Editorial Notes

REFERENCES IN TEXT

Section 3(40) of the Employee Retirement Income Security Act of 1974, referred to in subsec. (b), is classified to section 1002(40) of Title 29, Labor.

The date of the enactment of this section, referred to in subsec. (b), is the date of enactment of Pub. L. 104–191, which was approved Aug. 21, 1996.

Statutory Notes and Related Subsidiaries

EFFECTIVE DATE

Section applicable to plan years beginning after June 30, 1997, see section 401(c) of Pub. L. 104–191, set out as a note under section 9801 of this title.

[§ 9804. Renumbered § 9831]

[§ 9805. Renumbered § 9832]

[§ 9806. Renumbered § 9833]

Subchapter B—Other Requirements

Sec.

9811. Standards relating to benefits for mothers and newborns.
9812. Parity in mental health and substance use disorder benefits.
9813. Coverage of dependent students on medically necessary leave of absence.
9815. Additional market reforms.[1]
9816. Preventing surprise medical bills.
9817. Ending surprise air ambulance bills.
9818. Continuity of care.
9819. Maintenance of price comparison tool.
9820. Protecting patients and improving the accuracy of provider directory information.
9822. Other patient protections.[2]
9823. Air ambulance report requirements.
9824. Increasing transparency by removing gag clauses on price and quality information.
9825. Reporting on pharmacy benefits and drug costs.

Editorial Notes

AMENDMENTS

2020—Pub. L. 116–260, div. BB, title I, §§102(c)(3), 105(a)(3)(B), 106(b)(3)(B), 113(b)(2), 114(b)(2), 116(d)(2), title II, §§201(d)(2), 204(d)(2), Dec. 27, 2020, 134 Stat. 2796, 2851, 2855, 2871, 2874, 2887, 2894, 2922, added items 9815 to 9820 and 9822 to 9825.

2008—Pub. L. 110–381, §2(c)(2), Oct. 9, 2008, 122 Stat. 4086, added item 9813.

Pub. L. 110–343, div. C, title V, §512(g)(3)(B), Oct. 3, 2008, 122 Stat. 3892, added item 9812 and struck out former item 9812 ''Parity in the application of certain limits to mental health benefits''.

1997—Pub. L. 105–34, title XV, §1531(a)(4), Aug. 5, 1997, 111 Stat. 1081, added subchapter heading and analysis.

§ 9811. Standards relating to benefits for mothers and newborns

(a) Requirements for minimum hospital stay following birth

(1) In general

A group health plan may not—

(A) except as provided in paragraph (2)—

(i) 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 48 hours, or

(ii) restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child, following a caesarean section, to less than 96 hours; or

(B) require that a provider obtain authorization from the plan or the issuer for prescribing any length of stay required under subparagraph (A) (without regard to paragraph (2)).

(2) Exception

Paragraph (1)(A) shall not apply in connection with any group health plan in any case in which the decision to discharge the mother or her newborn child prior to the expiration of the minimum length of stay otherwise required under paragraph (1)(A) is made by an attending provider in consultation with the mother.

(b) Prohibitions

A group health plan may not—

(1) deny to the mother or her newborn child eligibility, or continued eligibility, to enroll or to renew coverage under the terms of the plan, solely for the purpose of avoiding the requirements of this section;

(2) provide monetary payments or rebates to mothers to encourage such mothers to accept less than the minimum protections available under this section;

(3) penalize or otherwise reduce or limit the reimbursement of an attending provider because such provider provided care to an individual participant or beneficiary in accordance with this section;

(4) provide incentives (monetary or otherwise) to an attending provider to induce such provider to provide care to an individual participant or beneficiary in a manner inconsistent with this section; or

(5) subject to subsection (c)(3), restrict benefits for any portion of a period within a hospital length of stay required under subsection (a) in a manner which is less favorable than the benefits provided for any preceding portion of such stay.

(c) Rules of construction

(1) Nothing in this section shall be construed to require a mother who is a participant or beneficiary—

(A) to give birth in a hospital; or

(B) to stay in the hospital for a fixed period of time following the birth of her child.

(2) This section shall not apply with respect to any group health plan which does not provide benefits for hospital lengths of stay in connection with childbirth for a mother or her newborn child.

(3) Nothing in this section shall be construed as preventing a group health plan 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 the plan, except that such coinsurance or other cost-sharing for any portion of a period within a hospital length of

[1] No section 9814 has been enacted.

[2] No section 9821 has been enacted.