

(2) BY A PUBLIC OR PRIVATE HEALTH SERVICE OR AGENCY WHICH IS LICENSED AS A HOME HEALTH AGENCY PURSUANT TO ~~[[THIS]]~~ ARTICLE 43 TO PROVIDE COORDINATED HOME CARE.

(D) FOR THE PURPOSE OF DETERMINING THE BENEFITS FOR HOME CARE AVAILABLE TO A COVERED PERSON, EACH VISIT BY A MEMBER OF A HOME CARE TEAM IS CONSIDERED AS ONE HOME CARE VISIT. THE CONTRACT MAY CONTAIN A LIMITATION ON THE NUMBER OF HOME CARE VISITS, BUT NOT LESS THAN 40 SUCH VISITS IN ANY CALENDAR YEAR OR IN ANY CONTINUOUS PERIOD OF 12 MONTHS FOR EACH PERSON COVERED UNDER THE CONTRACT. UP TO FOUR HOURS OF HOME HEALTH CARE SERVICE SHALL BE CONSIDERED AS ONE HOME CARE VISIT.

(E) NOTWITHSTANDING ANY OTHER PROVISION TO THE CONTRARY, THE PROVISIONS OF THIS SECTION APPLY TO POLICIES ISSUED UNDER THE PROVISIONS OF THIS SUBTITLE AND ALSO THOSE ISSUED UNDER THE PROVISIONS OF SUBTITLE 20 - NONPROFIT HEALTH SERVICE PLANS AND SUBTITLE 26 - GROUP AND BLANKET HEALTH INSURANCE.

SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect July 1, 1976.

Approved May 4, 1976.

CHAPTER 249

(Senate Bill 70)

AN ACT concerning

Home Health Agencies

FOR the purpose of requiring the Department of Health and Mental Hygiene to develop and promulgate certain regulations relating to and licensing home health agencies; defining certain terms; requiring the Department to make certain inspections; requiring the regulations to include certain matters; requiring the home health agency to provide certain services under certain conditions; specifying the purpose of coordinated home health care programs; and generally relating to home health agencies.

BY adding to

Article 43 - Health
 Section 871 through 876, inclusive, to be under
 the new subtitle "Home Health Agencies"
 Annotated Code of Maryland
 (1971 Replacement Volume and 1975 Supplement)