

## Senate Bill No. 222

### CHAPTER 509

An act to add Section 10123.865 to the Insurance Code, relating to health care coverage.

[Approved by Governor October 6, 2011. Filed with  
Secretary of State October 6, 2011.]

#### LEGISLATIVE COUNSEL'S DIGEST

SB 222, Evans. Maternity services.

Existing law provides for the regulation of health insurers by the Department of Insurance. Under existing law, a health insurer that provides maternity coverage may not restrict inpatient hospital benefits, as specified, and is required to provide notice of the maternity services coverage.

This bill, commencing July 1, 2012, would require every individual health insurance policy to provide coverage for maternity services for all insureds covered under the policy.

This bill would become operative only if AB 210 of the 2011–12 Regular Session is also enacted.

*The people of the State of California do enact as follows:*

SECTION 1. The Legislature finds and declares the following:

(a) In actual practice, health care service plans have been required by the Knox-Keene Health Care Service Plan Act of 1975 (Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code) to provide maternity services as a basic health care benefit.

(b) At the same time, existing law does not require health insurers to provide designated basic health care services and, therefore, health insurers are not required to provide coverage for maternity services.

(c) Therefore, it is essential to clarify that all health care coverage made available to California consumers, whether issued by health care service plans regulated by the Department of Managed Health Care or by health insurers regulated by the Department of Insurance, must include maternity services.

SEC. 2. Section 10123.865 is added to the Insurance Code, to read:

10123.865. (a) Commencing no later than July 1, 2012, every individual health insurance policy shall provide coverage for maternity services for all insureds covered under the policy.

(b) For purposes of this section, “maternity services” include prenatal care, ambulatory care maternity services, involuntary complications of pregnancy, neonatal care, and inpatient hospital maternity care, including

labor and delivery and postpartum care. This definition of “maternity services” shall remain in effect until such time as federal regulations and guidance issued pursuant to the federal Patient Protection and Affordable Care Act (Public Law 111-148) define the scope of benefits to be provided under the maternity benefit requirement of that act, after which time the definition of that term under the federal act and associated regulations and guidance shall apply for purposes of this section.

(c) This section shall not apply to specialized health insurance, Medicare supplement insurance, short-term limited duration health insurance, CHAMPUS-supplement insurance, or TRI-CARE supplement insurance, or to hospital indemnity, accident-only, or specified disease insurance.

SEC. 3. This act shall become operative only if Assembly Bill 210 of the 2011–12 Regular Session is also enacted and takes effect.