**South Carolina General Assembly**

126th Session, 2025-2026

**H. 3249**

**STATUS INFORMATION**

General Bill

Sponsors: Reps. McCravy, Gilliam, Vaughan, T. Moore, M.M. Smith, Willis, Burns, Chumley and Pope

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Prefiled in the House on December 5, 2024

Currently residing in the House Committee on **Labor, Commerce and Industry**

Summary: South Carolina Dependent Maternity Coverage Act

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

12/5/2024 House Prefiled

12/5/2024 House Referred to Committee on **Labor, Commerce and Industry**

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**VERSIONS OF THIS BILL**

[12/05/2024](https://www.scstatehouse.gov/sess126_2025-2026/prever/3249_20241205.docx)

A bill

TO AMEND THE SOUTH CAROLINA CODE OF LAWS by ENACTing THE “SOUTH CAROLINA DEPENDENT MATERNITY COVERAGE ACT” BY ADDING SECTION 38-71-142 SO AS TO REQUIRE ALL HEALTH INSURERS OPERATING IN SOUTH CAROLINA THAT PROVIDE COVERAGE FOR DEPENDENTS UP TO AGE TWENTY-SIX TO INCLUDE MATERNITY CARE COVERAGE FOR THOSE DEPENDENTS, TO THE EXTENT NOT PREEMPTED BY FEDERAL LAW.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. This act may be cited as the “South Carolina Dependent Maternity Coverage Act.”

SECTION 2. Article 5, Chapter 71, Title 38 of the S.C. Code is amended by adding:

Section 38-71-142. (A) The purpose of this section is to ensure that all health insurance plans covering dependents up to age twenty-six in this State include maternity care coverage, thereby expanding access to essential prenatal, delivery, and postpartum healthcare services for dependents who are pregnant.

(B) For purposes of this section:

(1) “Health insurer” means any insurance provider authorized to operate in this State and offering health insurance policies, including hospital or medical expense insurance policies, health maintenance organizations (HMOs), and employer-based health plans subject to state regulation.

(2) “Dependent” means an individual up to age twenty-six who is covered under a health insurance plan by virtue of their relationship to the primary policyholder.

(3) “Maternity care” means medical services provided during pregnancy, childbirth, and the postpartum period including, but not limited to, prenatal care, labor and delivery services, and postpartum care.

(C) Requirement for Maternity Coverage for Dependents

(1) Maternity Coverage Mandate:

(a) All health insurers that offer coverage to dependents up to age twenty-six under any individual or group health insurance policy in this State must include maternity care coverage for such dependents.

(b) Maternity care coverage under this section must include comprehensive prenatal, delivery, and postpartum care necessary to support a healthy pregnancy and childbirth.

(2) Scope of Coverage

(a) Maternity coverage provided under this section must apply to all healthcare facilities and providers within the insurer’s network and must be consistent with the level of maternity care coverage provided to the primary policyholder.

(b) Coverage must include, but not be limited to, the following services:

(i) routine prenatal visits and examinations;

(ii) necessary laboratory and imaging tests;

(iii) labor and delivery services;

(iv) hospital stays related to childbirth; and

(v) postpartum visits and support services.

(3) Health insurers may not impose additional premiums, copays, or deductibles specifically for maternity care coverage for dependents, beyond what is standard for other covered healthcare services.

(D) Exceptions and Limitations

(1) Federal law compliance: This section applies to all health plans subject to state regulation; however, it does not apply to plans exempt from state regulation under federal law, such as self-insured employer plans governed by the Employee Retirement Income Security Act (ERISA).

(2) Religious Exemption: Any health insurer that is a religiously affiliated organization may request an exemption from this requirement if the organization can demonstrate that such coverage directly conflicts with its religious beliefs.

(E) Enforcement and Penalties

(1) Enforcement agency:

(a) The Department of Insurance is responsible for ensuring compliance with this section.

(b) The department shall establish a complaint and reporting process for individuals or policyholders who are denied dependent maternity care coverage as required by this section.

(2) Penalties for noncompliance:

(a) Health insurers found in violation of this section may be subject to penalties, including fines and sanctions, as determined by the department.

(b) Any denied claims for dependent maternity care coverage in violation of this section must be promptly processed and paid by the insurer.

(F) The department shall submit an annual report to the General Assembly on the implementation of this section, including any challenges and recommendations for improving access to dependent maternity care.

(G) All new health insurance policies and renewals of existing policies issued on or after the effective date of this section must comply with the provisions of this section.

SECTION 3. If any section, subsection, paragraph, subparagraph, sentence, clause, phrase, or word of this act is for any reason held to be unconstitutional or invalid, such holding shall not affect the constitutionality or validity of the remaining portions of this act, the General Assembly hereby declaring that it would have passed this act, and each and every section, subsection, paragraph, subparagraph, sentence, clause, phrase, and word thereof, irrespective of the fact that any one or more other sections, subsections, paragraphs, subparagraphs, sentences, clauses, phrases, or words hereof may be declared to be unconstitutional, invalid, or otherwise ineffective.

SECTION 4. This act takes effect on the January first following the year in which this act is approved by the Governor.

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