



STATE OF CONNECTICUT
INSURANCE DEPARTMENT

Bulletin HC-51
May 15, 1996

TO: ALL HEALTH CARE CENTERS AND COMPANIES LICENSED TO WRITE HEALTH INSURANCE IN CONNECTICUT

**RE: MINIMUM STAY FOR POST MATERNITY CARE
CONNECTICUT PUBLIC ACT 96-177.**

This is to advise you of the passage of Substitute Senate Bill No. 330, An Act Concerning Minimum Stay for Post Maternity Care and Insurance Coverage for Breast Cancer Survivors, Connecticut Public Act 96-177. With the passage of this law, each insurer, health care center and any other entity that offers maternity benefits in individual or group health care plans, shall provide coverage of a minimum of forty-eight (48) hours of inpatient care for a mother and her newborn infant following a vaginal delivery and a minimum of ninety-six (96) hours of inpatient care for a mother and her newborn infant following a cesarean delivery. These minimum time periods shall commence at the time of delivery and any decision to shorten the length of inpatient stay to less than that such minimum time periods, shall be made by the attending health care providers after conferring with the mother.

The bill's effective date is from its passage, that is, the date the legislation is signed into law by the Governor, which is expected to occur shortly. Even though this legislation contains language referencing health care plans that are delivered, issued for delivery, renewed or amended in this state on or after October 1, 1996, the intent of this legislation is to protect the health and well-being of women and newborn infants as soon as it is signed into law by the Governor, rather than on or after October 1, 1996. Accordingly, I implore you to honor the spirit and intent of this legislation by acting responsibly to implement its provisions with respect to all existing contracts and new contracts once it is signed by the Governor.

The bill also provides that if a mother and newborn are discharged earlier than the minimum time periods, this law also requires coverage for a follow-up visit within forty-eight (48) hours of discharge and an additional follow-up visit within seven days of discharge. Such follow-up services are to include, but shall not be limited to (1) physical assessment of the newborn, (2) parent education, (3) assistance and training in breast or bottle feeding, (4) assessment of the home support system, and (5) the performance of any medically necessary and appropriate clinical tests. Moreover, such services shall be consistent with protocols and guidelines developed by attending providers or by national pediatric, obstetric and nursing professional organizations for these services and shall be provided by qualified health care personnel trained in postpartum maternal and newborn pediatric care.

Every insurer, health care center and any other entity that offers maternity benefits in individual or group health care plans shall provide written notice to policyholders regarding the above-described coverage at the earliest of either the next mailing to the policyholder, the yearly summary of benefits sent to the policyholder or January 1, 1997.

Thank you for your close attention to the above.

A handwritten signature in blue ink that reads "George M. Reider, Jr.".

George M. Reider, Jr.
Insurance Commissioner