

Department of Legislative Services
Maryland General Assembly
2025 Session

FISCAL AND POLICY NOTE
First Reader

House Bill 1315 (Delegate Guzzone, *et al.*)
Health and Government Operations

Health Insurance - Coverage for Child Wellness Services - Immunizations

This bill requires specified insurance policies and nonprofit health service plans to include in their minimum package of child wellness services required under current law all visits for and costs of childhood and adolescent immunizations recommended by the American Academy of Pediatrics (AAP) in its *Child and Adolescent Immunization Schedule by Age*. **The bill takes effect January 1, 2026, and applies to all policies, contracts, and health benefit plans issued, delivered, or renewed in the State on or after that date.**

Fiscal Summary

State Effect: Minimal increase in special fund revenues for the Maryland Insurance Administration in FY 2026 only from the \$125 rate and form filing fee; review of forms can be handled with existing budgeted resources.

Local Effect: None.

Small Business Effect: None.

Analysis

Current Law: Under Maryland law, there are more than 50 mandated health insurance benefits that certain carriers must provide to their enrollees, including coverage for child wellness services. Specifically, certain insurance policies and nonprofit health service plans must include under the family member coverage a minimum package of child wellness services that are consistent with public health policy, professional standards, and scientific evidence of effectiveness. The minimum package of child wellness services must cover at least:

- all visits for and costs of childhood and adolescent immunizations recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;
- visits for the collection of adequate samples for hereditary and metabolic newborn screening and follow-up;
- universal hearing screening of newborns provided by a hospital before discharge;
- all visits for and costs of age-appropriate screening tests for tuberculosis, anemia, lead toxicity, hearing, and vision as determined by AAP;
- all visits for obesity evaluation and management;
- all visits for and costs of developmental screening as recommended by AAP;
- a physical examination, developmental assessment, and parental anticipatory guidance services at specified visits; and
- any laboratory tests considered necessary by the physician as indicated by the specified services provided.

A policy or plan may not impose a deductible on this coverage. Each policy and certificate must contain a notice of the prohibition on a deductible.

The federal Patient Protection and Affordable Care Act requires nongrandfathered health plans to cover 10 essential health benefits, which include items and services in the following categories: (1) ambulatory patient services; (2) emergency services; (3) hospitalization; (4) maternity and newborn care; (5) mental health and substance use disorder services, including behavioral health treatment; (6) prescription drugs; (7) rehabilitative and habilitative services and devices; (8) laboratory services; (9) preventive and wellness services and chronic disease management; and (10) pediatric services.

Additional Information

Recent Prior Introductions: Similar legislation has not been introduced in the last three years.

Designated Cross File: None.

Information Source(s): Department of Budget and Management; Maryland Department of Health; Maryland Insurance Administration; Department of Legislative Services

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