

304.17A-145 Maternity coverage to include specified services and amounts of inpatient care for mothers and newly born children -- Exemption.

- (1) As used in this section:
 - (a) "Health benefit plan" has the same meaning as in KRS 304.17A-005, except for purposes of this section, the term:
 1. Includes student health insurance offered by a Kentucky-licensed insurer under written contract with a university or college whose students it proposes to insure; and
 2. Does not include a group health benefit plan that provides grandfathered health plan coverage as defined in 45 C.F.R. sec. 147.140(a), as amended;
 - (b) "In-home program" means a program offered by a health care facility or health care professional for the treatment of substance use disorder which the insured accesses through telehealth or digital health services; and
 - (c) "Telehealth" or "digital health" has the same meaning as in KRS 211.332.
- (2) Except as provided for in subsection (5) of this section:
 - (a) A health benefit plan shall provide maternity coverage; and
 - (b) The coverage required by this subsection includes coverage for:
 1. All individuals covered under the plan, including dependents, regardless of age;
 2. Maternity care associated with pregnancy, childbirth, and postpartum care;
 3. Labor and delivery;
 4. All breastfeeding services and supplies required under 42 U.S.C. sec. 300gg-13(a) and any related federal regulations, as amended; and
 5. Except as provided in subsection (3) of this section, inpatient care for a mother and her newly born child for a minimum of:
 - a. Forty-eight (48) hours after vaginal delivery; or
 - b. Ninety-six (96) hours after delivery by Cesarean section.
- (3) The provisions of subsection (2)(b)5. of this section shall not apply to a health benefit plan if:
 - (a) The plan authorizes an initial postpartum home visit which would include the collection of an adequate sample for the hereditary and metabolic newborn screening; and
 - (b) The attending physician, with the consent of the mother of the newly born child, authorizes a shorter length of stay upon the physician's determination that the mother and newborn meet the criteria for medical stability in the most current version of "Guidelines for Perinatal Care" prepared by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists.
- (4) Except as provided for in subsection (5) of this section, a health benefit plan shall provide coverage:

- (a) To pregnant and postpartum women for an in-home program; and
 - (b) For telehealth or digital health services that are related to maternity care associated with pregnancy, childbirth, and postpartum care.
- (5) If the application of any requirement of this section to a qualified health plan as defined in 42 U.S.C. sec. 18021(a)(1), as amended, would result in a determination that the state must make payments to defray the cost of the requirement under 42 U.S.C. sec. 18031(d)(3) and 45 C.F.R. sec. 155.170, as amended, then the requirement shall not apply to the qualified health plan until the cost defrayal requirement is no longer applicable.

Effective: January 1, 2025

History: Amended 2024 Ky. Acts ch. 207, sec. 5, effective January 1, 2025. -- Amended 1998 Ky. Acts ch. 496, sec. 50, effective April 10, 1998. -- Created 1996 Ky. Acts ch. 88, sec. 1, effective July 15, 1996.

Legislative Research Commission Note (1/1/2025). 2024 Ky. Acts ch. 207, sec. 16, provides that the amendments to this statute in that Act shall apply to plans issued or renewed on or after January 1, 2025.