

Chapter 637

(House Bill 1118)

AN ACT concerning

**Health, Health Insurance, and Health Occupations – Perinatal ~~Mental~~
Behavioral Health Conditions**

FOR the purpose of requiring carriers to provide a standing referral to a ~~mental~~ behavioral health care provider for a certain period of time; ~~clarifying the application of provisions requiring carriers to allow a member to obtain a referral to a provider who is not part of the carrier's provider network when seeking care for a mental health condition in certain circumstances;~~ requiring the Maryland Medical Assistance Program and certain insurers, nonprofit health service plans, and health maintenance organizations to provide coverage for screening for perinatal ~~mental~~ behavioral health conditions at certain times; altering and establishing requirements related to the identification and development of training programs that improve early identification of perinatal ~~mental~~ behavioral health conditions; requiring the Maryland Department of Health to establish a perinatal ~~mental~~ health condition screening program certain health care providers to screen for perinatal behavioral health conditions; requiring the Maryland Department of Health to identify certain screening tools and to assist certain health care providers with accessing resources and referral services related to screening for perinatal behavioral health conditions; requiring certain applicants for the renewal of a health occupation license or certificate to provide documentation that the applicant completed continuing education credit hours health occupations boards to grant a certain number of hours of continuing education credits for each hour of continuing education completed by certain individuals on perinatal ~~mental~~ behavioral health conditions; and generally relating to perinatal ~~mental~~ behavioral health conditions.

BY repealing and reenacting, without amendments,

Article – Health – General

Section 15–103(a)(1)

Annotated Code of Maryland

(2023 Replacement Volume and 2025 Supplement)

BY repealing and reenacting, with amendments,

Article – Health – General

Section 15–103(a)(2)(xxvii) and (xxviii), 20–1801, and 20–1802

Annotated Code of Maryland

(2023 Replacement Volume and 2025 Supplement)

BY adding to

Article – Health – General

Section 15–103(a)(2)(xxix), 20–1801, and 20–1804

Annotated Code of Maryland

(2023 Replacement Volume and 2025 Supplement)

BY repealing and reenacting, with amendments,
Article – Insurance
Section 15–830(a) and (c)
Annotated Code of Maryland
(2017 Replacement Volume and 2025 Supplement)

BY repealing and reenacting, without amendments,
Article – Insurance
Section 15–830(d)
Annotated Code of Maryland
(2017 Replacement Volume and 2025 Supplement)

BY adding to
Article – Insurance
Section 15–864
Annotated Code of Maryland
(2017 Replacement Volume and 2025 Supplement)

~~BY adding to
Article – Health – General
Section 20–1801 and 20–1804
Annotated Code of Maryland
(2023 Replacement Volume and 2025 Supplement)~~

~~BY repealing and reenacting, with amendments,
Article – Health – General
Section 20–1801 and 20–1802
Annotated Code of Maryland
(2023 Replacement Volume and 2025 Supplement)~~

BY adding to
Article – Health Occupations
Section 1–231
Annotated Code of Maryland
(2021 Replacement Volume and 2025 Supplement)

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

Article – Health – General

15–103.

(a) (1) The Secretary shall administer the Maryland Medical Assistance Program.

(2) The Program:

(xxvii) Beginning on January 1, 2026, if providing coverage for the delivery of anesthesia, shall provide coverage for the delivery of anesthesia in accordance with § 15–862 of the Insurance Article; [and]

(xxviii) Beginning on January 1, 2026, shall provide calcium score testing in accordance with § 15–863 of the Insurance Article; AND

(XXIX) BEGINNING ON JANUARY 1, 2027, SHALL PROVIDE COVERAGE FOR SCREENING FOR PERINATAL BEHAVIORAL HEALTH CONDITIONS AT THE 1-MONTH, 2-MONTH, 4-MONTH, AND 6-MONTH WELL VISITS WITHIN THE FIRST YEAR OF THE CHILD’S LIFE, AS DETERMINED APPROPRIATE BY THE TREATING HEALTH CARE PROVIDER.

Article – Insurance

15–830.

(a) (1) In this section the following words have the meanings indicated.

(2) “Carrier” means:

(i) an insurer that offers health insurance other than long-term care insurance or disability insurance;

(ii) a nonprofit health service plan;

(iii) a health maintenance organization;

(iv) a dental plan organization; or

(v) except for a managed care organization as defined in Title 15, Subtitle 1 of the Health – General Article, any other person that provides health benefit plans subject to State regulation.

(3) (i) “Member” means an individual entitled to health care benefits under a policy or plan issued or delivered in the State by a carrier.

(ii) “Member” includes a subscriber.

~~(4) “MENTAL HEALTH DISORDER” INCLUDES A PERINATAL MENTAL HEALTH CONDITION.~~

~~[(4)] (5)~~ “Nonphysician specialist” means a health care provider:

- (i) 1. who is not a physician;
2. who is licensed or certified under the Health Occupations Article; and
3. who is certified or trained to treat or provide health care services for a specified condition or disease in a manner that is within the scope of the license or certification of the health care provider; or
- (ii) that is licensed as a behavioral health program under § 7.5–401 of the Health – General Article.

~~(6) (5)~~ **(I) “PERINATAL ~~MENTAL~~ BEHAVIORAL HEALTH CONDITION” MEANS A ~~MENTAL~~ BEHAVIORAL HEALTH CONDITION OCCURRING DURING PREGNANCY, ~~THE POSTPARTUM PERIOD, OR THE PERINATAL PERIOD~~ OR WITHIN 1 YEAR AFTER THE CONCLUSION OF A PREGNANCY, INCLUDING A PREGNANCY THAT DOES NOT RESULT IN A LIVE BIRTH.**

(II) “PERINATAL ~~MENTAL~~ BEHAVIORAL HEALTH CONDITION” INCLUDES POSTPARTUM DEPRESSION.

~~[(5)] (7) (6)~~ (i) “Provider panel” means the providers that contract with a carrier either directly or through a subcontracting entity to provide health care services to enrollees of the carrier.

(ii) “Provider panel” does not include an arrangement in which any provider may participate solely by contracting with the carrier to provide health care services at a discounted fee-for-service rate.

~~[(6)] (8) (7)~~ “Specialist” means a physician who is certified or trained to practice in a specified field of medicine and who is not designated as a primary care provider by the carrier.

(c) (1) **(I)** Notwithstanding any other provision of this section, a member who is pregnant shall receive a standing referral to an obstetrician, in accordance with this subsection.

[(2)] (II) After the member who is pregnant receives a standing referral to an obstetrician, the obstetrician is responsible for the primary management of the member’s pregnancy, including the issuance of referrals in accordance with the carrier’s policies and procedures, through the postpartum period.

(2) NOTWITHSTANDING ANY OTHER PROVISION OF THIS SECTION, A MEMBER SHALL RECEIVE A STANDING REFERRAL ~~TO A MENTAL HEALTH CARE PROVIDER~~, IN ACCORDANCE WITH THIS SUBSECTION, ~~FOR THE DURATION OF THE MEMBER'S PREGNANCY AND 1 YEAR AFTER THE MEMBER GIVES BIRTH TO A~~ BEHAVIORAL HEALTH CARE PROVIDER ACTING WITHIN THE SCOPE OF THE PROVIDER'S LICENSE, INCLUDING A PSYCHIATRIST, PSYCHOLOGIST, LICENSED SOCIAL WORKER-CLINICAL, OR LICENSED PROFESSIONAL COUNSELOR FOR:

(I) THE BEHAVIORAL HEALTH SERVICES RECOGNIZED BY THE UNITED STATES PREVENTIVE SERVICES TASK FORCE AS PREVENTIVE BENEFITS; AND

(II) THE DURATION OF THE MEMBER'S PREGNANCY AND 1 YEAR AFTER THE CONCLUSION OF THE PREGNANCY.

(3) A written treatment plan may not be required when a standing referral is to an obstetrician ~~OR MENTAL~~ BEHAVIORAL HEALTH CARE PROVIDER under this subsection.

(d) (1) Each carrier shall establish and implement a procedure by which a member may request a referral to a specialist or nonphysician specialist who is not part of the carrier's provider panel in accordance with this subsection.

