

(II) THE PATIENT IS A SUBSCRIBER OR MEMBER OF A HEALTH MAINTENANCE ORGANIZATION AS DEFINED IN § 19-701 OF THIS TITLE.

~~(4) (6) WHERE FEDERAL REGULATIONS OR GUIDELINES FOR A FEDERALLY-MANDATED UTILIZATION REVIEW PROGRAM FOR FEDERALLY INSURED PATIENTS DIFFER FROM STANDARDS ESTABLISHED UNDER PARAGRAPH (2) (3) OF THIS SUBSECTION, THE SECRETARY MAY WAIVE A SPECIFIC STANDARD IF THE PROGRAM ACHIEVES THE SAME OBJECTIVES AS THE STANDARDS ESTABLISHED BY THE SECRETARY.~~

Article 48A - Insurance Code

354CC.

EVERY CONTRACT OR CERTIFICATE ISSUED OR DELIVERED IN THIS STATE BY A NONPROFIT HEALTH SERVICE PLAN WHICH PROVIDES COVERAGE FOR AN INPATIENT SERVICE IN AN ACUTE GENERAL HOSPITAL SHALL PROVIDE COVERAGE FOR:

(I) A CORRESPONDING OUTPATIENT SERVICE WHICH THAT IS FURNISHED TO THE INSURED IN LIEU OF THE INPATIENT SERVICE BY REASON OF THE DENIAL RESULTING FROM A UTILIZATION REVIEW PROGRAM OF A REQUEST BY THE ATTENDING PHYSICIAN FOR AN INPATIENT ADMISSION; AND

(II) AN OBJECTIVE SECOND OPINION GIVEN THE INSURED WHEN REQUIRED BY A UTILIZATION REVIEW PROGRAM UNDER SECTION 19-319 OF THE HEALTH - GENERAL ARTICLE.

470V.

EVERY HEALTH INSURANCE POLICY ISSUED OR DELIVERED IN THIS STATE WHICH PROVIDES COVERAGE FOR AN INPATIENT SERVICE IN AN ACUTE GENERAL HOSPITAL SHALL PROVIDE COVERAGE FOR:

(I) A CORRESPONDING OUTPATIENT SERVICE WHICH THAT IS FURNISHED TO THE INSURED IN LIEU OF THE INPATIENT SERVICE BY REASON OF THE DENIAL RESULTING FROM A UTILIZATION REVIEW PROGRAM OF A REQUEST BY THE ATTENDING PHYSICIAN FOR AN INPATIENT ADMISSION; AND

(II) AN OBJECTIVE SECOND OPINION GIVEN THE INSURED WHEN REQUIRED BY A UTILIZATION REVIEW PROGRAM UNDER SECTION 19-319 OF THE HEALTH - GENERAL ARTICLE.

477CC.

EVERY GROUP OR BLANKET HEALTH INSURANCE POLICY ISSUED OR DELIVERED IN THIS STATE WHICH PROVIDES COVERAGE FOR AN INPATIENT SERVICE IN AN ACUTE GENERAL HOSPITAL SHALL PROVIDE COVERAGE FOR: