

~~(3) 30 outpatient visits at a certified alcoholism and drug abuse facility; and~~

~~WHEREAS, Guidelines for the provision of alcohol and drug abuse treatment services to the citizens of Maryland are necessary to prevent insurers from writing an unlimited blank check for all care desired; and~~

~~WHEREAS, Also, the guidelines will prevent the utilization review mechanisms of the third party payors from unfairly restricting access to care needed by the citizens of Maryland; now, therefore,~~

SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:

Article 48A – Insurance Code

490F.

(a) Any group contract that is issued on an expense incurred basis, including one issued by a nonprofit health service plan, shall provide at least the following minimum benefits for the treatment of alcoholism and drug abuse in any calendar or policy year:

(1) 7 days of emergency care or detoxification in an acute general hospital or a nonhospital detoxification facility licensed by the Department of Health and Mental Hygiene;

(2) 30 days care for the treatment of drug abuse, alcohol abuse, or alcoholism, in an alcohol and drug abuse facility licensed by the Department of Health and Mental Hygiene; and

(3) 30 outpatient visits at a certified alcoholism and drug abuse treatment facility. Unless greater benefits are provided by the contract, the benefits for outpatient visits during any calendar year or benefit period shall be equal to 100 percent of the cost of care or \$3,000, whichever is less.

(b) Any group major medical contract, policy or certificate, including one issued by a nonprofit health service plan, that provides benefits for both hospitalization and medical care shall provide benefits equal to at least half those required by subsection (a) of this section.

(c) Under subsection (a) of this section, the total number of days and visits combined may be limited to 120 during the covered person's lifetime. Unless greater benefits are provided by the contract, the benefits under subsection (b) of this section during any calendar year or benefit period shall be equal to 100 percent of the cost required to be paid under subsection (b) or \$3,000, whichever is less.

~~(D) IN ANY CALENDAR OR POLICY YEAR, THE BENEFITS REQUIRED TO BE PROVIDED UNDER SUBSECTION (A) OF THIS SECTION SHALL, AT A MINIMUM, PROVIDE:~~

~~(1) FOR EMERGENCY CARE OR DETOXIFICATION IN AN ACUTE GENERAL HOSPITAL OR DETOXIFICATION FACILITY;~~