

HOUSE BILL 1017

C3

0lr2568
CF SB 700

By: **Delegates Reznik, Barkley, Bronrott, Carr, Hubbard, Kaiser, Montgomery, Morhaim, Nathan-Pulliam, Pena-Melnyk, and V. Turner**

Introduced and read first time: February 15, 2010

Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 23, 2010

CHAPTER _____

1 AN ACT concerning

2 **Health Insurance – Child Wellness Benefits**

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

14 BY repealing and reenacting, without amendments,
15 Article – Insurance
16 Section 15–817(a), (b), and (f)
17 Annotated Code of Maryland
18 (2006 Replacement Volume and 2009 Supplement)

19 BY repealing and reenacting, with amendments,
20 Article – Insurance
21 Section 15–817(c)
22 Annotated Code of Maryland

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike-out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



1 (2006 Replacement Volume and 2009 Supplement)

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

4 **Article – Insurance**

5 15–817.

6 (a) In this section, “child wellness services” means preventive activities
7 designed to protect children from morbidity and mortality and promote child
8 development.

9 (b) This section applies to each individual hospital or major medical
10 insurance policy, group or blanket health insurance policy, and nonprofit health
11 service plan that:

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

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

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

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

18 (i) public health policy;

19 (ii) professional standards; and

20 (iii) scientific evidence of effectiveness.

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

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

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

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

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

4 (v) ALL VISITS FOR OBESITY EVALUATION AND ~~TREATMENT~~
5 MANAGEMENT;

6 (vi) ALL VISITS FOR AND COSTS OF DEVELOPMENTAL
7 ~~TESTING~~ SCREENING AS RECOMMENDED BY THE AMERICAN ACADEMY OF
8 PEDIATRICS;

9 [(v)] (vii) a physical examination, developmental assessment,
10 and parental anticipatory guidance services at each of the visits required under items
11 (i), (ii), [and] (iv), (v), AND (vi) of this paragraph; and

12 [(vi)] (viii) any laboratory tests considered necessary by the
13 physician as indicated by the services provided under items (i), (ii), (iv), [or] (v), (vi),
14 OR (vii) of this paragraph.

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

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

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

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

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.