

In subsection (a)(2) of this section, the reference to health maintenance organizations "that provide hospital, medical, or surgical benefits to individuals or groups under contracts that are issued or delivered in the State" is added to clarify the applicability of this section. Consequently, the former reference to insurers and nonprofit health service plans that provide benefits on an expense-incurred basis as "including" health maintenance organizations is deleted for accuracy since a health maintenance organization is not considered to be either an insurer or a nonprofit health service plan and does not provide benefits on an expense-incurred basis.

In subsections (b)(1) and (2) and (c) of this section, the references to a primary care "provider" are substituted for the former references to a primary care "physician" for consistency within this section.

In subsection (c) of this section, the former reference to allowing a woman "to receive" an annual visit to an in-network obstetrician/gynecologist is deleted as surplusage.

Also in subsection (c) of this section, the reference to an "entity subject to this section" and the "entity" is substituted for the former references to an "insurer or nonprofit health service plan" in light of subsection (a) of this section, and to clarify that the provisions of subsection (c) of this section also apply to health maintenance organizations.

Defined terms: "Health insurance" § 1-101

"Insurer" § 1-101

"Policy" § 1-101

#### 15-817. COVERAGE FOR CHILD WELLNESS SERVICES.

##### (A) "CHILD WELLNESS SERVICES" DEFINED.

IN THIS SECTION, "CHILD WELLNESS SERVICES" MEANS PREVENTIVE ACTIVITIES DESIGNED TO PROTECT CHILDREN FROM MORBIDITY AND MORTALITY AND PROMOTE CHILD DEVELOPMENT.

##### (B) SCOPE OF SECTION.

THIS SECTION APPLIES TO EACH INDIVIDUAL HOSPITAL OR MAJOR MEDICAL INSURANCE POLICY, GROUP OR BLANKET HEALTH INSURANCE POLICY, AND NONPROFIT HEALTH SERVICE PLAN THAT:

- (1) IS DELIVERED OR ISSUED FOR DELIVERY IN THE STATE;
- (2) IS WRITTEN ON AN EXPENSE-INCURRED BASIS; AND
- (3) PROVIDES COVERAGE FOR A FAMILY MEMBER OF THE INSURED.

##### (C) COVERAGE REQUIRED.

(1) A POLICY OR PLAN SUBJECT TO THIS SECTION SHALL INCLUDE UNDER THE FAMILY MEMBER COVERAGE A MINIMUM PACKAGE OF CHILD WELLNESS SERVICES THAT ARE CONSISTENT WITH: