- (1) POSTPARTUM HOSPITAL STAYS, INCLUDING THE NUMBER OF HOURS ALLOWED FROM CHILDBIRTH TO DISCHARGE FROM THE HOSPITAL FOR:
  - (I) THE MOTHER: AND
  - (II) THE CHILD:
- (2) POSTPARTUM VISITS IN THE HOME BY A HEALTH CARE PROVIDER, INCLUDING:
  - (I) THE NUMBER OF VISITS:
  - (II) THE SERVICES PROVIDED AT THE VISITS:
- (III) THE TYPE OF LICENSE HELD BY THE HEALTH CARE PROVIDER MAKING THE VISITS; AND
  - (IV) THE PROCEDURES FOR SCHEDULING VISITS; AND
- (3) OFFICE VISITS TO A HEALTH-CARE PROVIDER WITHIN 30 DAYS AFTER CHILDBIRTH, INCLUDING:
  - (I) THE NUMBER OF VISITS: AND
- (II) SCREENING AND RESCREENING AT THE VISITS FOR HEREDITARY AND CONGENITAL DISORDERS.
- (C) AN INSURER OF NONPROFIT HEALTH SERVICE PLAN SHALL EVERY 2 YEARS MAKE A STUDY AND PREPARE THE RESULTS IN A WRITTEN STATEMENT IN CLEAR LANGUAGE, TAKING A RANDOM SAMPLE OF AT LEAST 3% OF ITS INSUREDS WITH CHILDREN NO MORE THAN 1 YEAR OF AGE, TO ASCERTAIN:
- (1) THE AVERAGÉ TIME OF DISCHARGE, IN HOURS AFTER CHILDBIRTH, OF:
  - (I) THE MOTHER; AND
  - (II) THE CHILD;
- (2) THE AVERAGE NUMBER-OF HOME-VISITS COVERED FOLLOWING CHILDBIRTH:
- (3) THE AVERAGE NUMBER OF OFFICE VISITS COVERED FOR THE CHILD WITHIN 30 DAYS AFTER CHILDBIRTH; AND
- (4) THE AVERAGE TIME AFTER CHILDBIRTH FOR THE FIRST—AND SECOND SCREENINGS FOR HEREDITARY AND CONGENITAL DISEASE.
- (D) (1) AN INSURER OR NONPROFIT HEALTH SERVICE PLAN SHALL PROVIDE TO AN INSURED THE WRITTEN STATEMENTS REQUIRED UNDER SUBSECTIONS (B) AND (C) OF THIS SECTION:
  - (I) AT THE TIME OF PURCHASE OF A NONGROUP POLICY; AND