

# SENATE BILL 700

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CF 0lr2568

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By: **Senator Exum**

Introduced and read first time: February 10, 2010

Assigned to: Finance

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## A BILL ENTITLED

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 and  
7 certain visits for and costs of developmental testing as recommended by a  
8 certain organization; expanding the list of visits at which certain examinations,  
9 assessments, and guidance services must be covered; expanding the list of  
10 services that may result in coverage for certain laboratory tests; providing for  
11 the application of this Act; and generally relating to the expansion of child  
12 wellness benefits under health insurance policies and nonprofit health service  
13 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  
23 (2006 Replacement Volume and 2009 Supplement)

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

26 **Article – Insurance**

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EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 15–817.

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

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

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

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

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

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

14 (i) public health policy;

15 (ii) professional standards; and

16 (iii) scientific evidence of effectiveness.

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

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

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

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

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

30 (v) **ALL VISITS FOR OBESITY EVALUATION AND TREATMENT;**

1                   **(VI) ALL VISITS FOR AND COSTS OF DEVELOPMENTAL**  
2 **TESTING AS RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS;**

3                   **[(v)] (VII)** a physical examination, developmental assessment,  
4 and parental anticipatory guidance services at each of the visits required under items  
5 (i), (ii), **[and] (iv), (V), AND (VI)** of this paragraph; and

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

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

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

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

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