(2) The procedure shall provide for a referral to a specialist or nonphysician specialist who is not part of the carrier's provider panel if:

(i) 1. the member is diagnosed with a condition or disease that requires specialized health care services or medical care; and

2. A. the carrier does not have in its provider panel a specialist or nonphysician specialist with the professional training and expertise to treat or provide health care services for the condition or disease; or

B. the carrier cannot provide reasonable access to a specialist or nonphysician specialist with the professional training and expertise to treat or provide health care services for the condition or disease without unreasonable delay or travel, including within the reasonable appointment waiting time and travel distance standards established in regulation for mental health and substance use disorder services; or

(ii) 1. the member is seeking mental health or substance use disorder care; and

2. the carrier cannot provide reasonable access to a specialist or nonphysician specialist within the reasonable appointment waiting time and travel

distance standards established in regulation for mental health and substance use disorder services.

(3) The procedure shall ensure that a request to obtain a referral to a specialist or nonphysician specialist who is not part of the carrier's provider panel is addressed in a timely manner that is:

(i) appropriate for the member's condition; and

(ii) in accordance with the timeliness requirements for determinations made by private review agents under § 15–10B–06 of this title.

(4) If a member cannot access mental health or substance use disorder services through the referral requirements under paragraphs (2) and (3) of this subsection, the procedure shall require the carrier to provide additional assistance to the member in identifying and arranging coverage of mental health or substance use disorder services by a specialist or nonphysician specialist who is not part of the carrier's provider panel.

(5) If a carrier approves a member's request for a referral made in accordance with this subsection, the carrier may not require utilization review other than what would be required if the covered benefit were provided by a provider on the carrier's provider panel.

(6) The procedure may not be used by a carrier as a substitute for establishing and maintaining a sufficient provider network in accordance with § 15–112 of this title.

(7) Each carrier shall:

(i) have a system in place that documents all requests to obtain a referral to receive a covered service from a specialist or nonphysician specialist who is not part of the carrier's provider panel;

(ii) inform members of the procedure to request a referral under paragraph (1) of this subsection; and

(iii) provide the information documented under item (i) of this paragraph to the Commissioner on request.

15–864.

(A) IN THIS SECTION, “PERINATAL ~~MENTAL~~ BEHAVIORAL HEALTH CONDITION” HAS THE MEANING STATED IN § 15–830 OF THIS SUBTITLE.

(B) THIS SECTION APPLIES TO:

(1) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS ON AN EXPENSE-INCURRED BASIS UNDER HEALTH INSURANCE POLICIES OR CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND

(2) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE HOSPITAL, MEDICAL, OR SURGICAL BENEFITS TO INDIVIDUALS OR GROUPS UNDER CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.

(c) ~~(1)~~ AN ENTITY SUBJECT TO THIS SECTION SHALL PROVIDE COVERAGE FOR SCREENING FOR PERINATAL ~~MENTAL~~ BEHAVIORAL HEALTH CONDITIONS:

~~(I) AT EACH PRENATAL VISIT;~~

~~(II) AT LEAST ONCE WITHIN 6 WEEKS AFTER THE INSURED OR ENROLLEE GAVE BIRTH; AND~~

~~(III) AT EACH THE 1 MONTH, 2 MONTH, 4 MONTH, AND 6 MONTH WELL CHILD ~~VISIT~~ VISITS WITHIN THE FIRST YEAR OF THE CHILD'S LIFE, AS DETERMINED APPROPRIATE BY THE TREATING HEALTH CARE PROVIDER.~~

~~(2) (I) SUBJECT TO SUBPARAGRAPH (II) OF THIS PARAGRAPH, AN ENTITY SUBJECT TO THIS SECTION MAY SUBJECT THE COVERAGE REQUIRED UNDER THIS SUBSECTION TO A COPAYMENT OR COINSURANCE REQUIREMENT OR DEDUCTIBLE THAT AN ENTITY SUBJECT TO THIS SECTION IMPOSES FOR SIMILAR COVERAGES UNDER THE SAME POLICY OR CONTRACT.~~

~~(II) THE COPAYMENT OR COINSURANCE REQUIREMENT OR DEDUCTIBLE IMPOSED UNDER SUBPARAGRAPH (I) OF THIS PARAGRAPH MAY NOT BE GREATER THAN THE COPAYMENT OR COINSURANCE REQUIREMENT OR DEDUCTIBLE IMPOSED BY THE ENTITY FOR SIMILAR COVERAGES.~~

SECTION 2. AND BE IT FURTHER ENACTED, That the Laws of Maryland read as follows:

Article – Health – General

20-1801.

