

~~(D) (1) A GROUP OR BLANKET HEALTH INSURANCE POLICY MAY NOT IMPOSE A COPAYMENT, DEDUCTIBLE, COINSURANCE, OR DOLLAR LIMITATION ON THE COVERAGE REQUIRED UNDER THIS SECTION.~~

~~(2) NOTICE OF THE PROHIBITION ESTABLISHED UNDER PARAGRAPH (1) OF THIS SUBSECTION SHALL BE STATED IN A HEALTH INSURANCE POLICY IN A FORM APPROVED BY THE COMMISSIONER.~~

490M.

(H) (1) BEGINNING JUNE 30, 1993, ANY NONPROFIT HEALTH SERVICE PLAN OR INSURER REQUIRED TO OFFER A MANDATED BENEFIT FOR CHILD WELLNESS SERVICES SHALL SUBMIT TO THE COMMISSIONER AN ANNUAL REPORT ON:

(I) THE TOTAL COSTS FOR SERVICES UNDER THE CHILD WELLNESS SERVICES PACKAGE;

(II) THE PREMIUM COSTS BY COMPONENT;

(III) THE TOTAL NUMBER OF CHILDREN COVERED;

(IV) UTILIZATION OF THE CHILD WELLNESS SERVICES BENEFIT BY TYPE OF SERVICE; AND

(V) THE TOTAL TREATMENT COSTS AND UTILIZATION FOR EACH OF THE DISEASES OR DISABILITIES THAT ARE PREVENTABLE BY THE IMMUNIZATIONS OR DETECTABLE BY SCREENING.

(2) THE COMMISSIONER SHALL SUBMIT A COPY OF THE REPORT TO THE COMMITTEE WITHIN 30 DAYS AFTER THE DAY ON WHICH THE COMMISSIONER RECEIVES THE REPORT.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 1992.

May 26, 1992

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
State House
Annapolis, Maryland 21401

Dear Mr. President:

In accordance with Article II, Section 17 of the Maryland Constitution, I have today vetoed Senate Bill 271.

This bill would establish the State Board of Examiners for Audiologist, Hearing Aid Dealers, and Speech-Language Pathologists (currently three separate boards) in the Department of Health and Mental Hygiene.