

(8) Require the prior institutionalization of the insured or certificate holder in order to condition, limit, or restrict eligibility for benefits.

(c) Subsection (b)(8) of this section shall apply to any policy issued or delivered on or after July 1, 1990.

(d) Any new waiting period imposed due to an increase in benefits voluntarily selected by the insured or certificate holder shall only apply to the amount of the increase in benefits.]

(B) A LONG-TERM CARE INSURANCE POLICY OR CERTIFICATE, IF IT PROVIDES BENEFITS FOR HOME HEALTH CARE SERVICES MAY NOT LIMIT OR EXCLUDE BENEFITS BY:

(1) REQUIRING THAT THE INSURED WOULD NEED CARE IN A NURSING FACILITY IF HOME HEALTH CARE SERVICES WERE NOT PROVIDED;

(2) REQUIRING THAT THE INSURED FIRST OR SIMULTANEOUSLY RECEIVE NURSING OR THERAPEUTIC SERVICES AT HOME OR IN A COMMUNITY SETTING BEFORE HOME HEALTH CARE SERVICES ARE COVERED;

(3) LIMITING ELIGIBLE SERVICES PROVIDED BY REGISTERED NURSES OR LICENSED PRACTICAL NURSES;

(4) REQUIRING THAT A NURSE OR THERAPIST PROVIDE SERVICES COVERED BY THE POLICY THAT CAN BE PROVIDED BY A HOME HEALTH AIDE, OR OTHER LICENSED OR CERTIFIED HOME CARE WORKER ACTING WITHIN THE SCOPE OF LICENSURE OR CERTIFICATION;

(5) REQUIRING THAT THE INSURED HAVE AN ACUTE CONDITION BEFORE HOME HEALTH CARE SERVICES ARE COVERED; OR

(6) LIMITING BENEFITS TO SERVICES PROVIDED BY MEDICARE-CERTIFIED AGENCIES OR PROVIDERS.

(C) HOME HEALTH CARE COVERAGE MAY BE APPLIED TO THE NONHOME HEALTH CARE BENEFITS PROVIDED IN THE POLICY OR CERTIFICATE WHEN DETERMINING MAXIMUM COVERAGE UNDER THE TERMS OF THE POLICY OR CERTIFICATE.

645.1.

(A) A GROUP LONG-TERM CARE INSURANCE POLICY SHALL PROVIDE COVERED INDIVIDUALS WITH A BASIS FOR:

(1) CONTINUATION OF COVERAGE; OR

(2) CONVERSION TO AN INDIVIDUAL POLICY.

(B) (1) FOR PURPOSES OF THIS SECTION, A POLICY PROVIDES A BASIS FOR CONTINUATION OF COVERAGE IF THE POLICY:

(I) MAINTAINS COVERAGE UNDER THE EXISTING GROUP POLICY WHEN THE COVERAGE WOULD OTHERWISE TERMINATE; AND