Chapter 596

(House Bill 1017)

AN ACT concerning

Health Insurance – Child Wellness Benefits

FOR the purpose of requiring certain individual, group, or blanket health insurance policies and nonprofit health service plans to cover, in the minimum package of child wellness services required to be provided under the policies’ or plans’ family member coverage, certain visits for obesity evaluation and treatment management and certain visits for and costs of developmental testing screening as recommended by a certain organization; expanding the list of visits at which certain examinations, assessments, and guidance services must be covered; expanding the list of services that may result in coverage for certain laboratory tests; providing for the application of this Act; and generally relating to the expansion of child wellness benefits under health insurance policies and nonprofit health service plans.

BY repealing and reenacting, without amendments,

Article – Insurance
Section 15–817(a), (b), and (f)
Annotated Code of Maryland
(2006 Replacement Volume and 2009 Supplement)

BY repealing and reenacting, with amendments,

Article – Insurance
Section 15–817(c)
Annotated Code of Maryland
(2006 Replacement Volume and 2009 Supplement)

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article – Insurance

15–817.

(a) In this section, “child wellness services” means preventive activities designed to protect children from morbidity and mortality and promote child development.
(b) This section applies to each individual hospital or major medical insurance policy, group or blanket health insurance policy, and nonprofit health service plan that:

(1) is delivered or issued for delivery in the State;

(2) is written on an expense–incurred basis; and

(3) provides coverage for a family member of the insured.

(c) (1) A policy or plan subject to this section shall include under the family member coverage a minimum package of child wellness services that are consistent with:

(i) public health policy;

(ii) professional standards; and

(iii) scientific evidence of effectiveness.

(2) The minimum package of child wellness services shall cover at least:

(i) all visits for and costs of childhood and adolescent immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control;

(ii) visits for the collection of adequate samples, the first of which is to be collected before 2 weeks of age, for hereditary and metabolic newborn screening and follow–up between birth and 4 weeks of age;

(iii) universal hearing screening of newborns provided by a hospital before discharge;

(iv) all visits for and costs of age–appropriate screening tests for tuberculosis, anemia, lead toxicity, hearing, and vision as determined by the American Academy of Pediatrics;

(V) ALL VISITS FOR OBESITY EVALUATION AND TREATMENT MANAGEMENT;

(VI) ALL VISITS FOR AND COSTS OF DEVELOPMENTAL TESTING SCREENING AS RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS;
[[(v) (VII)] a physical examination, developmental assessment, and parental anticipatory guidance services at each of the visits required under items (i), (ii), [and] (iv), (V), AND (VI) of this paragraph; and

[(vi)] (VIII) any laboratory tests considered necessary by the physician as indicated by the services provided under items (i), (ii), (iv), [or] (v), (VI), OR (VII) of this paragraph.

(f) (1) A policy or plan subject to this section may not impose a deductible on the coverage required under this section.

(2) Each health insurance policy and certificate shall contain a notice of the prohibition established by paragraph (1) of this subsection in a form approved by the Commissioner.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to all policies and plans subject to this Act that are issued, delivered, or renewed in the State on or after October 1, 2010.

SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 2010.

Approved by the Governor, May 20, 2010.