(A) IN THIS SUBTITLE THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(B) “HEALTH CARE PROVIDER” MEANS A PERSON WHO IS LICENSED, CERTIFIED, OR OTHERWISE AUTHORIZED UNDER THE HEALTH OCCUPATIONS ARTICLE TO PROVIDE HEALTH OR MEDICAL CARE IN THE ORDINARY COURSE OF BUSINESS OR PRACTICE OF A PROFESSION.

(C) (1) “PERINATAL ~~MENTAL~~ BEHAVIORAL HEALTH CONDITION” MEANS A ~~MENTAL~~ BEHAVIORAL HEALTH CONDITION OCCURRING DURING PREGNANCY, ~~THE POSTPARTUM PERIOD, OR THE PERINATAL PERIOD~~ OR WITHIN 1 YEAR AFTER THE CONCLUSION OF A PREGNANCY, INCLUDING A PREGNANCY THAT DOES NOT RESULT IN A LIVE BIRTH.

(2) “PERINATAL ~~MENTAL~~ BEHAVIORAL HEALTH CONDITION” INCLUDES POSTPARTUM DEPRESSION.

[20–1801.] 20–1802.

(a) [(1) In this section the following words have the meanings indicated.

(2) (i) “Health care facility” means a facility or an office where health or medical care is provided to patients by a health care provider.

(ii) “Health care facility” includes a hospital and a limited service hospital.

(3) “Health care provider” means a person who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health or medical care in the ordinary course of business or practice of a profession.

(4) “Hospital” has the meaning stated in § 19–301 of this article.

(5) “Limited service hospital” has the meaning stated in § 19–301 of this article.

(b)] The Department, in consultation with stakeholders, shall identify up-to-date, evidence-based, written information about perinatal [mood and anxiety disorders] ~~MENTAL BEHAVIORAL HEALTH CONDITIONS~~ that:

(1) Has been reviewed by medical experts and national and local organizations specializing in maternal mental health;

(2) Is designed for use by health care providers and pregnant and postpartum women and their families;

(3) Is culturally and linguistically appropriate for potential recipients of the information; and

(4) Includes:

(i) Information addressing:

1. The signs and symptoms of perinatal mood and anxiety disorders;
2. Perinatal medication usage;
3. Risk factors of perinatal [mood and anxiety disorders] ~~MENTAL BEHAVIORAL~~ HEALTH CONDITIONS, including perinatal loss and high-risk pregnancy;
4. How and when to screen for symptoms of perinatal [mood and anxiety disorders] ~~MENTAL BEHAVIORAL~~ HEALTH CONDITIONS;
5. Brief intervention strategies; and
6. Evidence-based psychosocial treatments; and

(ii) Contact information for national and local maternal mental health programs and services.

[(c)] (B) The Department shall:

(1) Provide the information identified by the Department under subsection **[(b)] (A)** of this section to **[health]**:

(I) HEALTH care facilities and health care providers that provide prenatal care, labor and delivery services, and postnatal care to expectant parents; **AND**

(II) EACH LOCAL SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN AGENCY IN THE STATE; and

(2) Make the information identified by the Department under subsection **[(b)] (A)** of this section available on the Department’s website.

(C) ~~A~~ AT LEAST ONCE DURING EACH TRIMESTER, A HEALTH CARE PROVIDER WHO EVALUATES AND MANAGES ~~PREGNANCY OR POSTPARTUM PERINATAL~~ CARE WHILE ACTING WITHIN THE SCOPE OF THE HEALTH CARE PROVIDER’S LICENSE OR CERTIFICATE SHALL PROVIDE ~~THE~~ TO A PATIENT:

(1) THE INFORMATION IDENTIFIED BY THE DEPARTMENT UNDER SUBSECTION (A) OF THIS SECTION TO A PATIENT AT EACH PRENATAL VISIT; OR

OTHER APPROPRIATE INFORMATION ON PERINATAL BEHAVIORAL HEALTH CONDITIONS.

(D) A HOSPITAL SHALL PROVIDE THE INFORMATION IDENTIFIED BY THE DEPARTMENT UNDER SUBSECTION (A) OF THIS SECTION TO A BIRTHING PARENT ON DISCHARGE FROM THE BIRTHING HOSPITAL.

