

Pub. L. 110-233, §103(b), redesignated subsec. (c) as (f) relating to special rules for church plans.  
1997—Subsec. (c). Pub. L. 105-34 added subsec. (c).

EFFECTIVE DATE OF 2008 AMENDMENT

Pub. L. 110-233, title I, §103(f)(2), May 21, 2008, 122 Stat. 899, provided that: “The amendments made by this section [enacting section 9834 of this title and amending this section and section 9832 of this title] shall apply with respect to group health plans for plan years beginning after the date that is 1 year after the date of the enactment of this Act [May 21, 2008].”

EFFECTIVE DATE OF 1997 AMENDMENT

Pub. L. 105-34, title XV, §1532(b), Aug. 5, 1997, 111 Stat. 1085, provided that: “The amendments made by subsection (a) [amending this section] shall take effect as if included in the amendments made by section 401(a) of the Health Insurance Portability and Accountability Act of 1996 [Pub. L. 104-191].”

REGULATIONS

Pub. L. 110-233, title I, §103(f)(1), May 21, 2008, 122 Stat. 899, provided that: “The Secretary of the Treasury shall issue final regulations or other guidance not later than 12 months after the date of the enactment of this Act [May 21, 2008] to carry out the amendments made by this section [enacting section 9834 of this title and amending this section and section 9832 of this title].”

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.

**§ 9803. Guaranteed renewability in multi-employer plans and certain multiple employer welfare arrangements**

**(a) In general**

A group health plan which is a multiemployer plan (as defined in section 414(f)) or which is a multiple employer welfare arrangement may not deny an employer continued access to the same or different coverage under such plan, other than—

- (1) for nonpayment of contributions;
- (2) for fraud or other intentional misrepresentation of material fact by the employer;
- (3) for noncompliance with material plan provisions;
- (4) because the plan is ceasing to offer any coverage in a geographic area;
- (5) in the case of a plan that offers benefits through a network plan, because there is no longer any individual enrolled through the employer who lives, resides, or works in the service area of the network plan and the plan applies this paragraph uniformly without regard to the claims experience of employers or a factor described in section 9802(a)(1) in relation to such individuals or their dependents; or
- (6) for failure to meet the terms of an applicable collective bargaining agreement, to renew a collective bargaining or other agreement requiring or authorizing contributions to the plan, or to employ employees covered by such an agreement.

**(b) Multiple employer welfare arrangement**

For purposes of subsection (a), the term “multiple employer welfare arrangement” has the meaning given such term by section 3(40) of the

Employee Retirement Income Security Act of 1974, as in effect on the date of the enactment of this section.

(Added Pub. L. 104-191, title IV, §401(a), Aug. 21, 1996, 110 Stat. 2079.)

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.

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.<sup>1</sup>

AMENDMENTS

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

<sup>1</sup>Editorially supplied. Section 9815 added by Pub. L. 111-148 without corresponding amendment of analysis. No section 9814 has been enacted.