

(1991 Replacement Volume and 1993 Supplement)

Preamble

WHEREAS, Phenylketonuria (PKU) is a cause of severe mental retardation and can be prevented if diagnosed within the first three weeks after childbirth; and

WHEREAS, The State's laws direct the screening of newborn infants for hereditary and congenital disorders in the hospital prior to discharge; and

WHEREAS, Hospital stays of less than 24 hours after childbirth typically result in unsatisfactory PKU specimens as a result of insufficient milk feedings, and the incidence of unsatisfactory PKU specimens has risen from 5% in 1989, to 30% in the second half of 1992, to 40% in 1993, and 25% of infants with unsatisfactory PKU specimens never receive a subsequent screening; and

WHEREAS, Insurers and nonprofit health service plans have implemented benefit plans generally covering no more than 24 hours of postpartum stay in a hospital, despite little or no scientific support for the efficacy and safety of this policy for the general population; and

WHEREAS, The Guide to Perinatal Care, published by the American Academy of Pediatrics and the American College of Obstetrics and Gynecology, recommends a hospital stay of 48 hours after childbirth; and

WHEREAS, It is the intent of the General Assembly to maximize the prevention of PKU and other hereditary and congenital disorders; now, therefore,

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

Article 48A - Insurance Code

490W:

~~(A) (1) IN THIS SECTION THE FOLLOWING TERMS HAVE THE MEANINGS INDICATED:~~

~~(2) "CONTRACT OR POLICY" MEANS A CONTRACT OR POLICY OF HEALTH INSURANCE DELIVERED OR ISSUED FOR DELIVERY WITHIN THIS STATE TO AN EMPLOYER OR AN INDIVIDUAL ON A GROUP OR INDIVIDUAL BASIS THAT PROVIDES COVERAGE FOR HEALTH CARE ON AN EXPENSE INCURRED BASIS.~~

~~(3) "LICENSED HEALTH CARE PROVIDER" MEANS AN INDIVIDUAL LICENSED OR CERTIFIED UNDER THE HEALTH OCCUPATIONS ARTICLE.~~

~~(B) AN INSURER OR NONPROFIT HEALTH SERVICE PLAN SHALL PREPARE IN CLEAR LANGUAGE A WRITTEN STATEMENT THAT DISCLOSES THE MANAGED CARE AND COST CONTROL FEATURES OF THE CONTRACT OR POLICY, ALONG WITH ALL APPROPRIATE MAILING ADDRESSES AND TELEPHONE NUMBERS TO BE UTILIZED IN SEEKING INFORMATION OR AUTHORIZATION, FOR COVERAGE OF:~~