[20–1802.] 20–1803.

(a) The Department, in [collaboration with MedChi, The Maryland State Medical Society, the Maryland Nurses Association, the Maryland Affiliate of the American College of Nurse Midwives, the Maryland Psychological Association, and any other health professional association or public health entity in the State identified by the Department] **CONSULTATION WITH THE STATE BOARD OF PHYSICIANS, THE STATE BOARD OF NURSING, AND POSTPARTUM SUPPORT INTERNATIONAL**, shall identify and develop training programs that improve early identification of [postpartum depression and] perinatal [mood and anxiety disorders] **MENTAL BEHAVIORAL HEALTH CONDITIONS THAT AN INDIVIDUAL MAY USE TO SATISFY THE REQUIREMENTS OF § 1–231 OF THE HEALTH OCCUPATIONS ARTICLE.**

(b) The programs **IDENTIFIED OR** developed under subsection (a) of this section shall include continuing medical education programs developed by organizations that are accredited by the Accreditation Council for Continuing Medical Education.

(C) THE DEPARTMENT SHALL PROVIDE A LIST OF TRAINING PROGRAMS IDENTIFIED OR DEVELOPED UNDER SUBSECTION (A) OF THIS SECTION ON REQUEST.

20–1804.

~~**(A) THE DEPARTMENT, IN CONSULTATION WITH THE STATE BOARD OF PHYSICIANS AND THE STATE BOARD OF NURSING, SHALL DEVELOP A PERINATAL MENTAL HEALTH CONDITION SCREENING PROGRAM.**~~

~~**(B) THE PROGRAM DEVELOPED UNDER SUBSECTION (A) OF THIS SECTION SHALL REQUIRE A HEALTH CARE PROVIDER WHO EVALUATES AND MANAGES PREGNANCY OR POSTPARTUM CARE WHILE ACTING WITHIN THE SCOPE OF THE HEALTH CARE PROVIDER'S LICENSE OR CERTIFICATE TO SHALL CONDUCT A SCREENING FOR PERINATAL MENTAL BEHAVIORAL HEALTH CONDITIONS.**~~

~~**(1) AT EACH PRENATAL VISIT;**~~

~~(2) AT LEAST ONCE WITHIN 6 WEEKS AFTER THE INSURED OR ENROLLEE GAVE BIRTH; AND~~

~~(3) AT EACH AT THE 1 MONTH, 2 MONTH, 4 MONTH, AND 6 MONTH WELL CHILD VISIT VISITS WITHIN THE FIRST YEAR OF THE CHILD'S LIFE, AS DETERMINED APPROPRIATE BY THE TREATING HEALTH CARE PROVIDER.~~

~~(B)~~ (1) THE DEPARTMENT SHALL IDENTIFY ACCEPTABLE SCREENING TOOLS FOR CONDUCTING THE SCREENINGS REQUIRED UNDER SUBSECTION ~~(B)~~ (A) OF THIS SECTION.

(2) THE SCREENING TOOLS IDENTIFIED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL BE VALIDATED, ROUTINELY USED, FREE, EASY TO ADMINISTER AND SCORE, AND AVAILABLE IN MULTIPLE LANGUAGES.

~~(C)~~ (C) THE DEPARTMENT SHALL ASSIST HEALTH CARE PROVIDERS WITH ACCESSING RESOURCES AND REFERRAL SERVICES THROUGH MARYLAND BEHAVIORAL HEALTH INTEGRATION IN PEDIATRIC PRIMARY CARE, MATERNAL HEALTH INNOVATION PROGRAM, AND POSTPARTUM SUPPORT INTERNATIONAL TO ASSIST PROVIDERS IN FINDING TIMELY AND EFFECTIVE CARE FOR INDIVIDUALS IDENTIFIED AS AT RISK FOR A PERINATAL ~~MENTAL~~ BEHAVIORAL HEALTH CONDITION.

Article – Health Occupations

1-231.

(A) THIS SECTION APPLIES ONLY TO ~~AN APPLICANT~~ A LICENSEE OR CERTIFICATE HOLDER WHO EVALUATES AND MANAGES ~~PREGNANCY OR POSTPARTUM PERINATAL~~ CARE WHILE ACTING WITHIN THE SCOPE OF THE APPLICANT'S LICENSE OR CERTIFICATE.

