

(2) PROVIDE THE INSURED, PRIOR TO THE DELIVERY DATE, WITH INFORMATION ON POSTPARTUM HOME VISITS FOR THE MOTHER AND THE CHILD THAT INCLUDES THE NAMES OF PROVIDERS THAT ARE AVAILABLE FOR POSTPARTUM HOME VISITS; ~~AND~~

~~(3) REQUIRE THE INSURED TO SELECT AND CONTACT A PRIMARY CARE PROVIDER FOR THE NEWBORN PRIOR TO DISCHARGE OF THE NEWBORN FROM THE HOSPITAL.~~

(E) A HOSPITAL OR MAJOR MEDICAL INSURER THAT DOES NOT REQUIRE OR ENCOURAGE THE INSURED TO UTILIZE ANY PARTICULAR HEALTH CARE PROVIDER OR GROUP OF HEALTH CARE PROVIDERS THAT HAVE ENTERED INTO A CONTRACT WITH THE INSURER TO PROVIDE SERVICES TO THE INSURER'S INSUREDS IS NOT REQUIRED TO COMPLY WITH SUBSECTION (D) OF THIS SECTION.

~~(E)~~ (F) (1) A hospital or major medical policy may not impose a deductible on the coverage required under this section.

(2) Notice of the prohibition established under paragraph (1) of this subsection shall be stated in each health insurance policy and certificate in a form approved by the Commissioner.

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(a) In this section, "child wellness services" means a preventive activity designed to:

- (1) Protect children from morbidity and mortality; and
- (2) Promote child development.

(b) The provisions of this section apply to a group or blanket health insurance policy that:

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

(c) (1) A group or blanket health insurance policy shall include under the family member coverage a minimum package of child wellness services that are consistent with:

- (i) Public health policy;
- (ii) Professional standards; and
- (iii) Scientific evidence of effectiveness.

(2) A child wellness services package required under this subsection shall cover, at least: