of the bill.

As amended, this bill is identical to Senate Bill No. 1963(SCA) (Matheussen/Ciesla) which the committee also reported, with amendments, on this date.



OFFICE OF THE GOVERNOR NEWS RELEASE

CN-001**Contact:** RITA MANNO
(609) 777-2600**TRENTON, N.J. 08625****Release:** Wednesday, June 28, 1995

Gov. Christic Whitman signed legislation today that requires health insurers to provide 48 hours of in-patient hospital care following delivery for mothers and their newborns.

The bill, signed into law at Holy Name Hospital in Teaneck, also provides for 96 hours of hospital care if the baby is delivered by cesarean section.

"In the joyous moment of birth, mothers should not have to worry they will be rushed out of the hospital. This law protects both the care of the mother and the newborn," said Whitman.

The law exempts insurers from the hospital requirements if they provide benefits for in-home care following delivery. However, if the attending physician or the mother requests hospital care rather than home care, the exemption is not applicable.

The Commissioners of Health and Insurance will evaluate this program and report back to the Legislature and the Governor in 18 months.

Sponsors of the A-2224 are Assembly Speaker Chuck Haytaian (R-Warren) and Assemblyman Joseph Doria (D-Hudson).