~~(B) (1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, AN APPLICANT FOR THE RENEWAL OF A LICENSE OR CERTIFICATE ISSUED BY A HEALTH OCCUPATIONS BOARD UNDER THIS ARTICLE WHO INTERACTS WITH THE PERINATAL POPULATION SHALL PROVIDE SATISFACTORY DOCUMENTATION WITH THE RENEWAL APPLICATION THAT THE APPLICANT HAS COMPLETED AT LEAST TWO CONTINUING EDUCATION CREDIT HOURS~~ EACH HEALTH OCCUPATIONS BOARD THAT REQUIRES A LICENSEE OR CERTIFICATE HOLDER TO COMPLETE CONTINUING EDUCATION AS A CONDITION OF THE RENEWAL OF THE LICENSE OR CERTIFICATE SHALL GRANT AT LEAST 2 HOURS OF CONTINUING EDUCATION CREDITS FOR EVERY 1 HOUR OF CONTINUING EDUCATION COMPLETED BY THE LICENSEE OR

CERTIFICATE HOLDER ON PERINATAL ~~MENTAL~~ BEHAVIORAL HEALTH CONDITIONS IDENTIFIED BY THE DEPARTMENT UNDER § 20-1803 OF THE HEALTH – GENERAL ARTICLE.

~~(2) THE CONTINUING EDUCATION REQUIREMENT UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL APPLY ONLY TO AN APPLICANT'S FIRST LICENSE OR CERTIFICATE RENEWAL AFTER APRIL 1, 2027.~~

(C) EACH HEALTH OCCUPATIONS BOARD MAY ADOPT REGULATIONS TO CARRY OUT THIS SECTION, INCLUDING REGULATIONS ~~SPECIFYING WHICH PROVIDERS ARE SUBJECT TO THE REQUIREMENTS OF THIS SECTION~~ ESTABLISHING THE MAXIMUM NUMBER OF CONTINUING EDUCATION CREDITS THAT MAY BE GRANTED UNDER THIS SECTION.

SECTION 3. AND BE IT FURTHER ENACTED, That, on or before December 1, 2026, the Maryland Health Care Commission shall:

(1) conduct an analysis in accordance with § 15-1501 of the Insurance Article on impact of:

(i) requiring the Maryland Medical Assistance Program, the State Health Plan, and insurers and nonprofit health service plans that provide hospital, medical, or surgical benefits to individuals or groups on an expense-incurred basis under health insurance policies or contracts that are issued or delivered in the State and health maintenance organizations that provide hospital, medical, or surgical benefits to individuals or groups under contract that are issued or delivered in the State to provide coverage for screening for perinatal ~~mental~~ behavioral health conditions:

1. at each prenatal visit;
2. at least once within 6 weeks after the insured or enrollee gave birth; and
3. at each well child visit within the first year of the child's life; and

(ii) prohibiting the entities described in item (i) of this item from subjecting the coverage required under item (i) of this item from:

1. imposing a copayment or coinsurance requirement or deductible that is greater than the copayment or coinsurance requirement or deductible imposed by the entity for similar coverages; or
2. imposing any copayment or coinsurance requirement or deductible; and

(2) report to the Senate Finance Committee and the House Health Committee, in accordance with § 2-1257 of the State Government Article, on its findings from the analysis conducted in accordance with item (1) of this section.

SECTION ~~3~~ 4. AND BE IT FURTHER ENACTED, That Section 1 of this Act shall apply to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after January 1, 2027.

SECTION ~~4~~ 5. AND BE IT FURTHER ENACTED, That ~~Section 1~~ Sections 1 and 2 of this Act shall take effect January 1, 2027.

~~SECTION 6. AND BE IT FURTHER ENACTED, That Section 2 of this Act shall take effect October 1, 2026.~~

SECTION ~~5~~ 7 ~~6~~. AND BE IT FURTHER ENACTED, That, except as provided in ~~Section 4 Sections 5 and 6~~ Section 5 of this Act, this Act shall take effect ~~October 1, 2026~~ July 1, 2026.

Approved by the Governor, May 26, 2026.