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By: **Delegates Stern, Benson, Bronrott, G. Clagett, V. Clagett, Donoghue,  
Goldwater, Gutierrez, Harrison, Howard, King, Lee, Marriott, McHale,  
Oaks, Parker, Petzold, Ramirez, Taylor, and V. Turner**

Introduced and read first time: January 28, 2004

Assigned to: Health and Government Operations

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A BILL ENTITLED

1 AN ACT concerning

2 **Health Insurance - Child Wellness Services - Obesity**

3 FOR the purpose of adding services related to the prevention and treatment of and  
4 counseling for obesity in certain children to the minimum package of child  
5 wellness services required in certain plans and policies; providing for the  
6 application of this Act; and generally relating to child wellness services and  
7 obesity.

8 BY repealing and reenacting, with amendments,  
9 Article - Insurance  
10 Section 15-817  
11 Annotated Code of Maryland  
12 (2002 Replacement Volume and 2003 Supplement)

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

15 **Article - Insurance**

16 15-817.

17 (a) In this section, "child wellness services" means preventive activities  
18 designed to protect children from morbidity and mortality and promote child  
19 development.

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

- 23 (1) is delivered or issued for delivery in the State;
- 24 (2) is written on an expense-incurred basis; and
- 25 (3) provides coverage for a family member of the insured.

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

- 4 (i) public health policy;
- 5 (ii) professional standards; and
- 6 (iii) scientific evidence of effectiveness.

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

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

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

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

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

19 (v) a physical examination, developmental assessment, and  
20 parental anticipatory guidance services at each of the visits required under items (i),  
21 (ii), and (iv) of this paragraph; [and]

22 (vi) SERVICES RELATED TO THE PREVENTION AND TREATMENT OF  
23 AND COUNSELING FOR OBESITY IN CHILDREN UNDER THE AGE OF 18 YEARS; AND

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

27 (d) Except as provided in subsection (e) of this section, an insurer or nonprofit  
28 health service plan that issues a policy or plan subject to this section, on notification  
29 of the pregnancy of the insured and before the delivery date, shall:

30 (1) encourage and help the insured to choose and contact a primary care  
31 provider for the expected newborn before delivery; and

32 (2) provide the insured with information on postpartum home visits for  
33 the mother and the expected newborn, including the names of health care providers  
34 that are available for postpartum home visits.

35 (e) An insurer or nonprofit health service plan that does not require or  
36 encourage the insured to use a particular health care provider or group of health care

1 providers that has contracted with the insurer or nonprofit health service plan to  
2 provide services to the insurer's or nonprofit health service plan's insureds need not  
3 comply with subsection (d) of this section.

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

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

9 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall apply to  
10 all policies, contracts, and health benefit plans issued, delivered, or renewed in the  
11 State on or after July 1, 2004.

12 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take  
13 effect July 1, 2004.