

# HOUSE BILL 1118

J5, J2, J1

(6lr2076)

## ENROLLED BILL

— Health/Finance —

Introduced by Delegates White Holland, Acevero, Addison, Alston, Amprey, Crutchfield, Fennell, Hill, J. Long, Mireku-North, Pasteur, Phillips, Roberson, Roberts, Ross, Ruth, Smith, Taveras, Taylor, Toles, Wilkins, and Woods Woods, Bagnall, Cullison, Guzzone, Hutchinson, S. Johnson, Kaufman, Kipke, Lopez, Martinez, Rosenberg, and Woorman

Read and Examined by Proofreaders:

\_\_\_\_\_  
Proofreader.

\_\_\_\_\_  
Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this

\_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ o'clock, \_\_\_\_\_ M.

\_\_\_\_\_  
Speaker.

### CHAPTER \_\_\_\_\_

1 AN ACT concerning

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

4 FOR the purpose of requiring carriers to provide a standing referral to a ~~mental~~ behavioral  
5 health care provider for a certain period of time; ~~clarifying the application of~~  
6 ~~provisions requiring carriers to allow a member to obtain a referral to a provider who~~  
7 ~~is not part of the carrier's provider network when seeking care for a mental health~~  
8 ~~condition in certain circumstances;~~ requiring the Maryland Medical Assistance  
9 Program and certain insurers, nonprofit health service plans, and health  
10 maintenance organizations to provide coverage for screening for perinatal ~~mental~~  
11 behavioral health conditions at certain times; altering and establishing

#### 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.

*Italics indicate opposite chamber/conference committee amendments.*



1 requirements related to the identification and development of training programs  
 2 that improve early identification of perinatal ~~mental~~ behavioral health conditions;  
 3 ~~requiring the Maryland Department of Health to establish a perinatal mental health~~  
 4 ~~condition screening program~~ certain health care providers to screen for perinatal  
 5 behavioral health conditions; requiring the Maryland Department of Health to  
 6 identify certain screening tools and to assist certain health care providers with  
 7 accessing resources and referral services related to screening for perinatal  
 8 behavioral health conditions; requiring certain applicants for the renewal of a health  
 9 ~~occupation license or certificate to provide documentation that the applicant~~  
 10 ~~completed continuing education credit hours~~ health occupations boards to grant a  
 11 certain number of hours of continuing education credits for each hour of continuing  
 12 education completed by certain individuals on perinatal ~~mental~~ behavioral health  
 13 conditions; and generally relating to perinatal ~~mental~~ behavioral health conditions.

14 BY repealing and reenacting, without amendments,  
 15 Article – Health – General  
 16 Section 15–103(a)(1)  
 17 Annotated Code of Maryland  
 18 (2023 Replacement Volume and 2025 Supplement)

19 BY repealing and reenacting, with amendments,  
 20 Article – Health – General  
 21 Section 15–103(a)(2)(xxvii) and (xxviii), 20–1801, and 20–1802  
 22 Annotated Code of Maryland  
 23 (2023 Replacement Volume and 2025 Supplement)

24 BY adding to  
 25 Article – Health – General  
 26 Section 15–103(a)(2)(xxix), 20–1801, and 20–1804  
 27 Annotated Code of Maryland  
 28 (2023 Replacement Volume and 2025 Supplement)

29 BY repealing and reenacting, with amendments,  
 30 Article – Insurance  
 31 Section 15–830(a) and (c)  
 32 Annotated Code of Maryland  
 33 (2017 Replacement Volume and 2025 Supplement)

34 BY repealing and reenacting, without amendments,  
 35 Article – Insurance  
 36 Section 15–830(d)  
 37 Annotated Code of Maryland  
 38 (2017 Replacement Volume and 2025 Supplement)

39 BY adding to  
 40 Article – Insurance  
 41 Section 15–864

1 Annotated Code of Maryland  
2 (2017 Replacement Volume and 2025 Supplement)

3 ~~BY adding to~~  
4 ~~Article – Health – General~~  
5 ~~Section 20-1801 and 20-1804~~  
6 ~~Annotated Code of Maryland~~  
7 ~~(2023 Replacement Volume and 2025 Supplement)~~

8 ~~BY repealing and reenacting, with amendments,~~  
9 ~~Article – Health – General~~  
10 ~~Section 20-1801 and 20-1802~~  
11 ~~Annotated Code of Maryland~~  
12 ~~(2023 Replacement Volume and 2025 Supplement)~~

13 BY adding to  
14 Article – Health Occupations  
15 Section 1-231  
16 Annotated Code of Maryland  
17 (2021 Replacement Volume and 2025 Supplement)

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

20 **Article – Health – General**

21 15-103.

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

24 (2) The Program:

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

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

30 **(XXIX) BEGINNING ON JANUARY 1, 2027, SHALL PROVIDE**  
31 **COVERAGE FOR SCREENING FOR PERINATAL BEHAVIORAL HEALTH CONDITIONS AT**  
32 **THE 1-MONTH, 2-MONTH, 4-MONTH, AND 6-MONTH WELL VISITS WITHIN THE FIRST**  
33 **YEAR OF THE CHILD’S LIFE, AS DETERMINED APPROPRIATE BY THE TREATING**  
34 **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) (1) “PERINATAL ~~MENTAL~~ BEHAVIORAL HEALTH CONDITION” MEANS A MENTAL BEHAVIORAL HEALTH CONDITION OCCURRING DURING PREGNANCY, THE POSTPARTUM PERIOD, OR THE PERINATAL PERIOD OR

1 WITHIN 1 YEAR AFTER THE CONCLUSION OF A PREGNANCY, INCLUDING A  
 2 PREGNANCY THAT DOES NOT RESULT IN A LIVE BIRTH.

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

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

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

11 [(6)] ~~(8)~~ (7) “Specialist” means a physician who is certified or trained to  
 12 practice in a specified field of medicine and who is not designated as a primary care provider  
 13 by the carrier.

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

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

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

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

31 (II) THE DURATION OF THE MEMBER’S PREGNANCY AND 1 YEAR  
 32 AFTER THE CONCLUSION OF THE PREGNANCY.

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

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

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

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

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

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

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

18 2. the carrier cannot provide reasonable access to a specialist  
19 or nonphysician specialist within the reasonable appointment waiting time and travel  
20 distance standards established in regulation for mental health and substance use disorder  
21 services.

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

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

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

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

33 (5) If a carrier approves a member's request for a referral made in  
34 accordance with this subsection, the carrier may not require utilization review other than

1 what would be required if the covered benefit were provided by a provider on the carrier's  
2 provider panel.

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

6 (7) Each carrier shall:

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

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

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

14 **15-864.**

15 (A) IN THIS SECTION, "PERINATAL ~~MENTAL~~ BEHAVIORAL HEALTH  
16 CONDITION" HAS THE MEANING STATED IN § 15-830 OF THIS SUBTITLE.

17 (B) THIS SECTION APPLIES TO:

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

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

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

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

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

~~(H) 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 (H) 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.~~

~~(H) 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.





1 6. Evidence-based psychosocial treatments; and

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

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

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

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

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

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

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

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

19 (2) OTHER APPROPRIATE INFORMATION ON PERINATAL  
20 BEHAVIORAL HEALTH CONDITIONS.

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

24 [20-1802.] **20-1803.**

25 (a) The Department, in [collaboration with MedChi, The Maryland State Medical  
26 Society, the Maryland Nurses Association, the Maryland Affiliate of the American College  
27 of Nurse Midwives, the Maryland Psychological Association, and any other health  
28 professional association or public health entity in the State identified by the Department]  
29 **CONSULTATION WITH THE STATE BOARD OF PHYSICIANS, THE STATE BOARD OF**  
30 **NURSING, AND POSTPARTUM SUPPORT INTERNATIONAL,** shall identify and develop  
31 training programs that improve early identification of [postpartum depression and]  
32 perinatal [mood and anxiety disorders] ~~MENTAL~~ BEHAVIORAL HEALTH CONDITIONS

1 THAT AN INDIVIDUAL MAY USE TO SATISFY THE REQUIREMENTS OF § 1-231 OF THE  
2 HEALTH OCCUPATIONS ARTICLE.

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

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

8 20-1804.

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

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

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

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

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

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

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

29 ~~(C)~~ (C) THE DEPARTMENT SHALL ASSIST HEALTH CARE PROVIDERS WITH  
30 ACCESSING RESOURCES AND REFERRAL SERVICES THROUGH MARYLAND  
31 BEHAVIORAL HEALTH INTEGRATION IN PEDIATRIC PRIMARY CARE, MATERNAL  
32 HEALTH INNOVATION PROGRAM, AND POSTPARTUM SUPPORT INTERNATIONAL TO

1 ASSIST PROVIDERS IN FINDING TIMELY AND EFFECTIVE CARE FOR INDIVIDUALS  
 2 IDENTIFIED AS AT RISK FOR A PERINATAL ~~MENTAL~~ BEHAVIORAL HEALTH  
 3 CONDITION.

4 **Article – Health Occupations**

5 **1-231.**

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

10 (B) ~~(1) SUBJECT TO PARAGRAPH (2) OF THIS SUBSECTION, AN~~  
 11 ~~APPLICANT FOR THE RENEWAL OF A LICENSE OR CERTIFICATE ISSUED BY A HEALTH~~  
 12 ~~OCCUPATIONS BOARD UNDER THIS ARTICLE WHO INTERACTS WITH THE PERINATAL~~  
 13 ~~POPULATION SHALL PROVIDE SATISFACTORY DOCUMENTATION WITH THE~~  
 14 ~~RENEWAL APPLICATION THAT THE APPLICANT HAS COMPLETED AT LEAST TWO~~  
 15 ~~CONTINUING EDUCATION CREDIT HOURS~~ EACH HEALTH OCCUPATIONS BOARD THAT  
 16 REQUIRES A LICENSEE OR CERTIFICATE HOLDER TO COMPLETE CONTINUING  
 17 EDUCATION AS A CONDITION OF THE RENEWAL OF THE LICENSE OR CERTIFICATE  
 18 SHALL GRANT AT LEAST 2 HOURS OF CONTINUING EDUCATION CREDITS FOR EVERY  
 19 1 HOUR OF CONTINUING EDUCATION COMPLETED BY THE LICENSEE OR  
 20 CERTIFICATE HOLDER ON PERINATAL ~~MENTAL~~ BEHAVIORAL HEALTH CONDITIONS  
 21 IDENTIFIED BY THE DEPARTMENT UNDER § 20-1803 OF THE  
 22 HEALTH – GENERAL ARTICLE.

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

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

31 SECTION 3. AND BE IT FURTHER ENACTED, That, on or before December 1,  
 32 2026, the Maryland Health Care Commission shall:

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

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

8 1. at each prenatal visit;

9 2. at least once within 6 weeks after the insured or enrollee  
 10 gave birth; and

11 3. at each well child visit within the first year of the child's  
 12 life; and

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

15 1. imposing a copayment or coinsurance requirement or  
 16 deductible that is greater than the copayment or coinsurance requirement or deductible  
 17 imposed by the entity for similar coverages; or

18 2. imposing any copayment or coinsurance requirement or  
 19 deductible; and

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

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

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

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

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