The law provides protections on the length of time mothers and their newborn infants may stay in the hospital following childbirth. Under its “general rule,” group health plans and health issuers may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours (or 96 hours following a cesarean section). An exception provides that an attending provider, in consultation with the mother, is free to authorize an earlier discharge. The final rules generally follow the interim rules adopted in 1998, clarifying certain issues, including that:

- **The attending provider determines that an admission is in connection with childbirth and when the hospital stay begins for purposes of applying the general rule,** and that provider determines when an exception to the 48-hour or 96-hour general rule will be taken in consultation with the mother. The final rules clarify the definition of “attending provider” to specifically exclude a plan, hospital, managed care organization or other issuer.

- **ERISA-covered group health plans are required to comply with the ERISA notice regulations,** whether insured or self-insured. The final rules clarify that ERISA group health plans can provide the notice electronically.

- **A state law exemption applies when a state law requires health insurance coverage in accordance with professional guidelines.** The final rules clarify that the exemption will apply if the state law simply requires coverage in accordance with professional guidelines that deal with care following childbirth, and not necessarily other care issues in connection with childbirth.

The final regulations, effective Dec. 19, 2008, apply to group health plans and group health issuers for plan years beginning on or after Jan. 1, 2009.

*Updated: July 2009*