

**MISSISSIPPI DEPARTMENT OF INSURANCE  
REGULATION NO. 2000-2  
NEWBORNS' AND MOTHERS' HEALTH PROTECTION**

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**Section 1. Authority**

This Regulation is promulgated pursuant to the authority vested in the Commissioner of Insurance under Miss. Code Ann. §§ 83-1-43 and 83-5-1 (Rev. 1999), and is promulgated in accordance with Mississippi Insurance Department Regulation No. 88-101, said Regulation being the Rules of Practice and Procedure Before the Mississippi Insurance Department.

**Section 2. Purpose and Intent**

In order to fully comply with the Health Insurance Portability and Accountability Act of 1996, as Amended, including information issued by the Health Care Financing Administration to the Mississippi Department of Insurance regarding the enforcement thereof, this Regulation is promulgated to prevent health insurance issuers in the group or individual market that cover hospitalization in connection with childbirth for mothers and/or their newborns from restricting coverage to less than forty-eight (48) hours following a vaginal delivery and ninety-six (96) hours following a Cesarean section.

**Section 3. Definition of Health Insurance Issuer**

As used in this Regulation, the term "health insurance issuer" shall mean any insurance company, hospital or medical service plan or any entity defined in Miss. Code Ann. § 83-41-303(n) (Rev. 1999), which offers group or individual health insurance coverage in the State of Mississippi.

**Section 4. Benefit Requirements for Minimum Hospital Stay**

A. A health insurance issuer shall not, except as provided in subsection B. of this Section:

- (1) Restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child following a normal vaginal delivery to less than forty-eight

(48) hours; or

- (2) Restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child following a Cesarean section to less than ninety-six (96) hours; or
- (3) Require that a provider obtain authorization from the health insurance issuer for prescribing any length of stay required in this Section 4.

B. The provisions of this Section 4. shall not apply in connection with any health insurance issuer in any case in which the decision to discharge the mother or her newborn child before the expiration of the minimum length of stay otherwise required under subsections (1) and (2) of Section 4. is made by an attending provider in consultation with the mother.

### **Section 5. Prohibited Practices**

A health insurance issuer offering group or individual health insurance coverage shall not:

- (a) Deny to the mother or her newborn child eligibility, or continued eligibility, to enroll or to renew coverage under the terms of the policy solely for the purpose of avoiding the requirements of this Regulation;
- (b) Provide monetary payments or rebates to mothers to encourage such mothers to accept less than the minimum protections available under this Regulation;
- (c) Penalize or otherwise reduce or limit the reimbursement of an attending provider because such provider provided care to an insured or enrollee in accordance with this Regulation;
- (d) Provide incentives, monetary or otherwise, to an attending provider to induce such provider to provide care to an insured or enrollee in a manner inconsistent with this Regulation; or
- (e) Subject to subsection C. of Section 6. of this Regulation, restrict benefits for any portion of a period within a hospital length of stay required under subsections (1) and (2) of Section 4. of this Regulation in a manner which is less favorable than the benefits provided for any preceding portion of such stay.

### **Section 6. Exceptions**

A. Nothing in this Regulation shall be construed to require a mother who is an insured or enrollee:

- (1) To give birth in a hospital; or

- (2) To stay in the hospital for a fixed period of time following the birth of her child.
- B. This Regulation shall not apply with respect to any group or individual health insurance coverage offered by a health insurance issuer which does not provide benefits for hospital lengths of stay in connection with childbirth for a mother or her newborn child.
- C. Nothing in this Regulation shall be construed as preventing a health insurance issuer from imposing deductibles, coinsurance or other cost-sharing in relation to benefits for hospital lengths of stay in connection with childbirth for a mother or newborn child under group or individual health insurance coverage, except that such coinsurance or other cost-sharing for any portion of a period within a hospital length of stay required under subsections (1) and (2) of Section 4. of this Regulation may not be greater than such coinsurance or cost-sharing for any preceding portion of such stay.
- D. Nothing in this Regulation shall be construed to prevent a health insurance issuer offering group or individual health insurance coverage from negotiating the level and type of reimbursement with a provider for care provided in accordance with this Regulation.

**Section 7. Notice**

A health insurance issuer providing group or individual health insurance coverage shall provide notice to the named insured in the case of an individual policy, and to each certificate holder in the case of a group policy, regarding the coverage required by this Regulation. Such notice shall be in writing and prominently positioned in any literature or correspondence made available or distributed by the health insurance issuer and shall be transmitted to the named insured or certificate holder not later than October 1, 2000. The notice prescribed by this Section 7. shall be filed with and approved by the Commissioner of Insurance before distribution by the health insurance issuer.

**Section 8. Effective Date**

The effective date of this Regulation shall be thirty (30) days from and after its adoption and filing with the Secretary of State of the State of Mississippi.

  
George Dale  
Commissioner of Insurance